

## Enrollment Application

*To be completed signed and placed on file at the facility on the first day and updated as changes occur.*

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Door Code: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Child Information:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Middle) (Last)

Nick Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Sex \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

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### Family Information:

Child lives with: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: (if different from child's) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Parent/Guardian Location When Child's in Care (Employer, School, etc.) \_\_\_\_\_

Hours of Employment, School, etc. \_\_\_\_\_

### Family Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: (if different from child's) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Parent/Guardian Location When Child's in Care (Employer, School, etc.) \_\_\_\_\_

Hours of Employment, School, etc. \_\_\_\_\_

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### Other Household Members:

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

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

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

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

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

### Emergency Medical Care Information:

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

Circle One: Novant Health Rowan Medical Center 704-210-5000 or Carolina's Medical Center NorthEast 704-403-3000

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, 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.

*To be completed, signed, and placed on file in the facility on the first day and updated as changes occur.*

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contacts & Authorized Guardians

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

**Emergency Contacts & Authorized Guardians:** *Child can be released to the individuals listed as authorized by the person who signs this application. The individual MUST provide their ID until the staff is acquainted with the individual. In the event of an emergency, if the parent/guardians cannot be reached, the facility has permission to contact the following individuals:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 City/Town & Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Account Payer: YES or NO

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 City/Town & Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Account Payer: YES or NO

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 City/Town & Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Account Payer: YES or NO

**Authorized Guardian (for pick up):** *Child can be released to the individuals listed as authorized by the person who signs this application. The individual MUST provide their ID until the staff is acquainted with the individual.*

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

### Parent Permission

### Please circle one

Photograph	(yes) (no)
Observation Permission	(yes) (no)
Travel	(yes) (no)
Walks (outside fenced area)	(yes) (no)

### Receipt of Policies/Rules:

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 received the Cornerstone Child Development Center Shaken Baby and Head Trauma Policy? (yes) (no)  
 Have you read & understand the Cornerstone Child Development Center Parent Hand Book? (yes) (no)

*Parent Handbook can be assessed by request or by going online to [www.cornerstonecdc.com](http://www.cornerstonecdc.com) (parent network page)*

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

Signature of Administrator \_\_\_\_\_ 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 :

### **How we respond to children and provide alternatives for children who need de-escalate stressful situations:**

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 and nurture 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.
13. Include families on suggestions they have for their child when helping them cope.
14. Communicate to families on the progress of their behavior management.
15. Allow the children to problem solve while coaching them when help is needed.

### **How we do not respond to children:**

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, determined by the age of the child, for example a three year old has time out for three 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, 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.

*\* I understand that I cannot physically discipline my child on the premises. \**

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.

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 after the situation is under control.
- 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 understand Cornerstone  
(parent/guardian) (child's name)

Child Development Center's Biting Policy.

Child's Start Date: \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 (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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Child Care Daily Schedule

### Schedule (Private & Voucher)

**\*Child can be in the center 10 hrs. per day or per your Voucher time\***

**\*Schedule changes must be submitted in writing to your center Director 2 weeks prior to the effective date of the new schedule.**

Monday \_\_\_\_\_ to \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

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

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

## Tuition & Fee Policies

**It is the policy of Cornerstone Child Development Centers that all tuition and fee payments are due in full and in advance of the services rendered. Tuition is billed regardless of attendance or center closing. Tuition is paying for an active enrollment status; like a membership.**

### Enrollment Fee:

- Paid prior to child attending the center.
- To reserve a spot within 2 weeks, \$25 Enrollment Fee must be paid.
- Enrollment Fee must be re-paid upon re-enrolling any child(ren) who has been unenrolled from one of our centers for 30 days or more.

### **Service Fees & Private Pay Tuition Rates** (\*Subject to Change)

#### **Tuition Rates:** (Weekly/per child)

6 weeks to 23 months old	\$184
2 years old	\$166
3-5 years old	\$145
Summer Camp (rising kindergarten)	\$145
Summer Camp (school aged)	\$118

#### **Before & After School Rates:** (Weekly/per child)

School Aged Before/After School	\$89
NC Pre-K/Pre-K Before/After School (wrap around care)	\$73
School Closings (Enrolled in SA B/A, NC Pre-K/Pre-K B/A)	\$10 additional fee per day

Tuition & Fee Policies

Parent/Guardian Initial: \_\_\_\_\_

**Other Fees:**

Annual Registration Fee	\$25/child (max. \$50 per family)
Transportation Fee (Enrolled in SA B/A or NC Pre-K/Pre-K B/A)	\$30/month/center/family
School Closing Drop-In (school aged)	\$23.60/day
School Closing Drop-In (pre-k)	\$29/day
Over Hours Upcharge	25% of weekly FT tuition rate
Late Pick Up Fee (past center closing)	\$1/min. first 15 min./\$2/min. thereafter
Late Payment Fee	\$10
Returned Check Fee	\$30
Pre-K Graduation Fee	\$10
Summer Camp Activity Fee	\$50

**Private Pay Accounts:**

1. Full tuition is due and payable on the **Friday prior** to childcare services unless the center is closed. Tuition is then due and payable on the first day the center is reopened.
2. There will be a \$10.00 late fee for all tuition that is not paid according to the statement made above.
3. There is a service charge of \$30 on all returned checks; payment to reconcile the outstanding balance and insufficient funds service charge is due immediately and must be paid by method of: cash, money order, or debit card. In the event of 2 or more NSF checks within a 6-month period, checks will no longer be accepted from that payer.
4. We will be unable to provide childcare services for an account that has become delinquent. Delinquent constitutes not paying the current week's bill by **4 p.m. Tuesday** of any given week. **As of Wednesday, for the child to attend, the payer must meet with the Director between 8am-9:30am. Delinquent payments must be paid by method of: cash, money order or debit card at the pay station. Online payment receipts will not serve as confirmation for delinquent payments due to the processing timeframe.** The account must be paid in full or the child(ren) will no longer be permitted to attend until the balance has been paid in full. If the account goes through a collection agency, the parent/guardian will be responsible for any incurred fees plus the outstanding balance.
5. To terminate care, a written two weeks' notice must be provided to the Director 2 full weeks in advance of the final day of care. The designated form can be picked up from the Director and must be turned in to the Director. If care is not needed for that time period, payment for the two weeks of care may be made. Violations to this policy will result in the account being billed and collection steps being taken.
6. We offer a 10% "Sibling Discount" on full-time tuition rates for the 2<sup>nd</sup> and additional siblings. The discount will be applied to the tuition of the oldest child(ren).
7. Full tuition is billed regardless of attendance due to absence, holidays, inclement weather or otherwise.
8. After 1 year of continuous Private Pay enrollment, families will be eligible for 5 days of tuition free vacation. In order to be tuition free, the vacation must be taken in 5 consecutive days & the child(ren) will not be permitted to attend on any of those days. Please schedule the vacation 2 weeks in advance with the Director by submitted the required form.

**Subsidy Accounts:**

1. Full applicable Parent Fee Tuition is **due** and payable on the **1<sup>st</sup> & 15<sup>th</sup>** of each month unless the center is closed. Tuition is then due and payable on the first day the center is reopened.
2. There will be a \$10 late fee for all tuition that is not paid according to the statement made above.

Tuition &amp; Fee Policies

Parent/Guardian Initial: \_\_\_\_\_



3. There is a service charge of \$30 on all returned checks; payment to reconcile the outstanding balance and insufficient funds service charge is due immediately and must be paid by method of: cash, money
4. order or debit card. In the event of 2 or more NSF checks within a 6-month period, checks will no longer be accepted from that person.
5. In the event an account becomes delinquent, the DSS voucher will be placed into termination for non-payment until the balance has been paid in full. Delinquent constitutes not paying the Parent Fee owed by the 3<sup>rd</sup>/17<sup>th</sup> of any given month. **If the account is not brought current within 7 calendar days of being reported, the termination will not be reversed. Delinquent payments must be paid by method of: cash, money order or debit card at the pay station. Online payment receipts will not serve as confirmation for delinquent payments due to the processing timeframe.** If the account goes through a collection agency, the parent/guardian will be responsible for any incurred fees plus the outstanding balance.
6. To terminate care, a written two weeks' notice must be provided to the Director two full weeks in advance of the final day of care. The designated form can be picked up from the Director and must be turned in to the Director. If care is not needed for that time period, payment for the two weeks of care may be made. Violations to this policy will result in the account being billed and collection steps being taken.
7. Full tuition is billed regardless of attendance due to absence, holidays, inclement weather or otherwise.

*\*All accounts will be billed according to services rendered.*

### **Annual Registration:**

Annual Registration Fees are billed on the first day of your family's anniversary month (date of 1<sup>st</sup> child's enrollment). Late fee applies if not paid by the end of that calendar month. (Ex: If your family enrolls 6/10/2019, your annual registration fee will be billed on 6/1/2020 and due by 6/30/2020). Annual Registration fees are as follows:

- Family with one child \$25
- Family with more than one child \$50

### **Drop-In Care Policy:**

Drop in Care is available at some locations on an "as needed" basis. Spots are only available when reserved. **Payment is due the day before the childcare services are provided. If payment is not made the day before childcare services requested; on the day childcare is needed, the payer must meet with the Director between 8am-9:30am to make a payment by method of: cash, money order or debit card at the pay station, then the child can receive care the same day, once confirmed by the Director. If a child attends 3 or more days in any given week (M-F), full weekly tuition rates apply.** Online payment receipts will not serve as confirmation for payment due to the processing timeframe. If payment is not made prior to childcare services, drop-in services will not be provided. Please contact your director for additional information.

### **Part -Time (3/4 Time) Care Policy:**

Cornerstone Child Development Centers may offer part time care at the 3/4-time rate of up to 31 hours of care per week. All accounts must be enrolled at the minimum of 3/4-time. In the event a child is over 31 hours of care per week, the account will be billed an upcharge for the weeks applicable. The upcharge payment is due the following Friday of the billing date. Please contact your director for additional information.

Should a waiting list develop of full-time enrollments, 3/4-time enrollees will be given the first option to switch from 3/4 care to full-time care or a two weeks' termination notice may be given.

Tuition & Fee Policies

Parent/Guardian Initial: \_\_\_\_\_

**School Closing Policy:**

For students enrolled in the Before/After School Program, a daily fee will be charged above the regular tuition rate for every day attended for all School Closings (ex: Christmas & Spring Break, Teacher Workdays, Holidays, etc.). For those enrolled in Drop-In Care & School Closings only, the tuition rate will be at the School Closings Only daily rate. *(please see current fee schedule)*

*\*All payments will be applied to the oldest balance*

**Payment Methods Accepted:**

We accept:

- Money Orders
- Personal Checks (We will charge a \$30 fee for a returned check, plus applicable late payment fees.)
- Credit/Debit cards payments onsite (we do not accept credit/debits payment over the phone)
- Tuition Express (processing fees may apply)
- Cash – We prefer one of the other methods. We seldom have change on site. If you choose to pay in cash, you may have to accept any overage as a credit on your account.
- Online ACH or Credit Card access (please see director for more information.)

**Partial Payments**

Payments are expected to be made IN FULL on or before the due date. A partial payment will be accepted, but the unpaid portion will still be considered late and be assessed a late payment fee as described below. Services may still be suspended if an account is delinquent.

**Late Payments**

Payments received after 11:59p.m. on the due date will be charged a late payment fee of \$10. Late fees are due by the Friday of the billing date. All unpaid balances are subject to late fees. Services can be suspended for non-payment. Services can also be terminated, and further collection action will be taken.

**Suspended or Terminated Services**

Services can be temporarily suspended for various reasons (delinquent, behavioral, etc.). **If services are suspended, regular charges and late payment fees will still apply during a temporary suspension of services.** After a period, services can be permanently terminated. All unpaid balances are pursued with further collection action, usually small claims court, at the expense of the payer(s). **If an account is reported to DSS for termination due to non-payment and the payment is not made within 7 calendar days, the termination will not be able to be reversed.**

**Termination of Services**

Parent Termination of Services: Two weeks' notice is required to terminate care. If parents cannot give a two-week notice, parents are responsible to pay the equivalent of a two weeks' notice before the child's last day of care.

Tuition & Fee Policies

Parent/Guardian Initial: \_\_\_\_\_

Provider Termination of Services: CCDC reserves the right to terminate the care at will. Except for reasons of non-payment or safety, CCDC will also give the parents a two week notice to find other care arrangements for their child. Reasons the provider may choose to terminate care include, but are not limited to, the following:

- If we (CCDC) feel we are unable or unqualified to meet the needs of the child without additional staff.
- If the child's behavior is destructive, uncontrollable, violent, or threatening to the other children or staff at the center. (This determination is made at the sole discretion of the provider.)
- If a parent's behavior is threatening or abusive to the children or staff at the center.
- If parents fail to pay account balances on time.
- If parents fail to complete required forms and submit them on time.
- If the child demonstrated that they are unable to adjust to the setting.
- If the parents fail to cooperate with or abide by center policies and procedures.
- If parents knowingly bring a child ill or medicated to mask a fever or illness.

If the provider decides to terminate the child care relationship due to the points mentioned above, the provider reserves the legal right to terminate the child care relationship without notice. To avoid the unfortunate situation from occurring, parents and legal guardians are required to thoroughly read the handbook. Parents and legal guardians are required to ask for a detailed explanation of any child care rules and regulations they do not clearly understand prior to enrolling the child in the child care center.

Revised 1/2/2019 MM

I, \_\_\_\_\_ (Parent/Guardian Printed Name)

have read, understood, and will comply with Cornerstone Child Development Center's Tuition and Fees Policies.

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

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

## Parent Involvement Policy

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 experience. All parents are encouraged to "lend a helping hand" a few hours a month.

### ***Grant Recipient's***

*If you are a grant recipient, as a stipulation of receiving grant funds, you must meet with the center director and develop a plan of Involvement while your grant is active.*

Please check areas below that you find are your strengths and that you are willing to assist with.

- General office assistant duties
- Chaperone a field trip
- Assist in a classroom
- Supply materials for special occasions
- Help put together special projects for weekly lesson plans
- Party planning
- Share your cultural heritage with our center-example, share stories during group time
- Special talent (ex. Plays an instrument, loves to bake, etc.) that you can share during group time

Please describe \_\_\_\_\_

This is a list, but you are not limited to something above. Use the space at the bottom if you feel led to support your child and their school in a different area.

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## **Statement of Confidentiality**

**(Parents, Visitors, Students, Personnel, Volunteers)**

**Aim:**

- To protect the child and give all staff, families, and visitors clear guidance as to their legal and professional roles and to ensure good practice throughout the Center which is understood by all.
- Sharing information unnecessarily is an erosion of trust. The Center is mindful that it is placed in a position of trust by all stakeholders and there is a general expectation that a professional approach will be used in all matters of confidentiality.

**Guidelines:**

1. All information about individual children is private and should only be shared with those staff that has a need to know. Children's names should NEVER be used outside of the Center.
2. Photographs of children should not be used without parents' permission especially in the press and internet. When permission is given, the child's name should never be attached to the photo. This is often a cultural issue that the Center needs to be aware. Examples include: Facebook, My Space, or other social networking sites
3. Information about children will be shared with parents but only about their child. Parents should refrain from asking about other children because it breach's that child's confidentiality.
4. Parents may make pictures in the classroom but must also abide by all the guidelines set forth in this statement.
5. Pictures should be used for educational purposes; i.e. teachers, college students (with permission). High School student visitors shall not be allowed to make any photographs.
6. This statement is verification that all individuals including; personnel, students, parents, and volunteers that enters C.C.D.C. Centers are to remember that confidentiality is to be an ethical principle to follow always. This statement signifies commitment to this belief and the above practices.

If there is a question as to confidentiality and the sharing of information, DO NOT share information until you have cleared it through your center Director.

Signature \_\_\_\_\_ Date \_\_\_\_\_