



List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

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List any particular fears or unique behavior characteristics the child has.

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List any types of medication taken for health care needs

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Please share any other information that has a direct bearing on assuring safe medical treatment for your child.

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**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

DCD 0108  
12/99

### Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Name of Parent or Guardian \_\_\_\_\_  
 Address of Parent of Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_
  2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_
  3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_
  4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_
  5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ; diabetes No \_\_\_ Yes \_\_\_ ;  
 convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ ; asthma No \_\_\_ Yes \_\_\_ .  
 If others, what/when? \_\_\_\_\_
  6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_
- Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_  
 Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_  
 Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
 Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_  
 If delay, note significance and special care needed: \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_  
 Any other recommendations: \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_ Phone # \_\_\_\_\_

# Immunization History

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP <i>IDT</i> (circle which)					
*Polio					
**Hib					
*Hepatitis B					
*MMR (combined doses)					
***Chicken Pox					
OTHER					
OTHER					

\*Required by state law.

\*\*Required by state law, however the requirement for the booster dose, #4, is temporarily suspended.

\*\*\*Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

Flaming Sword Daycare - Early Learning Center  
Student Application for Admission



**PHOTOGRAPH POLICY AND PHOTOGRAPHIC RELEASE**

Flaming Sword occasionally takes photographs of children at the centers or allows others to take photographs of the children. FS staff will take photographs of the children for use in advertising, classroom and individual portfolios, bulletin boards, craft projects and child-created gifts. FS will contract with a professional photography company two times per year (Fall and Spring) for the purpose of providing individual and group portraits to the parents. FS further allows the following people to take photographs: parents, grand- parents, legal guardians, and any other person designated on the parent approved release list. Photographs of children by other than FS staff may only be taken during special occasions such as birthday celebrations, graduation, field trips, and FS sponsored family events. All parents must sign a photographic release upon enrollment and specifically designate approved photographic situations.

I, \_\_\_\_\_(parent/guardian), of \_\_\_\_\_  
(child) give my consent for my child to be photographed under the following conditions (please  
initial by each area you give consent):

- |   |  |
|---|--|
| _____ Advertising   | _____ Child Created Gifts                |
| _____ Classroom Portfolios  | _____ Professional Individual Portraits  |
| _____ Individual Portfolios   | _____ Professional Class Group Portraits |
| _____ Bulletin Boards   | _____ Craft Projects                     |
| _____ Birthday Celebrations   | _____ Classroom Celebrations             |
| _____ Special Occasions (graduations, field trips, and other center sponsored events) |  |

In addition, the following persons have permission to photograph my child:

- \_\_\_\_\_ Relatives/Person on Pick-up or emergency contact list  
\_\_\_\_\_ Others: \_\_\_\_\_

I, \_\_\_\_\_(parent/guardian), of \_\_\_\_\_  
(child) do not give my consent for my child to be photographed under any circumstance.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



## Flaming Sword Daycare - Early Learning Center Student Application for Admission

### **PARENT/GUARDIAN STATEMENT OF COOPERATION AND AGREEMENT:**

#### **IF MY STUDENT IS ACCEPTED, I AGREE TO:**

- Support the spiritual, moral, dress and disciplinary standards of the Flaming Sword Daycare & ELC as outlined in the Parent-Student Handbook.
- Assume the responsibility for keeping in regular contact with my child's teachers;
- Support Flaming Sword Daycare & Early Learning Center to the best of my ability through attendance and participation in various Flaming Sword Daycare & ELC activities;
- Support, to the best of my ability, the Flaming Sword Daycare & ELC's entire program through prayer, time, and financial gifts. I understand that Flaming Sword Daycare & ELC depends upon gifts above and beyond the tuition and thus conducts community fund-raising, and that Flaming Sword Daycare - ELC expects participation by the parents;
- Adhere to the appropriate channels when resolving conflicts, (ie) seek unity in conflict using the Matthew 18 principle. 1) Seek to resolve issue with the teacher, if further action is needed proceed to 2) schedule a meeting with the Director/principal;
- Accept the Director's decision and understand that Flaming Sword Daycare & ELC reserves the right to dismiss a student based on the lack of cooperation on the part of the student, parent, and/or guardian;
- Attend Parent/Teacher Fellowship meetings and other functions requiring our participation;
- Cooperate in assisting in special workdays called throughout the year;
- Give permission for my child(ren) to take part in any and all Flaming Sword Daycare & ELC activities, class field trips, including sports and Flaming Sword Daycare & ELC-sponsored trips away from the Flaming Sword Daycare & ELC premises;
- Absolve Flaming Sword Daycare & ELC, Flaming Sword Christian Academy, and Flaming Sword International Ministries, Inc., from liability to me or my child because of any injury to my child at or away from the Flaming Sword Daycare & ELC or during any Flaming Sword Daycare & ELC activity;
- In case of emergency or serious illness, we request Flaming Sword Daycare & ELC contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, Flaming Sword Daycare & ELC has my permission to make whatever arrangements deemed necessary for our child(ren)'s treatment;
- If the emergency is life threatening and we cannot be reached, the physician has permission to act accordingly absolving Flaming Sword Daycare & ELC of any liability;
- Allow FS, or anyone authorized by FS, to use and reproduce all audio, video tapes and photographs which FS takes of our child (ren) or any family member produced for Flaming Sword Daycare & ELC literature, advertisements, and promotional purposes without further compensation. All copies, masters, pictures and proofs shall constitute FS property, solely and completely;
- Allow FS to provide contact information for our family to the Daycare Directory and Parent-Teacher in assistance to encourage participation in activities;
- That I, or another designated adult, will bring my child to the center and officially sign him/her in upon arrival each day. Likewise, I or another designated adult will come into the center and officially sign him/her out before departure from the center each day;
- That I will notify the center in advance if my child will be late due to medical appointments.

#### **I UNDERSTAND:**

- There will be daily Chapel, to include honors to our country, morning prayer and Christian music that my student is expected to participate in an honorable fashion;
- My child (ren) is accepted on a general probationary status for the first quarter;
- Flaming Sword Daycare - ELC reserves the right to dismiss any student who does not adhere to standards stated in the Handbook;



# Flaming Sword Daycare - Early Learning Center Student Application for Admission

- If for any reason our child does not cooperate with the disciplinary standards of Flaming Sword Daycare - Early Learning Center, I will withdraw him/her without delay in cooperation with the administration and avoid discussion with those not involved, so as to avert a spirit of dissension and division at either child's expense or Flaming Sword Daycare - ELC's expense;
- This application cannot be considered without the application fee and if my student is accepted, I agree to the payment and/or refund policies as listed in the Flaming Sword Daycare - ELC's fee schedule and tuition policy;
- I understand that Flaming Sword Daycare - Early Learning Center reserves the right to refuse any application, or dismiss any student, at any time which reason FSD - ELC deems necessary. Neither this application nor payment of non-refundable fees is considered binding upon FSD - ELC;
- If legal action is required to collect tuition, I, the undersigned, will be responsible to pay reasonable attorney's fees and court costs;
- The premises are monitored by closed circuit television with audio and visual surveillance for the protection of the children and staff, for burglary, window breakage and fire with motion sensors throughout the building.

In making application for my student to attend, Flaming Sword Daycare - ELC, I acknowledge that I have read the Parent Handbook and other materials given to me. My signature below indicates that I have read, understood, and agreed with this Parent/Legal Guardian Statement of Cooperation and Agreement.

\_\_\_\_\_/\_\_\_\_\_  
**Father's/Guardian's Signature      Date      Mother's/Guardian's Signature      Date**

FLAMING SWORD DAYCARE - ELC does not discriminate on the basis of disabilities, race, gender, national or ethnic origin.

**DATE ACCEPTED IN THE OFFICE** \_\_\_\_\_ **BY** \_\_\_\_\_

**APPROVE** \_\_\_\_\_ **DISAPPROVE** \_\_\_\_\_ **NOTIFIED PARENT** \_\_\_\_\_



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

### FINANCIAL CONTRACT AGREEMENT

Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Annual Registration Fee:	\$25 (non-refundable)
Resource/Facility Fees:	\$20 (non-refundable)
Late Fees-NSF Fees:	\$25 each due immediately upon notification
Late Pick-Up:	\$25 for each 15 minutes or any part thereof

<b>Programs Offered:</b>	<b>Cost: (fees due no later than 6 PM)</b>
____ 6 weeks – 2 years	\$130.00 Friday before the week begins (not potty-trained)
____ 2-3	\$125.00 Friday before the week begins (potty-trained)
____ 3-4	\$125.00 Friday before the week begins

**Payment Plans Offered:**

1. Parents may continue to make equal weekly payments in the amounts listed above. Payments will be due on Friday before the week begins, no later than 6 PM.
2. However, if you choose to pay the full month, it will be due 1<sup>st</sup> of each month, but no later than the 3<sup>rd</sup> by 5 PM. By paying monthly, you will save approximately \$250 for the year.
3. Payment plans may not be changed once this contract is signed until the next year of registration.

**Please choose your payment plan:**

Weekly                       Bi-Weekly                       Monthly

**Parent's Understanding and Agreement: I understand and agree**

- There is no reduction of tuition fees due to holiday closings, vacations, absences or inclement weather closing.
- That if I remove my child from the daycare/preschool program, I must give a two (2) week notice in writing to the office so that I will not be charged for the upcoming month.
- The center's registration fee of \$25 per child is due at enrollment. This is an annual fee due again each August 1.
- The center's resource fee of \$20 per child is due at enrollment. This is an annual fee due again each August 1.
- Daycare is due in advance, which is the Friday no later than 6:00 PM, before the week of daycare to be provided. Acceptable payment is by check, money order, debit, cash or automatic withdrawal.
- That if I have not paid the tuition in advance, I will be charged a **\$25 late fee and care will be denied if payment is not received by Monday at 5:00 PM.**
- That I will pay full tuition due each week or month regardless of attendance. This includes absences for illness, scheduled center holidays, or inclement weather closings.
- That, in the event my child is at the center past 6 PM, I will pay **\$25.00** per 15-minutes or any part thereof, that I am late and this fee will be paid by check, money order, cash or debit before the child returns to the center the next day.
- The provision that, my child will be given one week free of daycare, the Daycare has designated that week to be the 4<sup>th</sup> week of June annually. The center will be closed down completely during that week for cleaning and repairs. This week off with no payment due will be effective after one year of enrollment *with FS*.
- That there will be a \$25 charge on any returned check and I will be required to pay with debit, a certified check, cash or money order if this occurs more than twice within one year.
- **IF YOUR PAYMENT IS LATE (after Monday at 5:00 PM), YOUR CHILD WILL BE REMOVED IMMEDIATELY FROM FS DAYCARE AND WILL NOT BE ABLE TO RETURN.**
- **LEGAL ACTIONS WILL BE TAKEN IF LATE PAYMENT IS OWED AT ANY TIME FOR ANY REASON.**

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Parent's Signature and Date





# Flaming Sword Daycare - Early Learning Center Student Application for Admission

## DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Date Adopted April 2010

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

<p>We:</p> <ol style="list-style-type: none"> <li>1. DO praise, reward, and encourage the children.</li> <li>2. DO reason with and set limits for the children.</li> <li>3. DO model appropriate behavior for the children.</li> <li>4. DO modify the classroom environment to attempt to prevent problems before they occur.</li> <li>5. DO listen to the children.</li> <li>6. DO provide alternatives for inappropriate behavior to the children.</li> <li>7. DO provide the children with natural and logical consequences of their behaviors.</li> <li>8. DO treat the children as people and respect their needs, desires, and feelings.</li> <li>9. DO ignore minor misbehaviors.</li> <li>10. DO explain things to children on their levels.</li> <li>11. DO use short supervised periods of "time-out": ("Time-out" is described on reverse side.)</li> <li>12. DO stay consistent in our behaviors management program.</li> </ol>	<p>We:</p> <ol style="list-style-type: none"> <li>1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.</li> <li>2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.</li> <li>3. DO NOT shame or punish the children when bathroom accidents occur.</li> <li>4. DO NOT deny food or rest as punishment.</li> <li>5. DO NOT relate discipline to eating, resting, or sleeping.</li> <li>6. DO NOT leave children alone, unattended, or without supervision.</li> <li>7. DO NOT place children in locked rooms, closets, or boxes as punishment.</li> <li>8. DO NOT allow discipline of children by children.</li> <li>9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.</li> </ol>
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Our programs goals for helping children develop self-control and learn acceptable forms of social behavior are:

- \*Arrange the environment to ensure easy visual supervision
- \*Provide meaningful learning opportunities
- \*Provide options for children; Model expected behaviors
- \*Encourage new relationships; Positive communication

We help children resolve conflict and develop problem solving skills with peers by:

- \*Redirection
- \*Encourage positive peer interactions

We ensure staff follow the programs discipline and behavior management policies and practices and use behavior management strategies appropriately by:

- \*Staff training and professional development for promoting social skills
- \*Taking a proactive approach in daily practices
- \*Providing logical and natural consequences
- \*Provide nurturing and responsive relationships

Local resources that can assist with services and support when persistent challenging behaviors continue to occur are:

- \*Local child care and referral agency
- \*Various agencies for children and training development opportunities
- \*Area behavioral specialist

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's Director or other designated staff member has discussed the facility's Discipline and Behavior Management Policy with me.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### "Time- Out"

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other



# Flaming Sword Daycare-Early Learning Center

## Student Application for Admission

### SICK POLICY

#### Illness

We ask that you have a back-up person you can call if we have an emergency or if your child is sick. If we have an emergency, we will let you know as quickly as possible so that you can make other arrangements for your child. We cannot care for a child who is feverish according to state childcare and health department regulations. If your child had thrown up or had diarrhea within the last 24 hours please keep him/her home. If your child has a green discharge from his/her nose, he/she must be on an antibiotic for 24 hours before he/she can attend. If your child is not feeling well, do not give him/her Tylenol to mask his/her symptoms. If your child throws up the night before and seems fine the next day, he/she is more than likely still contagious to the others. You must wait 24 hours. All the children use the same toilet and washroom and they often touch the same toys. They are often very affectionate with each other and it is very difficult to keep a sick child from infecting everyone else.

Illnesses are defined as:

- Fever
- Conjunctivitis (pink eye) or "cold in the eye"
- Flu
- Unusual rash
- Severe cough
- Rapid breathing or labored breathing
- Severe cold
- Vomiting
- Yellowish skin or eyes
- Diarrhea
- Head lice
- Other contagious illnesses not mentioned
- Illness of any sort which results in child being too ill to participate in daily activities

We cannot accept any child for care if any of the above symptoms are present or have been present within the last 24 hours. If the child shows any of the symptoms while in care, we will remove him/her from the group and notify you or authorized adult to pick up the child immediately. Parents have one hour from time of notification to pick up the child. The child may return after a temperature has returned to normal for 24 hours; 24 hours after the child is no longer vomiting; or 24-48 hours (depending on the illness) after the first dose of an antibiotic. If a child receives an antibiotic for an ear infection that child may return to daycare immediately if he/she has been free of other symptoms mentioned for at least 24 hours and has a doctor's return to school note. ***Whenever a child goes to the doctor, FS must have a doctor's note stating when the child may return to daycare.*** The child is welcome when he/she has only a mild cold or allergies with no fever, and is able to participate in the day's activities.

***I have read and understand the sick policy for Flaming Sword Daycare.***

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***Parent's Signature and Date***



# Flaming Sword Daycare - Early Learning Center Student Application for Admission



## Infant/Toddler Safe Sleep Policy

Child Care Facility: Flaming Sword Daycare-Early Learning Center

A safe sleep environment for infants reduces the chances of sudden infant death syndrome (SIDS) or other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the following safe sleep policy.

**References:** N.C. Law G.S. 1009-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for our Children

### Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants on their **backs to sleep**, unless a signed *Alternate Sleep Position Waiver-Health Care Professional Recommendation* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3.  We do not accept Parent Waivers for infants older than six months.\* **-OR-**  
 We accept *Parent Waivers*.
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep.  
 We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.\*
5. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*. We document the infant's sleep position, skin color, breathing, level of sleep, and body temperature.  
 We check infants 2-4 months of age more frequently.\*
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.  
 We further reduce the risk of overheating by not overdressing or over-wrapping infants.\*
7. We provide all infants supervised "tummy time" daily.
8. We follow N.C. Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.  
 We further encourage breastfeeding in the following ways:

9. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants.
10.  We do not allow infants to use pacifiers. **-OR-**  
 We allow pacifiers without any attachments.\*  
 We do not reinsert the pacifier in the infant's mouth if it falls out.\*  
 We remove the pacifier from the crib once it has fallen from the infant's mouth.\*
11. We do not cover infant's heads with blankets or bedding.
12.  We do not allow blankets in the crib or sleep space.\* **-OR-**  
 We allow lightweight receiving blankets. We tuck them in at the foot of the crib or approved sleep space and along the sides of the mattress. We place infants on their backs with their feet at the foot of the crib or sleep space.
13.  We do not allow objects other than pacifiers in the crib or sleep space.\* **-OR-**  
 We allow objects other than pacifiers in the crib or sleep space. Number and type of other items: one item at a time – teddy bear or other comfort item. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy.  
 We encourage families to follow the same safe sleep practices to ease infants' transition to child care.\*
14. We post a copy of this policy or a safe sleep practices poster in the infant sleep room where it can easily be read.

\*Indicates we follow this best practice recommendation.

### Safe Sleep Environment

Effective date: \_\_\_\_\_ Review date(s): \_\_\_\_\_ Revision date(s): \_\_\_\_\_

**Distribution:** We give parents/guardians a copy of the policy. We give all staff, substitutes and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in the child's file.

I, the undersigned parent/guardian of \_\_\_\_\_ (child's full name), have received a copy of the facility's *Infant/Toddler Safe Sleep Policy*. I have read the policy and discussed it with the facility director/owner/operator, or other designated staff member.

Child's Enrollment Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

### Supply List

The following are items for you to provide for your child, along with additional information about age specific rules.

#### INFANTS/TODDLERS

- \*2 complete changes of clothes (each item labeled).
- \*Bottles labeled with child's full name & date prepared.
- \*Enough diapers and wipes for at least the entire week.
- \*Topical ointments labeled with full name & with permission slip attached.
- \*Closed-toe shoes for mobile child.

##### Other Information:

- \*All sunscreen should be applied prior to drop-off or labeled and put with baby's items.
- \*No toys or baby equipment may be brought from home.
- \*All sheets, bibs and center blankets are washed daily (weekly for toddlers) in fragrance-free detergent.
- \*Pacifiers should be labeled in a storage case with first and last name. (Plastic baby food containers work great.) Please send pacifiers with a pacifier holder.
- \*After 12 months, we only give pacifiers at naptime.
- \*\*No pillows allowed.

#### TWOS-THREES

- \*2 complete changes of clothes (each item labeled). Clothes should be easy to remove for potty-training.
- \*Enough diapers/pull-ups and wipes for at least the entire week.
- \*A thin blanket (approximately size of beach towel).
- \*Topical ointments labeled with full name & with permission slip attached.
- \*Closed-toe shoes.
- \*Place shorts under any dresses worn.

##### Other Information:

- \*All sunscreen should be applied prior to drop-off or labeled and put in your toddler's items.
- \*No toys may be brought from home.
- \*All sheets, bibs and center blankets are washed weekly in fragrance-free detergent.
- \*Child should be weaned from pacifier by this time, but if not it will only be given at naptime and parents are asked to help in the weaning process.
- \*No sippy cups allowed, but a water bottle is encouraged.
- \*No pillows allowed.

#### FOURS

- \*2 complete changes of clothes (each item labeled).
- \*A thin blanket (approximately size of beach towel).
- \*Closed-toe shoes.
- \*Place shorts under any dresses worn.

##### Other Information:

- \*All sunscreen should be applied prior to drop-off or label sunscreen to be left.
- \*No toys may be brought from home.
- \*All sheets and center blankets are washed weekly in fragrance-free detergent.
- \*No pacifiers allowed.
- \*No pillows allowed.



# Flaming Sword Daycare - Early Learning Center Student Application for Admission

## ACKNOWLEDGMENT STATEMENT

- ▶ I acknowledge that the foregoing information is true and accurate.
- ▶ I acknowledge that I have received a copy of my Financial Contract and I understand that if my account requires the use of a collection agency or legal action I will be charged an additional fee.
- ▶ I acknowledge I have received a copy of the Parent Handbook. I will discuss any policy or procedure I do not understand with the childcare center’s administration. I agree to the policies and procedures set forth in the handbook. I understand an updated copy will be made available if any changes are made by the daycare or State of NC Division of Child Development or local NC Health Department.
- ▶ I acknowledge that I have received a copy of the NC Child Care Law and Rules (House Bill 1063). I understand that this bill applies to all centers and that it is a requirement by law that I receive this information from the child care provider.
- ▶ I acknowledge that I received the Discipline/Behavior Policy.
- ▶ I acknowledge that I received the Safe Sleep Policy.
- ▶ I acknowledge that I received a copy of the Sick Policy and I will abide by the center’s sick policy as stated in the parent handbook.
- ▶ I acknowledge that I received a supply list for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child (ren) Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Received in office by whom: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by FSA-ELC Director and date: \_\_\_\_\_

Approved by Chief Executive Officer and date: \_\_\_\_\_

Copy given to Lead Teacher and date: \_\_\_\_\_