



Siblings Name: _____

Application Date _____ Date of Enrollment _____

CHILD'S APPLICATION

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
 (Last) (First) (MI) (Nickname)
 Home Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY: circle one: Married Divorced Single Custody Agreement:

Father/Guardian's Name _____ Home Phone _____ Cell # _____
 Employment address _____ Zip Code _____
 Where Employed _____ Business Phone _____
 Mother/Guardian's Name _____ Home Phone _____ Cell # _____
 Employment Address _____ Zip Code _____
 Where Employed _____ Business Phone _____
 Child's Physician or Health Clinic: _____ Phone # _____ Office Hours: _____
 Child's Dentist: _____ Phone # _____ Office Hours: _____
 Health Insurance Carrier _____ Policy # _____

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 plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? YES or 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 _____

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

EMERGENCY MEDICAL CARE INFORMATION

Name of Health Care Professional _____ Office Phone _____
 Address _____
 Hospital Preference _____ Phone _____

EMERGENCY 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 and release your child to the following individuals.**

Name _____ Relationship _____ Home Phone _____
 Name _____ Relationship _____ Home Phone _____

I, the parent agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

- Provisions will be made for adequate and appropriate rest and outdoor play. I also give permission for my child to be transported in a vehicle for Emergency purposed and in the event of an evacuation.
- I further give permission to the facility for my child to participate in developmentally appropriate supervised activities for outside of the fenced playground premises. I give permission for In/Outdoor water-play activities.
- Licensed by the Division of Child Development to secure emergency medical, dental and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care. Non-emergency medical treatment or elective is not include in this authorization.

Signature of Parent: _____ 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 Operator, of New Horizons Child Care _____ (Date) _____



Siblings Name: _____

IMAGE RELEASE CONSENT FORM

As part of our curriculum, we would like to take photographs and videos of children in action as they participate in the classrooms, and the outside play area. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any use of these images, names and other personal information will **NOT** be identified, unless first discussed with the parents.

- Images of my child(ren) may be used as part of New Horizons Child Care pamphlets, brochures, and curriculum.
- Images of my child(ren) may be used at New Horizons Child Care meetings, lectures, and workshops designed to educate teachers and parents about creative curriculum, diversity.
- Images of my child(ren) may be used on the New Horizons Child Care website.
- Please **do not** use ANY images of my child(ren) in ANY way.

I have read the above description and give my consent for the use of the images as indicated above.

Parent/Guardian Signature Parent/Guardian Name (please print) Date

- I would like to be a part of my class room e-mail list
- I would like to receive emails, newsletters, and notifications through email.

 (email address/es)

ADDITIONAL INFORMATION

Parent to be called first in case of illness: _____

Approximate arrival and departure time. Arrival _____ Departure _____

Child's Parents/Guardians are: ___ Married ___ Single ___ Separated ___ Divorced**

**NHCC requires custody paperwork for all divorced families to be provided to us if any is in effect

Name of schools previously attended: _____

How you became aware of New Horizons Child Care: _____

New Horizons participates in Lowes Foods Cart to Class and Harris Teeters Together In Education. Please provide us with the following information to help support our school:

Lowes Foods Card Number: _____ Full Name Associated: _____

Phone Number Associated: _____ Email Associated: _____

Harris Teeter Phone Number: _____ Last Name Associated: _____

Siblings Name: _____

M.D.Revised 11/30/15

Discipline and Behavior Management Policy

11/15

Praise and positive reinforcement are effective methods of 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, New Horizons Child Care will practice the following discipline and behavior management policy:

We:

- DO praise, reward, and encourage the children.
- DO reason with and set limits for the children.
- DO model appropriate behavior for the children.
- DO modify the classroom environment to attempt to prevent problems before they occur.
- DO listen to the children.
- DO provide alternatives for inappropriate behaviors to the children.
- DO provide the children with natural and logical consequences of their behaviors.
- DO treat the children as people and respect their needs, desires, and feelings.
- DO ignore minor misbehaviors.
- DO explain things to children on their levels.
- DO stay consistent in our behavior management program.
- DO use effective guidance and behavior management techniques that focus on a child's development.
- DO use short supervised periods of time-out, sparingly.

We:

- DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the child.
- DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- DO NOT shame or punish the children when bathroom accidents occur.
- DO NOT deny food or rest as punishment
- DO NOT relate discipline to eating, resting, or sleeping.
- DO NOT leave the children alone, unattended, or without supervision.
- DO NOT place the children in locked rooms, closets, or boxes as punishment.
- DO NOT allow discipline of children by other children.
- DO NOT allow discipline in any form to come from any individual besides a staff member of New Horizons Child Care.
- DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic group.

I, the parent or guardian of _____, do hereby state that I have read and received a copy of New Horizons Child Care, Inc.'s Discipline and Behavior Management Policy and that New Horizons Child Care 's director/coordinator/teachers have discussed the policy with me.

Child's Enrollment Date _____

Signature of Parent/Guardian: _____ **Date** _____



6395 Cephis Drive
 P.O. Box 676
 Clemmons, NC 27012
 336-766-7079
 horizonschild@gmail.com
 newhorizonschildcareine.com

I acknowledge that I have received a copy of the NC Division of Child Development Laws. Initial _____

I acknowledge that I have received & understand the policies set forth in the Parent Handbook. Initial _____

Non-Refundable Registration fee: \$50.00 toddlers-Pre-K Fives/ \$100 Infant –Betweenies Initial _____

Annual registration fee: \$35.00 Birth – Pre-K

Tuition: Tuition is payable “in advance” and should be dropped in the front office in the box labeled “Tuition drop”. Tuition is due on Monday and considered late if not received by Wednesday 9:00 A.M. of the current week. Any payment not received by Wednesday by 9:00 A.M. will be charged a late fee of **\$10.00 for EACH DAY PAST DUE**. Half tuition credit is awarded once yearly, after 6 months of enrollment, for vacation. The child must be absent the entire week. These weeks do not accumulate. **I understand the payment schedule for tuition, vacation, and late fees.** Initial _____

Arrivals and Departures: When dropping of your child(ren) the parent or guardian must sign the child in. In an effort to minimize sickness and illness in a childcare setting we ask you to help us by having your child(ren) wash his/her hands immediately upon entering the classroom. If anyone other than the parent or guardian is picking up your child, the parent must notify the center either in writing, by phone, or by fax. The individuals picking up the child will be required to show picture identification. You MUST sign your child out and communicate to the instructor that your child is being picked up and the persons first and last name. Please be aware of the schedule and policies. Morning snack is served between 8:30 – 9:00. If your child is going to be in late, be aware they will not receive snack. Preschool starts at 9:00am. Your child must be present in the classroom no later than 10:00 with few exceptions. No outside food is to be brought in to eat. Initial _____

Illness: Your child will not be allowed to attend New Horizons if he/she runs a temperature of 101.1 degrees or higher or has abnormally loose stools or is vomiting. You will be contacted and your child needs to be picked up within an hour. Your child cannot return to the center until they haven’t had any symptoms for a twenty – four hour period. Initial _____

Medications: Medications must be taken to the front office only. The child’s name must be on the prescription medication. Prescription medicine labeled with sibling’s names cannot be administered. Any non-prescription medicine (cough, cold, allergy) must be given by yourself during the day for ages 12 months and older. New Horizons childcare will only administer non-prescription medication to infants 6 weeks to 12 months for teething. We will not administer non-prescription medication to any child (ren) above 1 year. Initial _____

Toys: Children are not allowed to bring toys from home on a daily basis. No Guns, Knives, and other toys that encourage violent play. Initial _____

Inappropriate Language: Inappropriate language is not accepted at New Horizons Childcare by parents, staff, or children. While we understand that preschool children will repeat words they have over heard, it is teachers and parent’s responsibility to set examples for children. Initial _____

Discharge Policy: In rare circumstances, a child’s adjustment to the program and/or level of care may not be what is best for the child. In such circumstances, New Horizons Child Care reserves the right to terminate the child’s enrollment. Reasons for Termination may include, but are not limited to the following:

- | | |
|------------------------------------------------------------|---------------------------------------------------------|
| Non-Payment of Fees as scheduled | Abusive Language or behavior by parents to anyone |
| Lack of Parental cooperation or involvement when requested | Parents disciplining children other than their own |
| | Center unable to reasonably accommodate special need(s) |
- Initial _____

Emergency Preparedness: I have received a copy of New Horizons Emergency Preparedness Plan Initial _____

 Parent’s Signature

 Date



New Horizons Child Care, Inc.

6395 Cephis Drive
P.O. Box 676
Clemmons, NC 27012
336-766-7079
horizonschild@gmail.com
newhorizonschildcareinc.com

Name of Child (Last, First, Middle Initial)	Name of Parents	Telephone Number
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Child's Date of Birth	Address (Number and Street)
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Allergies, if any	City	State	Zip Code
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Special Health Condition

1. Fathers Location When Child's in Care (Employer, School, etc.)	Hours of Employment	Phone Number ()
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Address (Number and Street)	City	State	Zip Code
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2. Mothers Location When Child's in Care (Employer, School, etc.)	Hours of Employment	Phone Number ()
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Address (Number and Street)	City	State	Zip Code
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Person other than parent to be notified in emergency situation when parent is not available			
Name	Phone Number ()		

Address (Number and Street)	City	State	Zip Code
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Names of persons other than parent to whom child may be released			
1.	3.		
2.	4.		

Emergency treatment and transportation:
 I hereby give permission to New Horizons Child Care, Inc. to provide emergency care for the above named minor, and licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care.
 Non-emergency medical treatment or elective treatments are not included in this authorization.

Signature of Parent or Guardian	Date Signed
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Name of Child's Physician or Health Clinic	Office Hours	Phone Number ()
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Address (Number and Street)	City	State	Zip Code
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Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number
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Name of Child's dentist	Office Hours	Phone Number ()
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Address (Number and Street)	City	State	Zip Code
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Field Trips and Activities Outside the Fenced Playground
 I hereby give permission to New Horizons Child Care, Inc. for my child to participate in developmentally appropriate supervised activities outside of the fenced playground to be transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in

Signature of Parent or Guardian	Date Signed
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**Medical Form
to be returned
within 30 days**



New Horizons Child Care, Inc.

6395 Cephis Drive
P.O. Box 676
Clemmons, NC 27012
336-766-7079
horizonschild@gmail.com
newhorizonschildcareinc.com

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History (to be completed by parent)

1. Is the 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: _____

_____ Date of
Examination _____

Signature of authorized examiner/title _____ Phone # _____

****Parents must bring a copy of child's most recent Immunization Record****