



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.

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.

APPLICATION FOR CHILD CARE

Child's Name: _____ Last First Middle DOB: _____

Address: _____ Street City State Zip

Please indicate the time your child will be dropped off: _____ Picked Up: _____

Father's Name: _____ Driver's License #: _____

Address: _____ Street City State Zip

Home Phone: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

Hours required to be on the job: _____ *Please give specific times

Mother's Name: _____ Driver's License #: _____

Address: _____ Street City State Zip

Home Phone: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

Hours required to be on the job: _____ *Please give specific times

Name of church you attend: _____

Pastor's Name: _____ Member? Yes No

Name of Child's Doctor: _____ Phone: _____

Office Address: _____

Hospital Preference: _____

Please list any physical ailments/conditions your child has that we need to be aware of: _____

Please list any medications your child is allergic to: _____

If neither father nor mother can be contacted, please call: _____

By signing this application, I agree that the Director, or person in charge, may authorize the physician of his/her choice to provide emergency care for my child in the event the family physician nor I can be contacted immediately.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Who referred you? _____

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: _____

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.

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 a figure given to you by DSS. To ensure financial assistance, parents **must** swipe the card provided by DSS to report a child's attendance. Failure to do so results in DSS not providing payment and the parent will become responsible for the full bill.

****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: _____ Date: _____

Mother's Signature: _____ Date: _____

BLANKET PERMISSION SLIP

It is fine for my child to take a “stroll” with his/her teacher outside the fenced area to 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: _____