



**In order for your child to start, he/she will need for the first day:**

**Infants &**

**Crawlers:** Bottles (Breast milk or formula already mixed labeled with the child's name and date, 2-3 changes of outfits, diapers, wipes, a light blanket to sleep with, pacifier if needed, stuffed animal or toy that they sleep with, application filled out completely, physical exam filled out, emergency form, registration fee, shot record and first weeks tuition.

**Toddlers** 2-3 changes of outfits, diapers, wipes, a light blanket to sleep with, pacifier if needed, stuffed animal or toy that they sleep with, application filled out completely, physical exam filled out, emergency form, registration fee, shot record, and first weeks tuition.

**Two's** 2-3 changes of outfits, diapers/pull-ups/underwear, wipes, a light blanket to sleep with, pacifier if needed, stuffed animal or toy that they sleep with, application filled out completely, physical exam filled out, emergency form, registration fee, shot record, and first week's tuition.

**Three's** 2-3 changes of outfits, pull-ups/underwear, wipes, a light blanket to sleep with, pacifier if needed, stuffed animal or toy that they sleep with, application filled out completely, physical exam filled out, emergency form, registration fee, shot record, and first week's tuition.

**Four's** 2-3 changes of outfits, underwear, two towels or blankets (one to lay on the cot and one to cover up with, stuffed animal or toy that they sleep with, application filled out completely, physical exam filled out, emergency form, registration fee, shot record, and first weeks tuition.

**Health Policy** If your child has a fever of 100\*, has three diarrheas, or vomits you will be asked to come pick your child up and not bring her/him back until 24 hours after the last diarrhea, vomiting, or fever has broken without the help of Motrin or Tylenol.

**Were you referred to NGCDC by someone?** \_\_\_\_\_

**If so, by whom?** \_\_\_\_\_

**If your child is getting help through DSS, you will also need to have the voucher from DSS stating your weekly parent fees and what DSS will be paying.**

# NGCDC DISCIPLINE POLICY

All children enrolled in NGCDC will be treated fairly regarding any discipline procedure taken.

Should a child misbehave while in our care, he/she will be placed in an isolated area (time-out) for one minute per year of age. Every effort will be made to channel the child's interests in other directions before using any disciplinary action.

If time-out is not successful and the unacceptable behavior continues, a conference with the Director, teacher, and the parents may be called to discuss a more positive way of correcting any behavioral problem. Should these two methods fail and the Director cannot get control of the child, the child will be released from the Center immediately.

**SPANKING IS NEVER ALLOWED UNDER ANY CIRCUMSTANCES!**

If, at any time, a child does not respond favorably to the Center, or the Director feels that the Center is not meeting the child's/parent's needs, the child could be dismissed from the NGCDC at the discretion of the Director or the Christian Education Center Board Members.

## STATEMENT OF DISCIPLINARY PRACTICES

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Parent/Guardian Signature) (Child's Name)

Do hereby acknowledge and agree to the disciplinary practices of Neighbor's Grove Child Development Center. These practices have been discussed with me, and I have received a copy of this Discipline Policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## **BLANKET PERMISSION SLIP**

I give permission for my child to take a “stroll” with his/her teacher outside the fenced area of the Neighbors Grove Child Development Center.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## **HEAD LICE POLICY**

According to the North Carolina State Health Board, the following applies:

If a child has head lice, they cannot return to school until they are completely nit free.

There are some products available on the market to help treat this problem. They are Nix, Clear, and Rid. These are over-the-counter products and can be found at any pharmacy or drug store.

You will be notified in writing if your child has been exposed to any case of head lice in the daycare and preschool.

By signing below, I agree to and understand the policy set forth by Neighbors Grove Child Development Center.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL AGREEMENT

By signing this agreement, I understand that upon enrolling my child in Neighbors Grove Child Development Center, I am responsible for paying the registration fee of \$30.00 and the first tuition payment for my child to start his/her first day. **Registration fees are non-refundable.**

ALL tuition fees are scheduled and due one week in advance. Payments are to be made on Fridays for the following week. A \$5.00 late charge will be added to your bill if payment is made later than Monday. If you wish to make bi-weekly or monthly payments, you may make arrangements with the front office. If an account becomes more than 2 weeks delinquent, your child will not be able to return until the account balance is paid in full.

The expenses (e.g. salaries, utilities, maintenance) of the CDC continue whether your child is in attendance or not; therefore, tuition credits or refunds cannot be given for the day(s) that your child is absent.

If a child is picked up after 6:00 pm, a \$1.00 per minute late fee will be added to the next tuition payment. On the second occurrence and thereafter, there will be a fee of \$5.00 plus the \$1.00 per minute.

Payments made by check should be deposited in the drop box at the daycare entrance. Checks can be made out to NGCDC. Please print your child's name at the bottom of your check. Cash payments should be given directly to office personnel so it can be receipted immediately.

There will be a \$20.00 charge for all returned checks.

There is an annual curriculum fee beginning with the two year old classrooms. Parents are also responsible for the expense of most field trips, if they wish their child to participate.

If parents receive financial assistance from the Department of Social Services, be sure to note that the weekly rate owed may be different from the figure given to you by DSS. There is usually an additional parent "co-pay" since the CDC does not participate in all state programs.

**\*\*A *written* two week notice is required before withdrawing a child from the center. This notice is to be given to the Director. If a child is removed for any reason other than an illness, payment is required for these two weeks, even if the child does not attend for the duration of the notice.\*\***

If a child is withdrawn and the account is left with an unpaid balance, NGCDC reserves the right to pursue collection of the unpaid balance, including the use of a lawyer. Collection expenses, including court costs and attorney fees are then added to the previous unpaid balance.

I/We understand these financial policies and agree to accept full responsibility accordingly for my/our child(ren)'s expenses.

Father's Signature: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date: \_\_\_\_\_

**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:**

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

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical

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

**FAMILY INFORMATION:**

Child lives with: \_\_\_\_\_

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

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

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

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

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

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

**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. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_