



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

Date Application Completed or Updated \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

### DAYCARE - CHILD'S APPLICATION FOR ENROLLMENT

*To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.*

#### CHILD INFORMATION:

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

#### FAMILY INFORMATION:

Child lives with: ☐ Mom ☐ Dad ☐ Both parents ☐ Step-parent

Father's/Guardian's Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Home \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**CONTACTS:** Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application.

Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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#### EMERGENCY CONTACTS:

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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## Student Application for Admission

License #26002349

### HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

***Is there a medical action plan attached?***      ☐ **Yes**      ☐ **No**

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

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

\_\_\_\_\_

### 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:** \_\_\_\_\_ **Revised 6/1/2018**



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Flaming Sword Daycare - Early Learning Center  
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## Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or 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 # \_\_\_\_\_



Flaming Sword Daycare - Early Learning Center  
Student Application for Admission  
License #26002349

**PARENTAL OR GUARDIAN'S CONSENT TO BE PHOTOGRAPHED AND PUBLISHED**

I, \_\_\_\_\_, as parent or legal guardian, **authorize** Flaming Sword Campus to photograph \_\_\_\_\_ (name of child). I understand that the photographs taken are not used for advertisement, sold, or given to any other facility, person, or company. I understand that the photographs being taken are used in the yearbooks, for classroom projects, newsletters within the daycare, child created gifts, bulletin boards, birthday celebrations, Flaming Sword Campus' Facebook page, the news page on Gradelink, individual portfolios, and classroom portfolios. I understand that photographs can be taken of a typical day in the classroom, of a special occasion, a production, center sponsored events, graduations, and field trips.

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Parent's Signature/Date

I, \_\_\_\_\_, as parent or legal guardian, do **NOT** authorize Flaming Sword Campus to photograph \_\_\_\_\_ (name of child) under any circumstance.

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Parent's Signature/Date



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

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:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out": ("Time-out" is described on reverse side.)
12. DO stay consistent in our behaviors management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave children alone, unattended, or without supervision.
7. DO NOT place children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

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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 options for children; model expected behaviors; provide meaningful learning opportunities; encourage new relationships and positive communication. We help children resolve conflict and develop problem solving skills with peers by: Redirection and 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 nurturing and responsive relationships; providing logical and natural consequences.

Local resources that can assist with services and support when persistent challenging behaviors continue to occur are: Local child care and referral agency; area behavioral specialist; various agencies for children and training development opportunities.

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 others.



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### SICK/ILLNESS POLICY

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

License #26002349



### Infant/Toddler Safe Sleep Policy (Revised)

Child Care Facility: Flaming Sword Daycare-Early Learning Center

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the infant died, and a review of the infant's medical history.

We believe that a safe sleep environment for infants helps lower the chances of an infant dying from SIDS, and that parents and child care providers can work together to provide a safe sleep environment. According to N.C. Law G.S. 100-91 (15), child care providers caring for infants 12 months of age or younger, are required to implement a safe sleep policy, share the safe sleep policy with parents/guardians, and participate in Infant-Toddler Safe Sleep and SIDS Risk Reduction in Child Care training. FS Daycare! implements the following safe sleep practices.

#### Safe Sleep Practices

1. All child care staff caring for infants and child care staff that may potentially care for infants will receive training on how to implement our infant Safe Sleep Policy.
2. Infants will always be placed on their **backs to sleep**, unless there is a signed *Alternate Sleep Position Waiver*- Health Care Professional Recommendation for infants 6 months and younger in the infant's file. A waiver notice will be posted at the infant's crib. *Alternate Sleep Position Waiver* – Health Care Professional or Parent Request when the infant is older than 6 months will be accepted. Waivers will be retained in the children's record as long as they are enrolled.
3. When babies can easily turn over from the back to the stomach, they will be placed to sleep on their backs and then allowed to adopt the sleep position they prefer. This is in accordance with the American Academy of Pediatrics (AAP) recommendations. Child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
4. Sleeping infants will be visually checked daily, every 15 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care. We will check the infant for:
  - Normal skin color
  - Normal breathing by watching the rise and fall of the chest
  - His or her level of sleep
  - Signs of overheating: flushed skin color, increase in body temperature (touch the skin), and restlessness
5. Staff will reduce the risk of overheating by not over-dressing or over-wrapping (sleep sack) the infants.
6. All parents/guardians of infants cared for in the facility will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment, will review the policy with staff, and sign a statement saying they received and reviewed the policy.
7. The temperature in the room where the infant(s) sleep will be kept between 68-75°F and monitored by the thermometer kept in the infant sleeping room.
8. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.

#### Safe Sleep Environment

9. Infants will not be swaddled but are allowed to be placed in sleep sacks with their arms out.
10. No loose blankets, including light weight are permitted in the crib for infants 12 months and younger. No bedding, pillows, bumper pads, etc. will be used in cribs. Wedges are allowed for infants 6 months and younger with waiver from health care professional stating the reason why an infant needs it and include instructions on how to use it.
11. Toys and stuffed animals will be removed from the crib when the infant is sleeping.



Flaming Sword Daycare - Early Learning Center  
Student Application for Admission  
License #26002349



12. Pacifiers will be allowed in infants' cribs while they sleep. When the pacifier falls out of the sleeping infant's mouth, it will not be reinserted into the infant's mouth. The pacifier is the only object we will allow in a crib. Pacifiers may not have any attachments.
13. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
14. Each infant will sleep have his or her own crib. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
15. No smoking is permitted anywhere on the daycare premises, including in vehicles when it comes on the daycare premises. This includes all visitors, family members of children, staff and staff family members.

**Distribution:** Parents and staff will review the policy and be informed of changes 14 days before the effective date. One copy signed by parent(s)/guardian(s) will be given to parent(s)/guardian(s) and one copy will be kept in child's facility record.

Child's Name: \_\_\_\_\_ First Date of Attendance in FS Daycare: \_\_\_\_\_

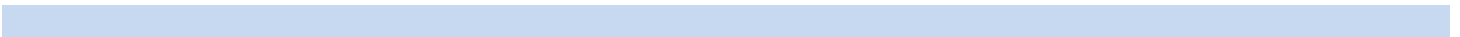
Date policy and was explained and given to parent: \_\_\_\_\_

Date acknowledgement was signed by parent: \_\_\_\_\_

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 Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff  
member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

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

Signature of Child Care Director: \_\_\_\_\_ Date: \_\_\_\_\_







# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### BLOOD BORNE PATHOGENS POLICY

Your child's safety is the most important part of our job. Therefore, Flaming Sword Daycare has developed and implemented a plan to protect children and employees from exposure to bloodborne pathogens. Exposure to and acquisition of bloodborne pathogens is preventable. This policy outlines the prevention strategies for exposure to these pathogens among children and employees and describes steps for responding to an exposure incident when it occurs.

Bloodborne Pathogens Exposure Control Plan (ECP) training is provided to all employees who might be exposed to blood or other potentially infectious material while on the job. This training occurs at the beginning of employment and at least annually thereafter. Employees who reasonably anticipate coming in contact with blood or other potentially infectious materials, are required to comply with the procedures and work practices outlined in this plan to protect children from coming into contact with bloodborne pathogens.

The Daycare Director and Health/Sanitation Director are responsible for the implementation of the ECP and reviewing the plan at least annually with all employees. These individuals ensure the following are completed:

- Written housekeeping protocols written by administration are followed;
- An appropriate disinfectant is available and used;
- Documentation of training for all staff who might be exposed to blood or other potentially infectious material while on the job is kept;
- The written ECP is available to employees, parents, child care licensor, and health specialist upon request;
- The ECP is reviewed and updated annually. If necessary, more frequent review is done to reflect any new or modified tasks and procedures that affect occupational exposure, as well as to reflect new or revised employee positions with occupational exposure;
- Ongoing controls are maintained including: available biomedical waste containers, labels and biohazard bags; ensuring appropriate disinfecting solutions are available and labeled properly; ensuring all personal protective equipment (PPE) are available in the appropriate sizes and types; and ensuring other needed supplies, such as sharps containers are available and managed following Center for Disease Control and Prevention (CDC) recommendations;
- All medical actions required are provided and appropriate employee medical records are maintained;
- The exposure determination list is up-to-date.
- Parents receive a copy of the bloodborne pathogen policy for the daycare; and

***I understand that the complete bloodborne pathogen policy is included in my Parent Handbook for my review. If changes are made to the policy, I will receive a copy of any changes immediately.***

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



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### SHAKEN BABY SYNDROME & TRAUMATIC BRAIN INJURY POLICY

#### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

#### Belief Statement

We, Flaming Sword Daycare, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families. Flaming Sword Daycare ELC has developed policies to help employees and parents prevent shaken baby syndrome and/or traumatic brain injury. Shaken baby syndrome and/or traumatic brain injury are preventable. Help is available for parents or caregivers who are at risk of harming a child.

#### Procedure/Practice

##### Recognizing SBS/AHT:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

##### Responding to SBS/AHT:

- If SBS/ABT is suspected, staff will:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR.

##### Reporting to SBS/AHT:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services.

#### In addition, the facility:

- Allow for staff who feel they may lose control to have a short, but relatively immediate break away from the children; and
- Provide support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

#### Prohibited behaviors:

Flaming Sword Daycare does not tolerate:

- Shaking
- Jerking
- Hitting
- Tossing a child into the air, a crib, chair, or car seat
- Punching
- Pushing a child into walls, doors, or furniture
- Or any form of physical abuse with a child.



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### **Prevention strategies to assist in coping with a crying, fussing, or distraught child:**

- First determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies:
- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

Flaming Sword Daycare does not tolerate the shaking, hitting, punching or any form of physical abuse with a child. Anyone suspected of doing so to a child while in our care, will be immediately suspended, the suspected incident reported to the parent, DCDEE and law enforcement for a thorough investigation. The child will receive immediate medical attention at Cape Fear Valley Medical Center.

I have read and understand the policy concerning shaken baby syndrome and/or traumatic brain injury to children.

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*Parent's Signature and Date*



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### NON-SMOKING POLICY

Flaming Sword Daycare follows state rules and regulations in all aspects of childcare. Therefore, we follow state rule 10A NCAC 09 .0604 under the Division of Child Development and Early Education concerning the non-smoking policy, which states, "Children shall be in a smoke free environment. Smoking and the use of any product containing, made, or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises of the child care center, in vehicles used to transport children, or during any off premise activities." If you do smoke, please do not smoke in your car once you come onto Flaming Sword premises, as this is now unlawful for childcare facilities.

Thank you for your cooperation in complying with the new non-smoking state policy and helping us keep the children healthy and safe.

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Signature of parent or guardian/Date

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Signature of Daycare Director/Date



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### POTTY (TOILET) TRAINING POLICY

#### **Potty Training**

When a child turns two years old (2), he/she will be moved to Gingerbread Manor where there is more room for them and more hands on activities. Gingerbread Manor is prohibited from having a diaper changing table at this part of the daycare facilities. Therefore, FS Daycare will begin "potty training." We ask that all parents please bring in pull-ups or regular underwear so that we may train your little one. If any parent is in disagreement with this policy, then it may be necessary for the child to be moved to a new daycare facility which delays toilet training.

Potty training will be done in a relaxed manner with the cooperation of the family. We require that the child be at least 2 years of age and **must also** show signs of readiness (Please read the Potty Training Readiness Checklist below). Positive reinforcements and consistency must be continued at home to help your child understand and not become confused.

The child **must** be kept in pull-ups at all times. Please keep in mind that the activity level here at the center can distract your child from responding to an urge to use the potty, more so than at your home. Therefore we will use pull-ups until your child can and will announce that he/she must use the bathroom and can control his/her bladder and bowels for a few minutes beyond that announcement. It is required that parents provide pull-ups, (until child is ready for regular underwear) and a few extra changes of clothing.

In the event your child has a medical condition, diagnosed by one's pediatrician, which would prevent the child from being potty trained and would need to stay in diapers, a Care Plan for Children with Special Health Needs, must be filled out and signed by the pediatrician. If we do not have this completed form on file, then you and your child are expected to follow FS Daycare's potty training policy in its entirety. There are no exceptions to this policy. A copy of the Special Health Care Needs Form is attached at the back of this book for your review and use.

#### *Proper Clothing*

During potty training your child needs to be dressed in "user friendly" clothing as much as possible. The best items are shorts and pants with elastic waist. Please **DO NOT** dress your child in the following:

- No tight clothing
- No shirts that snag in the crotch
- No pants with snaps & zippers
- No overalls or bib type clothing
- No belts
- No one piece outfits

The clothes listed above can make it difficult for your child to reach the potty in time. Your child also needs to be able to pull his/her pants up and down and these items will hinder your child's ability to do so.

#### *POTTY TRAINING READINESS CHECKLIST*

##### *Verbal Stages of Readiness*

Basic verbal skills. The child is able to speak in three to four word sentences

Stage 1 The child tells you he/she has a wet diaper, recognized when he/she is wet.

Stage 2 The child tells you he/she is wetting, recognizes the sensation of being wet.

Stage 3 The child tells you he/she will wet, can control himself and uses the potty.

##### *Physical and Psychological Signs of Readiness*

1. Stays dry for a long period of time (the child is able to "hold" his/her urine and bowel movement).
2. Can recognize when diaper is wet or soiled.



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

3. Has bowel movement at regular times (child chooses when to move its bowels)
4. Adult can recognize when child is moving his/her bowels (Child is deliberately moving bowels)
5. Can undress and pull up his/her own pants (Important because this is the work of the child not the caregiver)
6. Initiates interest in using the potty and asks to wear underwear.
7. Wants to be independent which is very important for the learning process.
8. Child is emotionally ready and is open to learning (child is generally cooperative?)
9. Child has an awareness and knowledge of the world beyond himself. (This sign may seem unrelated to Potty training, but it is a behavior that has been seen in children ready to use the Potty)
10. Can follow three and four step instructions (this is critical for learning to urinate or move bowels, wipe himself and wash hands)
11. Can use consistent words or gestures to communicate.
12. Is able to physically get to the potty and sit on it without help.
13. Must show a willingness to want to sit on the potty and understand its function.

### *Required Supplies*

The following items are to be left at the Daycare and replaced as needed. Soiled clothes will be returned in a plastic bag at the end of the day. Two (2) changes of clothing including socks (an extra pair of shoes if available) A bag of pull-ups – you will be notified when the supply is running low.

### *Effective Date of Potty Training Policy*

This policy has been written and approved by the Board of Directors. 10/9/2018. Parents have 14 days from this date, October 23, 2018, to comply with this new policy. There is no “grandfathering” for any child at FS Daycare.

### POTTY TRAINING POLICY ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge that I have read the attached potty training policy for FS Daycare, written 10/9/2018 and is effective 10/23/2018. I also acknowledge that a copy of the Care Plan for Children with Special Health Needs is attached for my review.

☐ I acknowledge that I have read the Potty Training Policy in its entirety and I agree to abide by the policy set forth.

☐ I acknowledge that I have read the potty training policy and I do not agree with the Potty Training Policy. I understand that I am expected to move my child to another daycare and this will serve as my two (2) weeks notice.

<b>Childs Name</b>	
<b>Parent/Guarding Signature</b>	<b>Date</b>
<b>Parent/Guarding Signature</b>	<b>Date</b>



Flaming Sword Daycare - Early Learning Center  
Student Application for Admission  
License #26002349

**Nutrition Opt Out Form**



**December, 2017**

Child Care Rules .0901(c) and .1706(b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

-----

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_ plan to provide all meals, snacks and drinks for my child and do not want his/her  
meals or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of  
Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate  
for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks and drinks for my child, I understand the program will provide  
supplemental food and drink.

\_\_\_\_\_  
*Parent's Signature/Date*



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

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

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

- Support the spiritual, moral, dress and disciplinary standards of the Flaming Sword Daycare & ELC as outlined in the Parent-Child Handbook.
- Assume 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 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 child based on the lack of cooperation on the part of the child, 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;
- 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 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 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; and
- That I will notify the center in advance if my child will be late due to medical appointments.

#### **I UNDERSTAND:**

- There will be daily bible stories, and Pledge of Allegiance to our country (for preschoolers), morning prayer and Christian music and that my child 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 child who does not adhere to standards stated in the Handbook;
- 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 child 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 child, at any time when FSD - ELC deems it necessary. Neither this application nor payment of non-refundable fees is





# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

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; and
- The premises are monitored by closed circuit television with audio and visual surveillance for the protection of the children and staff.

In making application for my child 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.

_____		_____	
<b>Father's/Guardian's Signature</b>	<b>Date</b>	<b>Mother's/Guardian's Signature</b>	<b>Date</b>

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  
License #26002349

**ACKNOWLEDGMENT STATEMENT**

- I acknowledge that I have received a complete copy of my child's daycare application, to include the following:
1. Copy of the Parent Handbook/Operational Policy Manual and I understand I will receive any updates/changes at least 14 days before a policy change goes into effect;
  2. Copy of the NC Child Care Law and Rules (House Bill 1063);
  3. Copy of Discipline/Behavior Management Policy;
  5. Copy of Infant Safe Sleep Policy;
  6. Copy of Sick/Illness Policy;
  7. Copy Blood Borne Pathogen Policy;
  8. Copy of Shaken Baby Syndrome and Abusive Head Trauma Policy;
  9. Copy of Non-smoking policy;
  10. Copy of Nutrition Opt Out Form;
  11. Copy of Consent for child to be photographed and published;
  12. Copy of Potty Training Policy
  13. Copy of Parent/Guardian Statement of Cooperation and Agreement;
  13. Copy of Supply List for my child;
  15. Copy of annual calendar for daycare;
  16. Copy of Financial Contract; and
  17. Copy of Contact Page for daycare houses and administration of daycare.

**I acknowledge that the information contained in this application is true and accurate.**

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

Date: \_\_\_\_\_

Child (ren) Children's Names: \_\_\_\_\_

**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: \_\_\_\_\_

Copy placed in ERP Book for daycare house \_\_\_\_\_ Daycare Director \_\_\_\_\_ CEO \_\_\_\_\_ Admin \_\_\_\_\_



Flaming Sword Daycare - Early Learning Center  
Student Application for Admission  
License #26002349

**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

**Programs Offered:** **Cost: (fees due no later than 6 PM)**  
\_\_\_\_\_ 6 weeks – 2 years \$135.00 Friday before the week begins (not potty-trained)  
\_\_\_\_\_ 2-4 \$130.00 Friday before the week begins (potty-trained)

**Payment Plans Offered:**

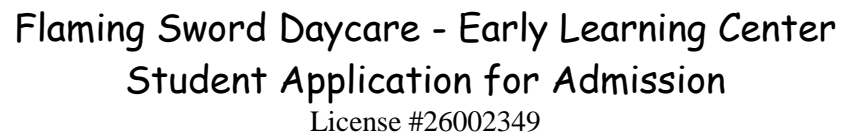
1. Parents may continue to make equal weekly payments in the amounts listed above. Payments will be due on Friday before the week begins, no later than 6 PM.
2. However, if you choose to pay the full month, the fee is \$525, and it will be due 1<sup>st</sup> of each month, but no later than the 3<sup>rd</sup> by 5 PM. By paying monthly, you will save approximately \$460-715 for the year, depending on the age of your child.
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 to the following:**

- 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, I will not be charged for one week of the year when the daycare is closed for maintenance and/or repairs. Daycare has designated that week to be the 4<sup>th</sup> week of June annually;
- 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 payment is late (after Monday at 5:00 pm), and arrangement have not been made with administration, your child will be removed immediately from FS Daycare and will not be able to return; and
- Legal action will be taken if late payment is owed at any time for any reason and no arrangements have been made with administration to bring the account current.

**Parent's Signature and Date** \_\_\_\_\_



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



# Flaming Sword Daycare - Early Learning Center

## Student Application for Admission

License #26002349

### Supply List

#### 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.  
Bring your child's sippy cup with their name on it.

##### **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 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.