

Destiny Now Daycare
2569 Owen Drive
Fayetteville, NC 28306



February 18, 2010

Dear Parent,

Welcome to Destiny Now Daycare's 2010-2011 school year where children learn to discover their destiny and develop their discovery. With a safe and Christian environment, we hope to assist you in giving your child the highest quality care and learning available. Like you, we value the whole child. Physical, mental, and social aspects of learning are all very important. Thank you for the confidence you are placing in our staff to develop the God given destiny discovered in your child.

Our childcare center is a brand new, state of the art facility. I would like to personally invite you to visit our campus and feel the loving and nurturing atmosphere for yourself. You will then experience firsthand why Destiny Now Daycare is the best choice for you and your family.

Enthusiastically yours,

Wiley Hughes,
Pastor

Date of Birth: _____

Destiny Now Preschool
APPLICATION FOR ADMISSION

Applying for:

_____ **6 months-12 months old 5-day class** _____ **12 months-24months old 5-day class**
_____ **24 months-36months old 5-day class** _____ **4 year -5 year old 5-day class**

STUDENT INFORMATION
PLEASE PRINT

CHILD'S NAME: _____ NAME CALLED: _____

ADDRESS: _____
Street, City, State, Zip

HOME PHONE NUMBER: _____

STUDENT RESIDES WITH: _____

Male / Female Adopted? : Yes No Place of Birth: _____

Name and Address of Present School: _____

Does the student have any physical, emotional or learning difficulties? If so, please explain.

Has this child ever been dismissed from a school or program? If so, please explain.

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).

List other children in the family, oldest to youngest:

Name _____ Date of Birth _____ Grade _____ School _____

Name _____ Date of Birth _____ Grade _____ School _____

Name _____ Date of Birth _____ Grade _____ School _____

In the event we need to contact you during the day, please list the names and numbers, in order of call preference that you would like to be contacted:

1. Name: _____ Telephone: _____ Location: _____

2. Name: _____ Telephone: _____ Location: _____

3. Name: _____ Telephone: _____ Location: _____

MOTHER'S INFORMATION

MOTHER'S NAME: _____

ADDRESS: _____
Street, City, State, Zip

PHONE NUMBER: _____
Home, Work, Cell Phone, Pager

PLACE OF EMPLOYMENT: _____

Are you a member of a church? If so, where? _____

FATHER'S INFORMATION

FATHER'S NAME: _____

ADDRESS: _____
Street, City, State, Zip

PHONE NUMBER: _____
Home, Work, Cell Phone, Pager

PLACE OF EMPLOYMENT: _____

Are you a member of a church? If so, where? _____

MISCELLANEOUS

Who can we thank for referring you to us? _____

Please tell us your reason for selecting Destiny Now? _____

.....

- I acknowledge that the foregoing information is true and accurate.
- I understand that there are no refunds on fees.
- I have read and understand the Code of Conduct, Biting Policy and Safety Information Sheets and Policies.
- I absolve the Preschool from liability to me or my child because of any injury at the Preschool or during a Preschool activity.

Signature or Parent

Date of Application

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 other, 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:

- Praise, reward and encourage the children.
- Reason with and set limits for the children
- Model appropriate behavior for the children
- Modify the classroom environment to attempt to pre-empt problems before they occur.
- Listen to the children.
- Provide alternative for inappropriate behavior to the children.
- Provide the children with natural and logical consequences of their behavior.
- Treat the children as people and respect their needs, desires and feelings
- Ignore minor misbehaviors
- Explain things to children on their levels.
- Use short supervised periods of “time-out”
- Stay consistent in our behavior management program.

We DO NOT:

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

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.

Parent or Guardian Signature

Date

Medical Release

The Preschool's procedure in case of emergency, such as sudden illness or serious accident, is:

1. To render first aid and call 911 if necessary
2. To contact parent or parent approved persons listed on this application.

DOCTOR: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

IN THE EVENT MY CHILD NEEDS EMERGENCY MEDICAL ATTENTION, DESTINY NOW PRESCHOOL & DAYCARE PERSONNEL HAVE MY PERMISSION TO ACT ACCORDINGLY.

Parent Signature

Date

Insurance Information

Our insurance carrier requires that we have each child's insurance information on file. We provide excess medical coverage in the event your child should be injured on school premises. Our insurance will cover any amount your insurance does not or if you do not have any insurance at all. Please fill out the information below.

CHILD'S NAME: _____ Social Security Number: _____

FATHER'S NAME: _____ Social Security Number: _____

MOTHER'S NAME: _____ Social Security Number: _____

INSURANCE CARRIER: _____ Policy Number: _____

Expiration Date of policy: _____

EMERGENCY INFORMATION

CHILD'S NAME _____

MOTHER'S NAME _____

HOME # _____

WORK # _____

CELL # _____

TO CONTACT 1ST _____

FATHER'S NAME _____

HOME # _____

WORK # _____

CELL # _____

TO CONTACT 1ST _____

If the above cannot be reached, list at least two people we may contact in the event of an emergency or sickness pertaining to your child. These people will also be allowed to pick up your child in the event that the parent or guardian is unable to.

NAME & RELATION _____

(home, work, cell) _____

NAME & RELATION _____

(home, work, cell) _____

NAME & RELATION _____

(home, work, cell) _____

NAME & RELATION _____

(home, work, cell) _____

CODE: _____



Allergy Alert

Please complete the statement that refers to your child.

My child, _____ has no known allergies.

My child, _____ is allergic to the following (food, medication, products.)

Parent Signature

Date

PERMISSION SLIP**Sunscreen**

I give Destiny Now Preschool personnel permission to apply sunscreen that I have brought to school labeled with my child's name, to my child's exposed skin, including face as needed when participating in outside activities.

Parent Signature

Date

.....

Code of Conduct

Destiny Now Preschool requires the maintenance of good order and conduct in the preschool, in order to provide the proper atmosphere that is required to educate and train our students. All students shall comply with this Code of Conduct. This code applies to any student who is on the church property, representing the preschool or whose conduct at any time or place has a direct effect on maintaining order and discipline in the preschool.

- **Dress**: the dress requirements as stated in the handbook must be followed. The wearing of clothing which is deemed disruptive, or that endangers the health or safety of the student or others is not permitted. Remember that the student must wear soft-soled, closed toe shoes, preferably tennis shoes, with socks. No loose fitting sandals or flip-flops are permitted.
- **Soiling of Clothes**: Parents certify that their child is potty trained before they are admitted to the preschool (excluding two-year old program). Parents will be notified when their child soils their clothes and are expected to respond immediately to correct the situation. Preschool personnel are precluded from changing a student's soiled clothing. Students who soil their clothing may not be permitted to participate in classroom activities as this may cause embarrassment for them or health problems.
- **Verbal Abuse/Disrespect**: Participation in any verbal or non-verbal (gesture) action that prevents an orderly and peaceful learning environment is not permitted. Cursing, using vulgar, obscene, or abusive language or gestures, including slurs or insults intended to mock a person's race, sex, national origin, or ability, or using offensive or degrading language or gestures are specifically prohibited.
- **Peer Relations**: Engaging in behavior, which is abusive or not considerate of others while in the preschool.
- **Disruption**: Using passive resistance, noise, threat, fear, intimidation, coercion, force, violence or any other form of conduct that causes disruption in the preschool, or urging any other student to engage in such conduct.
- **Threats**: Directing toward any person within the preschool any language, gesture, inappropriate physical contacts, or act that constitutes a threat of force or violence is prohibited.
- **Fighting**: Hitting, shoving, scratching, biting, spitting, blocking the path of, or throwing objects at another person in the preschool.
- **Theft**: Stealing, attempting to steal, or knowingly being in possession of stolen property.
- **Damage to Property**: Intentionally damaging or attempting to damage or deface preschool, church, or the property of others while under preschool jurisdiction.
- **Arriving and Leaving School**: When a student arrives or leaves daycare, he or she must be signed in and out by a parent or guardian or officially designated person who has been authorized in writing to drop off or pick up the student. A student will not be allowed to leave the preschool grounds without prior approval from a preschool official and under the supervision of authorized persons.

- Assault: Assaulting (physically or verbally) causing or attempting to cause injury or behaving in such manner that could reasonably cause injury to any preschool or church employee or other student.
- Possession of Weapons: Handling or having any knife, razor, firearm, explosive (including toys) or other object that could be considered a weapon or dangerous instrument.

PENALTIES: For violations of the above provisions, the student may be given additional assignments, placed in Time Out, loss of preschool privileges, or approved non physical punishment as the preschool deems necessary and as stated in the discipline and behavior management policy. Repeated violations of these provisions may result in dismissal from the preschool.

Form 5 Biting Policy/Safety

My signature below acknowledges the fact that I have read the school’s Code of Conduct and have explained it to my child.

We understand the standards of conduct that are expected by the school, what is considered inappropriate behavior, and the consequences associated with violations of the school’s Code of Conduct.

Student’s Name: _____ Date: _____
Please print

Parent or Guardian Signature: _____ Date: _____

“Time- Out”

“Time-out” is the removal of a child for a short period of time (one minute per age of the child) 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 the 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 as shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

BITING POLICY

The first time a child bites on any given day, the parent will be contacted by phone. The second time a child bites that day, the parent will be called to come pick the child up.

After the first sixty days of enrollment, if the child continues to bite, he/she will be dismissed from the preschool program.

Signature of Parent/Guardian

Date



Potty Training

I understand that all children enrolled in the three and four year old programs must be fully potty trained by the first day of preschool. I understand that a child having two or more accidents in one day or reoccurring accidents each day is considered to not be potty trained and the parent will be contacted to come to the preschool as needed.

Parent Signature

Date

Form 5 Biting Policy/Safety

SAFETY

The safety and protection of the students is of paramount concern for us. They have the right to work, play and learn in an environment that assures them and their families that they are in a safe environment. As a result, no intimidation or horseplay will be tolerated.

If parents intend to visit any place in the preschool other than the office, they will sign in through the preschool office and have a visitor's pass issued before visiting a classroom or any other part of the preschool, church or academy. A church, academy or preschool pass will suffice. We ask your support and assistance in strictly enforcing this policy.

Please report any strangers and/or strange behavior immediately to a church, academy or preschool authority. All church, academy and preschool employees are required to wear security identification passes that are clearly visible at all times.

Additionally, the school has implemented a CODE WORD policy. This procedure will help ensure that in the event pick-up and drop-off information must be telephoned concerning your child, that it is legitimate. You will be required to give this code before any phoned in changes in who picks up a student will be allowed. The CODE can be any combination of words, letters or numbers you choose. (Example: red32, chips ahoy, 7gol 1). The key is that you not share this information with anyone, unless you have allowed him or her to pick up your child. We will still be checking identification for non-parent or guardian pickups, but we hope this will add another element of safety for your child.

Please complete the following:

CODE WORD: _____

Children's Medical Report

The following information is to be completed by the child's parent or guardian:

Name of Child _____ Age _____ D.O. B _____

Name of Parent/Guardian _____

Medical History

1. Previous hospitalizations: No ___ Yes ___ if yes, why? _____

2. Is child allergic to anything? No ___ Yes ___ if yes, please explain _____

3. Any previous diseases or illness? No ___ Yes ___ if yes, please explain _____

4. Any operations? No ___ Yes ___ if yes, please explain _____

5. Any physical handicaps? No ___ Yes ___ if yes, please describe _____

6. Is child under care of a physician? No ___ Yes ___ if yes, for what reason _____

7. Any history of mental retardation? _____ Convulsions? _____ Any diabetes in family? _____

history of heart trouble? _____

Signature of parent/guardian

Date

Child's Medical Report

To be completed by child's physician.

Child's Name _____ DOB: _____

Physical Examination: This examination must be completed and signed by a licensed physician or his/her authorized agent who is currently approved by the North Carolina Board of Medical Examiners.

Weight _____ Height _____ Head _____ Chest _____ Throat _____ Neck _____ GU _____
 Ext _____ Neurological System _____ Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____

Result of Tuberculin Test _____

Type Results

Should activities be limited? _____

Recommendations: _____

 Signature of Physician or authorized agent

 Date of examination

 Office Address

 Office Telephone Number

Immunization History:

The physician must enter the date each immunization was received, G.S. 1 30-90(B) requires all daycare facilities have this information on file.

**Enter date of EACH dose- Month, date and year.
 Copies of immunization reports are not sufficient.**

VACCINE	#1	#2	#3	#4	#5
DTP, DtaP, DT					
Polio OPV or IPV					
Hib					
MMR					
Hepatitis B					
Varicella					

Parent Signature Statement

Dear Parent,

Please sign the statement below and return to the office. If you have any questions please feel free to contact the office.

I, _____, the parent/guardian of
(Parent/Guardian Name)
_____ have read and understand the policies and procedures of
(Child's Name)
the handbook for the school year 2009-2010.

Parent/Guardian Signature

Date