



**KIDDIE KOLLEGE CHILD DEVELOPMENT CENTER**  
**Enrollment Application**

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

**(Please Print)**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**FAMILY INFORMATION:**

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

Address (if different from child) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

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

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

Address (if different from child) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

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

**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, completed by parent or health care professional. Is there a Medical action plan attached Yes  No  (Medical action plan must be updated annually and when changes occur.)

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 your 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 CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

If a parent cannot be contacted, the following person(s) may be contacted in the event of an emergency.

The following person(s) also have permission to pick up.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ 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 \_\_\_\_\_

## CHILDREN'S MEDICAL REPORT

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

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

Address of Parent or Guardian \_\_\_\_\_

**A. Medical History:** (To be completed by parent)

1. Is your child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

2. Is your child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

3. Is your 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 your 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/her 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: \_\_\_\_\_

(Signature of authorized examiner)

(Date of Examination)

Phone # \_\_\_\_\_

**C. Immunization History:** Attach a copy of the immunization record.

Enter date of each dose – Month/Day/Year

Vaccine	#1	#2	#3	#4	#5
DTP (idekit)					
Pb					
Hb					
HepB					
MMR (otivelds)					
OPV					

## 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 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 misbehavior.
10. DO explain things to the children on their levels.
11. DO use short supervised periods of "time-out": ("Time-out" is described below).
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.

### "TIME-OUT"

"Time-out" is the removal of a child for a short period of time (2 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 to the other children.

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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.

Date of Child's Enrollment: \_\_\_\_\_

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

# Photo Release Form

Kiddie Kollege uses photographs, slides, videos or illustrations of students for many purposes related to Kiddie Kollege business. This form allows you to grant or deny permission to Kiddie Kollege to release your child's image for display or publication. This form also allows a parent or guardian to choose whether or not their child may be identified name.

Parents have three options for granting or denying consent:

- Parents may deny permission for any display or publication of their child's image. You should select this option if you do not want your child to be photographed.
- Parents may grant access to pictures only for internal use, i.e. classroom, for class projects, communication app
- Parents also may grant permission for their child's image to be published or displayed in print, video, and/or digital media. Selecting this option means that your child's photograph may be displayed in the classroom, for class projects, Kiddie Kollege publications, website and other forms of media.

This consent form remains valid until a new form is completed and signed by a parent/guardian.

\_\_\_ I deny permission to use my child's image for display or publication.

\_\_\_ I grant permission for use of my child's image print for internal use only

\_\_\_ I grant permission for use of my child's image print, video and/or digital media. I understand that my child's image may be used without additional notification and that my child's name may appear along with his/her photograph.

\_\_\_ I do not grant permission for my child's name to appear along with his/her photograph

Child's name \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_