BEREAN JUNIOR ACADEMY PRESCHOOL

Application

REGISTRATION PROCESS

1. **Discuss program with Teacher and Administrator**

2. **Complete and return the application**

3. **Complete the Parent Orientation with Teacher and Administrator**

Please bring your child's updated immunization record and the completed physical examination form to the orientation session.

Payment/Refund Policies

All Rates will Increase as of January 1, 2016

Registration Fees:
A registration fee is due per child at the time of registration. The amount is as follows:

New Students: $75.00
Returning Students: $70.00

Tuition Schedule: Tuition may be paid on a weekly, bi-weekly, or monthly basis. If paying on a weekly basis, payment is due the first Monday of the week. If paying on a monthly basis, payment is due on the first Monday of the month. The schedule is as follows:

2 ½ -year-old daily rate: $36.00
2 ½ -year-old weekly: $180.00
2 ½ -year-old bi-weekly: $360.00
2 ½ -year-old monthly: $720 or $900 – Depending upon the number of Mondays in the month

3-4-5 -year-old daily rate: $32.00
3-4-5 -year-old weekly: $160.00
3-4-5 - year-old bi-weekly: $320.00
3-4-5 - year-old monthly: $640 or $800 – Depending upon the number of Mondays in the month

Part-time
$120.00 per week based on 5 hours per day; $85.00 per week for 3 days per week.

All payments are to be made to the school office. All payments must be made by cash, check, money order or certified check. There is a $25.00 returned check fee for all returned checks. After two returned checks, no further checks will be accepted.

Berean Junior Academy Preschool
Application
(To be completed and placed on file prior to enrollment)

Application Date (month/day/year) _____ Enrollment Date (month/date/year) _____

Name of Child Birth Date

(Last) (First) (MI) (Nickname) (Month/Date/Year)

Address:

(Street) (City) (State) (Zip)

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name: Home Phone Number:

Address: Zip Code

Where Employed: Business Phone Number:

Insurance Carrier: Policy Number

Mother/Guardian's Name Home Phone Number:

Address: Zip Code

Where Employed: Business Phone Number:

Insurance Carrier: Policy Number:

INFORMATION ABOUT YOUR CHILD:

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

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

_____

EMERGENCY CARE INFORMATION:

Name of Child's Doctor: Office Phone Number:

_____

Address: Zip Code:

_____

Name of Child's Dentist: Office Phone Number:

_____

Address: Zip Code

_____

Hospital Preference: Phone Number:

_____

If neither Father nor Mother (or Guardian) can be contacted, call name below (please list relationship):

Name: Home Phone: Office Phone: Relationship:

_____

I 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.

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. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator Date

Children's Medical Report

Name of Child _____ Age _____ DOB _____

Name of Parent/Guardian _____

Address _____
(Street) (City) (State) (Zip)

MEDICAL HISTORY (May be completed by Parent)

1. Previous Hospitalizations: ☐ Yes ☐ No If so, Why? _____

_____

2. Is child allergic to anything? ☐ Yes ☐ No If so, What? _____

_____

3. Any previous diseases or illnesses? ☐ Yes ☐ No If so, What? _____

_____

4. Any operations? ☐ Yes ☐ No If so, What? _____

_____

5. Any physical handicaps? ☐ Yes ☐ No If so, please describe _____

_____

6. Is child under care of a doctor? ☐ Yes ☐ No If so, for what reason? _____

_____

7. Any history of mental retardation? ☐ Yes ☐ No

8. Any history of convulsions? ☐ Yes ☐ No

9. Any history of diabetes in family? ☐ Yes ☐ No

_____
(Parent Signature)

Berean Junior Academy Preschool

CONSENT FOR TREATMENT

This is to certify that for the period from: _____ To _____
(DATE) (DATE)

I hereby contribute and appoint _____
(FULL NAME OF CENTER)

my true and lawful attorney, for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency or Family Physician on my child(ren) in the event of an emergency situation where neither parent nor designated emergency contacts can be reached:

Child's Name	Birthdate	Allergies/Problems	Last Tetanus

Family Physician: _____ Office Number: _____

Address: _____

Signed: _____

Relationship to Child(ren): _____
(Mother/Father/Legal Guardian)

Witnessed By: _____

Witnessed By: _____

THIS FORM MUST BE SIGNED BY (TWO) WITNESSES

PHYSICAL EXAMINATION: This examination must be completed and signed by a liscensed physician or his or her authorized agent who is currently approved by the N.C. Board of Medical Examiners.

Weight: _____ Height: _____ Temperature: _____ Pulse: _____

Respirations: _____

Skin and Scalp: _____

HEENT: _____

Neck: _____

Chest: _____

Heart: _____

Lungs: _____

Abdomen: _____

Back: _____

GU: _____

Extremities: _____

Neurologic: _____

Result of Tuberculin Tine Test, if given: _____

Should activities be limited? _____

Opinions/Recommendations: _____

_____ _____

(Signature of Physician or Authorized agent who is currently approved by the N.C. Board of Medical Examiners) Date of Examination

_____ _____

Office Address Telephone Number

IMMUNIZATION HISTORY: The daycare operator must enter the date each immunization was received. G.S. 130-90(B) requires all daycare facilities to have this information on file.

Vaccine	Date	Date	Date	Date	Date
DPT/DTaP					
Polio/OPV/IPV					
Hib					
MMR					
Hep B					
Varicella					
Td or Tetanus					
Physician Signature					

Immunizations are required by State Law for any child entering daycare or any other educational setting.

DISEASES EXPERIENCED	DATE
D.P.T.	
Measles	
Mumps	
Rubella	
Chickenpox	
Diphtheria	
Whooping Cough	
Polio	
HIV/AIDS	
Meningitis	

AUTHORIZATION FOR PICK-UP
AND
DELIVERY OF CHILD(REN)

I, _____, hereby authorize the following person(s) to call for, pick-up and/or deliver my child(ren):

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

5. _____ Relationship: _____

CHILD(REN) WILL BE RELEASED **ONLY** TO INDIVIDUALS LISTED ABOVE.

PERMISSION FOR FIELD TRIPS
AND
PLAY OUTSIDE FENCED AREA

I, _____, give permission for my child(ren) to go on field trips with the Berean Junior Academy Preschool.

Furthermore, I give permission for my child(ren) to play outside of the regular fenced playground area while on field trips or when play is included in the activities of the classroom or Center.

_____ _____
SIGNATURE OF PARENT(S) DATE

NAME(S) OF CHILD(REN)

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Name of Center: BEREAN JUNIOR ACADEMY PRESCHOOL/AFTER-SCHOOL CARE/SUMMER DAY CAMP

Date Adopted: _____

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 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/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.

Date of Child's Enrollment: _____

Signature of Parent/Guardian: _____ Date_____

(Distribution: A copy to parent(s); A signed copy in child's facility record)

BEREAN JUNIOR ACADEMY PRESCHOOL
SAFE SLEEP POLICY

Child's Name: _____

Although Berean Junior Academy Preschool does not service infants who would fall under the Safe Sleep Policy, we do guarantee our parents that their children will be provided a sleeping environment for daily naptime that will be safe and comfortable. Each child will be provided with a sleeping mat and given adequate space for comfortable sleep.

_____ _____
Parent Signature Date

_____ _____
Director Signature Date

BEREAN JUNIOR ACADEMY
PRESCHOOL

By signing below, I acknowledge that I have received a Summary of the North Carolina Child Care Law.

_____

Parent Signature

_____

Director's Signature

_____

Date

PARENT STATEMENT OF POLICY ACCEPTANCE

By signing below, I indicate that I have received the Berean Junior Academy Preschool Family Handbook and have read all rules and regulations included therein. I acknowledge and fully agree to abide by all policies set forth in this handbook.

_____

Student Name

_____ _____

Parent Signature Date