

PRESCHOOL/PARENT CONTRACT

Start Date: _____

Registration Paid: Yes No * **Registration Fee is non-refundable.**

The purpose of this document is to prevent misunderstandings with regards to the policies and regulations as established and published in the school's policy and procedures manual by the School's Board of Directors. Excerpts of pertinent information have been duplicated in this Parent Handbook.

Parent's Name _____ Child's Name: _____

Address: _____

Phone#: _____

The above noted parent hereby acknowledges and agrees to comply with the operational policies of St. James School for Little Folks. I acknowledge receipt of the operational rules and policies in this handbook by Signature at the bottom of this page.

OF PARTICULAR IMPORTANCE ARE THE FOLLOWING:

- Hours of operation and the necessity of prompt child pick-up
- Awareness of all late and drop-off fees, tuition charges, early bird fees, and annual material fees
- Compliance with illness and medication policies. Acknowledge receipt of Child Emergency Medical Policy located within the handbook.
- A special doctor's note –permission to administer medicine for is required to for all medications (prescription & Over the counter)
- Tuition is due at the beginning of each school week/month or the Friday before if school is closed on Monday.
- Christian values classes and children's worship services are a part of our curriculum
- Parents are required to Intervene in behavior/discipline when deemed necessary by the Director and the child's behavior interferes with the operation of the classroom or becomes a danger to himself/herself or others.
- Usage of Student Photos for School Promotion (Directory, website, school yearbook, newspaper, etc..) is assumed acceptable unless otherwise notified in writing by parent.
- The Preschool Director is in charge and reserves the right to dismiss children as stated in the handbook
- Photo/School's Internet policy–usage is assumed unless otherwise notified in writing.
- Referral to outside agencies as deemed necessary including but not limited to the Health Consultant, Behavior Specialist, CCR&R personnel, Park Ridge Prep and other agencies that deal with childcare issues.
- Hand Sanitizer may be used on my child in areas that do not contain running water. I.e: playground, classrooms without a sink, etc.. – until such time as the child can be taken to a sink for proper hand washing.
- Receipt of a copy of the Summary of North Carolina Child Care Law and Rules

I hereby understand and agree to these policies and request that my child be enrolled accordingly in your facility.

Age: _____ Male Female Date of Birth _____ DSS Assistance: Yes No
(circle answer) (Circle answer)

TYPE OF ENROLLMENT: Circle # of days: 5 4 3 2 (ALL DAY: 7:30-5:30)
Circle # of days: 5 4 3 2 HALF DAY: (7:30-11:30)

Circle DAYS OF ATTENDANCE: M T W TH F

Tuition Rate: \$140.00 weekly – Parents are responsible for any fees not paid by tuition assistance programs. I understand that tuition payments are due on the 1st day of the school week or 1st day of the month. All accounts must be paid in full by the end of the month. Balances are not allowed to carry forward.

Parent Signature

Date

CHILD'S APPLICATION FOR CHILD CARE

(page 1)

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____

_____ Race: _____

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Both parents are allowed to pick up the child unless custody court papers are on file in the school office

Allowed to pick up child Emergency Contact
Father/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Email address: _____

Company Name _____ Job Title: _____
Business Phone _____

Allowed to pick up child Emergency Contact
Mother/Guardian: _____ Home Phone _____
Address _____ Zip Code _____
Email address: _____

Company Name _____ Job Title: _____
Business Phone _____

*Court filed Custody papers must be on file in the school office to eliminate one of the parents from pick up or emergency contact

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No _____ Yes _____
Explain: _____

Does your child have any chronic illnesses/conditions: No _____ Yes _____
Explain: _____
(Emergency Asthma or Medical Plans must be completed and medication provide)

Please give any information concerning your child, which will be helpful in his/her experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

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 ___ .
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 DEHNR standards for EPSDT program.

Height _____ % Weight _____ %
Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____
Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____
Ext _____ Neurological System _____ Skin _____
Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___

Should activities be limited? No ___ Yes ___ If yes, explain:

Any other recommendations: (Please indicate any chronic illnesses or medical conditions)

Date of Examination _____

Signature of Authorized Examiner: _____
Title _____ Address _____
Phone # _____

Revised 3-03

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 childcare facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT					
*POLIO					
**HIB					
*** HEPATITIS B					
* MMR					
**** CHICKEN POX					
PCV 7 (PREVNAR):					
OTHER:					

*Required by State law.

**Required by State law for children born on or after 10/1/88.

***Required by State law for children born on or after 7/1/94.

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

A copy of your child's shot record is also acceptable!

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the Behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good 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"
12. DO stay consistent in our behavior 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 the children alone, unattended, or without supervision.
7. DO NOT place the 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.

I, _____ the
undersigned parent or guardian of:

(child's 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/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me. This center does use time-out.

Signature of Parent or
Guardian _____

Date _____

TRAVEL AND ACTIVITY AUTHORIZATION

Blanket permission for all given activities

I, _____ parent/guardian of
Name of parent/guardian
_____ Name of
child

give my permission to: **St. James School for Little Folks** for my child to participate in the following activities:

My child can participate and travel to church areas that are not
Specifically licensed for day care usage
(IE: kitchen, church, library, music room, etc...)

Trips in the van/automobile (facility or parent-owned): None
Field trips away from the facility: None

If students are transported by car/bus/van, I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation or leaving the premise.

Parent/Guardian Signature _____
Date Signed _____

In addition, if the facility has planned activities outside the fenced area of the facility,

Yes, I will allow my child to play outside the fenced area around the church premises.
Yes, I will allow hand sanitizer to be used on my child in areas that do not contain running water; such as, the playground or classrooms without running water, etc..

Parent/Guardian Signature

Date Signed

- We do go outside the fenced area from time to time for different activities; such as water play, nature walks, etc...
- A special 1-one time only permission form will be signed should the children go on a field trip that requires leaving the church property.

File in child's folder

Child and Adult Care Food Program (CACFP)

Participant Enrollment Form

Institution Name: St. James School for little folks Agreement Number: 8636
 Facility/Provider Name: "SFLF"

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
		<u>6:30</u> to <u>5:30</u>	<u>M T W TH F</u> Sat Sun	<u>B</u> AM <u>L</u> <u>PM</u> S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)

Meals Normally Eaten – Please circle the meals the participant(s) usually eats at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____

Work Telephone Number: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____

North Carolina
 Department of Health and Human Services
 Women's and Children's Health
CHILD AND ADULT CARE FOOD PROGRAM
CHILD ELIGIBILITY APPLICATION

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH: _____ NAME OF INSTITUTION: St. James School for little folks
 _____ FACILITY NAME: "SFLF"
 _____ AGREEMENT NUMBER: 8636

2. SNAP, TANF or FDIPIR: If the household currently receives SNAP, TANF or FDIPIR benefits give the case number. Yes, we receive SNAP, TANF or FDIPIR benefits. Case number is: SNAP # _____
 TANF # _____ FDIPIR # _____
 If yes, and you have provided the case number; **DO NOT** complete #3 and #4. Complete #5 (voluntary) and #6. If a child is a member of a SNAP or FDIPIR household or TANF assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. IS THIS A FOSTER CHILD? Yes No. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, **DO NOT** include participant listed above. List all gross income (before deductions) received last month. If you did not give a SNAP, TANF or FDIPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Please check one).
 Hispanic or Latino Not Hispanic or Latino
 RACE OF PARTICIPANT: (Please check one or more).
 White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of Adult Household Member (Required) _____ Date: _____
 Last Four Digits of Social Security Number ((Required for households qualifying by income) _____
 Printed Name _____ Home Telephone # _____ Work Telephone # _____
 Address _____ City _____ Zip Code _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

For Institution To be classified and completed by institution/sponsor
 TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____
 Approved: Free Reduced Denied
 Reason for denial: Income too high Incomplete application Other
 Withdrew on (Date): _____

For state use only:
 Verified by: _____ Date: _____
 Verified classification: Free Reduced Denied
 Reason for change in classification: _____

Signature of Eligibility Official _____ Date _____

School Closings for 2012

Date	Closing Type
1/2/12	New Year's Day Holiday
1/16/12	Martin Luther King Holiday
2/10/12	Teacher Workday
3/23/12	Teacher Workday (PC)
4/06/12	Good Friday Holiday
5/28/12	Memorial Day Holiday
6/22/12	Teacher Workday (PC)
7/4/12	4 th of July Holiday
8/24/12	Teacher Workday
9/3/12	Labor Day Holiday
10/19/12	Teacher Workday
11/22 & 11/23	Thanksgiving Holiday
*12/24, 12/25 & 12/26	Christmas Holiday

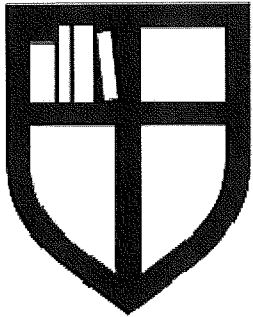
***Payment for the End of the School Year is due and payable before the above noted Christmas holiday closings.**

This policy is due to EOY reporting and accounting regulations. Should you have any questions concerning this policy, Please feel free to drop by the School office to discuss this matter.

Thank-You for allowing us the privilege of serving you and your child during this year!

Denise Purcell
Executive Director

**Proud 2011-2012 Member of the
National Association of Episcopal Schools**



**EPISCOPAL
SCHOOLS**