



# Enrollment Application

(must be updated annually)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (MI) (Last)  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Nick Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Sex \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Parent/Guardian Location When Child's in Care (Employer, School, etc.) \_\_\_\_\_  
Hours of Employment, School, etc. \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Parent/Guardian Location When Child's in Care (Employer, School, etc.) \_\_\_\_\_  
Hours of Employment, School, etc. \_\_\_\_\_

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Parents/Guardian: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_  
If parent/guardian is not together who does the child primarily live with? \_\_\_\_\_

### Other Household Members:

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

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### Emergency Care Information:

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Doctor Diagnosed Allergies, if any \_\_\_\_\_  
Special Needs or concerns, please include speech, seizures, etc. : \_\_\_\_\_

Name of Physician/Clinic: \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address: \_\_\_\_\_

Hospital Preference: (Circle One) RPMC 704-210-5000 or NEMC 704-783-3000



# Child Release & Emergency Consent Information

(Application Continued- must be updated annually)

### One contact must be someone other than a household member

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 City/Town & Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 City/Town & Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 City/Town & Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_

### Please give the names of additional persons who your child may be released to:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

### Parent Permission

Photograph  
 Observation Permission  
 Travel  
 Walks

### Please circle one

(yes) (no)  
 (yes) (no)  
 (yes) (no)  
 (yes) (no)

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Have you received the North Carolina Child Day Care Laws and Rules? (yes) (no)  
 Have you received the Cornerstone Child Development Center Discipline Policy? (yes) (no)  
 Have you read & understand the Cornerstone Child Development Center Parent Hand Book? (yes) (no)

I understand that every effort will be made to contact me in the event of an emergency requiring medical care for my child. If I cannot be reached, I understand the individuals below will be called. I hereby authorize Cornerstone Child Development Center to call an ambulance or provide appropriate faculty transportation to a hospital or medical facility to secure the necessary medical treatment. I understand Cornerstone Child Development Center faculty is trained in the basics of first aid/CPR. I hereby authorize them to give my child first aid/CPR.  
 To ensure your child's safety, Cornerstone Child Development Center will release your child only to the parent(s), legal guardian(s) and those individual listed below. All individuals listed must be at least 16 years of age **AND** have legal photo identification. I understand that Cornerstone Child Development Center will **NOT** release my child to any individual picking up that is not listed on this form, unless I notify the Center in writing.

### Parent/Guardian Signature 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. Provisions will be made for adequate and appropriate rest and outdoor play.

### Administration Signature Date



## Discipline & 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 Do:

1. Praise, reward, and encourage the children.
2. Reason with and set limits for the children.
3. Model appropriate behavior for the children.
4. Modify the classroom environment to attempt to prevent problems before they occur.
5. Listen to the children.
6. Provide alternatives for inappropriate behavior to the children.
7. Provide the children with natural and logical consequences of their behaviors.
8. Treat the children as people and respect their needs, desires, and feelings.
9. Ignore minor misbehaviors.
10. Explain things to children on their levels.
11. Use short supervised periods of "time-out"
12. Stay consistent in our behavior management program.

### We Do NOT:

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Shame or punish the children when bathroom accidents occur.
4. Deny food or rest as punishment.
5. Relate discipline to eating, resting, or sleeping.
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

### "Time Out" Policy

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "timeout" 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 the other children.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of C.C.D.C.'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.

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

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



## Biting Policy

Biting is a natural developmental stage that many children go through. It is usually a temporary condition that is most common between thirteen and twenty-four months of age. The safety of the children at the center is our primary concern. The center's biting policy addresses the actions the staff will take if a biting incident occurs.

Toddlers bite other toddlers for many different reasons. A child might be teething or overly tired and frustrated. He or she might be experimenting or trying to get the attention of the teacher or his peers. Toddlers have poor verbal skills and are impulsive without a lot of self-control. Sometimes biting occurs for no apparent reason. The center will encourage the children to "use their words" if they become angry or frustrated. The staff members will maintain a close and constant supervision of the children at all times.

The following steps will be taken if a biting incident occurs at our center:

- The biting will be interrupted with a firm "STOP...we bite food to eat, not our friends!"
- Staff will stay calm and will not overreact.
- The bitten child will be comforted.
- Staff will remove the biter from the situation. The biter will be given something to do that is satisfying.
- The wound of the bitten child shall be assessed and cleansed with soap and water.
- The parents of both children will be notified of the biting incident. Appropriate forms will be filled out (Incident Report). If there was blood exposure both parents will be notified immediately.
- Confidentiality of all children involved will be maintained.

Cornerstone Child Development Center reserves the right at anytime to send home or terminate a child due to excessive and/or long term biting. All attempts will be made to help the child before termination occurs.

I, \_\_\_\_\_ of \_\_\_\_\_ have read and  
(parent/guardian) (child's name)

understand Cornerstone Child Development Centers Biting Policy.

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

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

Director/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



## PHOTOGRAPHIC RELEASE

Cornerstone Child Development Center occasionally takes photographs of children at the Center. Please check if you, DO \_\_\_\_\_ DO NOT \_\_\_\_\_ authorize the use and reproduction of any photographs, training videos, slides, negatives or proofs of your child for Cornerstone Child Development Centers' use. These photos maybe used within the center, on the Cornerstone Child Development Center website, or for other Cornerstone Child Development Center purposes.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## TRAVEL and ACTIVITY AUTHORIZATION (Before & After School)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of  
Name of Parent / Guardian

\_\_\_\_\_, give my permission to  
Name of Child

Cornerstone Child Development Center to transport my child to and from school in the center van/bus. I understand that I am responsible to provide the appropriate child restraint devices and the center will abide by all safety rules in Rule .1000 when my child is transported in a vehicle.

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

## PERMISSION SLIP FOR WALKS/OUTSIDE FENCED AREA

\_\_\_\_\_ I AM WILLING  
\_\_\_\_\_ I AM NOT WILLING

To have my child, \_\_\_\_\_, to be taken on walks in the area surrounding Cornerstone Child Development Center, that is outside the fenced area. I understand that my child will be supervised by the faculty of Cornerstone Child Development Center during walks, and that infants and young toddlers will go in a buggy or stroller. I understand that a separate **Field Trip Policy and Permission Slip** describing the field trip will be sent home if my child will be leaving the Center for an extended period of time (for preschool and school-age children only).

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

All permission slips are valid as long the child is enrolled. I understand that it is my responsibility to update this form in the event I no longer wish to authorize one or more of the above uses.

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



# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Name of Parent or Guardian \_\_\_\_\_  
 Address of Parent of Guardian \_\_\_\_\_

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### 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** \_\_\_\_\_
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**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 \_\_\_

Food/Drug Allergies: \_\_\_\_\_ Other allergies: \_\_\_\_\_

Does this child have asthma? No\_\_\_ Yes\_\_\_ If yes, explain treatment plan: \_\_\_\_\_  
\_\_\_\_\_

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

Any other recommendations: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date of Examination \_\_\_\_\_

**Signature of authorized examiner/title** \_\_\_\_\_  
**Phone #** \_\_\_\_\_



## Parent Involvement Form

Cornerstone Child Development Center recognizes the importance of parents as partners in their children's early education. Parent involvement, is key in building a positive learning experience for children. Families when possible are encouraged to participate in their child's early education experiences first hand. Please check the list below to see in what area you might be able to assist.

Child's

Name \_\_\_\_\_

Parent/Guardian

Name \_\_\_\_\_

Please list any skills, hobbies, interests that you may be able to share with our children:

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Parent/Guardian

Name \_\_\_\_\_

Please list any skills, hobbies, interests that you may be able to share with our children:

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I would be interested in: (Please check all that apply)

- Helping in the classroom
- Helping on a field trip
- Collecting materials such as collage materials, paper towel rolls, etc.
- Helping prepare classroom material, creating games, taping stories for library, etc.
- Helping with special activities, such as a party, special art project, etc.
- Sharing cultural heritage
- Share special talents, interests and jobs