

Application for Enrollment

Date Application Completed: _____ **Date of Admission:** _____ **School Location** _____

Program:

Infant Toddler Young Preschool Pre-School School-Age Summer Camp Transportation

Typical hours of attendance: _____ **A.M. to** _____ **P.M.**

Monday Tuesday Wednesday Thursday Friday Full Day Half Day

Meals normally eaten at the center: Breakfast A.M. Snack Lunch P.M. Snack

Child's Information

Full Name of Child: _____ **Child's Date of Birth:** _____

Child's Physical Address: _____ **Child lives with:** _____

Is the child related to the primary caregiver? NO YES **Male** **Female**

Child's School (School-Age Child Only) _____ **Hours of the School** _____

Parent /Guardian 1 **First Name:** _____ **M.I.** _____ **Last Name:** _____

Address: _____

Date of Birth _____ / **S.S** _____ / **D.L. #** _____

Home Phone: () _____

Cell Phone: () _____ **Email Address:** _____

Work Phone: () _____ **Occupation/Employer:** _____

Work Address: _____ **Work Hours:** _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 **First Name:** _____ **M.I.** _____ **Last Name:** _____

Address: _____

Home Phone: () _____

Date of Birth _____ / **S.S** _____ / **D.L. #** _____

Cell Phone: () _____ **Email Address:** _____

Work Phone: () _____ **Occupation/Employer:** _____

Work Address _____ **Work Hours:** _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

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 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? 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 chronic illness the child has and any medication taken for that illness:

Does your child have any medical diagnosis that requires ongoing care? Yes or No
Are you requesting that this care be provided at the facility? Yes or No
If yes, describe the care required and provide a doctor's statement for the above request.

List any particular fears or unique behavior characteristics the child has: _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child: _____

Any known allergies? _____

Any know drug allergies? _____

Physician Contact Information

Name of Physician: _____ Phone: _____

Address: _____

Name of Dentist: _____ Phone: _____

Hospital Preference Information

Hospital Name: _____ Phone: _____

Address: _____

Emergency Medical Authorization

In the event of an emergency, I give the center permission to obtain medical attention and medical transport when deemed necessary for my child _____ to the previous named hospital preference on page 2 or to the nearest available source of assistance for emergency medical care.

Parent Signature: _____ Date: _____

I, as the operator, do agree to arrange transportation to an appropriate medical resource in the event of an 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 or full time custodian.

Signature of Administer: _____ Date: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up _____

2nd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up : _____

3rd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up : _____

The following is a childcare contract that acknowledges your weekly hours request. The agreement is between AMTCDC and Parent/Guardian _____ for the following child(ren) listed below.

Name	Date of Birth	Age

Please be minded that all parents are allotted 10 hours a day/ 50 hours a week regardless of what is stated on your Subsidy Voucher. All schedule changes must be requested in writing for review to if accommodation could be met. Your approval/denial turn around period will be answered within a 72-hour period.

Monday: _____

Tuesday:

Wednesday: _____

Thursday:

Friday: _____

I understand that my contract hours do not transfer from week to week if I fail to maximize my time during the current week

I understand that extra time is not added to my hours if I enter late from my own scheduled time requested above

I understand that if I exceed my time on a daily basis, I must pay the late pick up fee of a \$1.00 per minute

I understand that late pick up fees are expected immediately or before services can be rendered the following day

I understand that if the daycare is closed for a holiday, teacher workday, inclement weather or if my child missed time from school being sick that the time missed is NOT added to the other days of week

Parent Signature

Date

AMTCDC Administrative Team Member Signature

Date

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

Parent Declarations:

- I was provided a copy of AMTCDC'S parent handbook
- I understand when I terminate child services that the parent handbook must be returned or pay a \$10 difference
- I was provided a copy of the summary of North Carolina Child Care Laws and Rules
- I was provided a copy of the financial policies outlined on AMTCDC Enrollment Financial Agreement
- I understand that a two week written notice must be given to terminate or pay the difference to exit immediately
- I have had an interview with an AMTCDC administrative team member in which at that time child care polices and procedure were explained. I was given the opportunity to ask questions or address concerns that I may have had in the interview process.
- I hereby agree to comply with the policies and procedures set forth in the parent handbook

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY

Date of Review	Parent Signature

Child's Withdrawal Date: _____

Reason for Withdrawal: _____

Thank You!

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

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 ___ ; asthma 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 DHHS standards for EPSDT program.

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance. Child may not attend the facility until submitted.

Child's full name:	Date of birth:
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Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	I POL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax HIB **	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prenvar, Pneumovax***						

*Required by state law for children born on or after 7/1/2015.

**3 shots of Pedvax HIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

***Pneumovax is a different vaccine than Prenvar and may be seen in high risk children.

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var



Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

Vaccines Recommended by the Advisory Committee on Immunization Practices (ACIP) NOT Required

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV, Rota	Roteteq Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix Vaqta	First dose, 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu	Fluzone, Fluarix, FluLaval, Fluviri, FluMist, Afluria	Annually after age 6 months.					



Summary of the North Carolina Child Care Law for Child Care Centers

What is Child Care? The law defines child care as:

- three or more unrelated children under 13 years of age
- receiving care from a non-relative
- on a regular basis, of at least once a week
- for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110. The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

Centers that meet the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star rated license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

Child Care Centers

Licensing as a center is required when six or more children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose not to be licensed. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned. North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.

Parental Rights

- Parents have the right to enter a center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$500, issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements here, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6600 or 1-800-859-0829.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during business hours (8am-5pm) or requested via the Division's web site at www.ncchildcare.nc.gov or; viewed from the Division's Child Care Facility Search Site <http://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=English>, requested by contacting the Division at 1-800-859-0829.

Licensed centers must, at a minimum, meet requirements in the following areas.

Staff Education and Criminal Records Background Checks

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours annually including ITIS-SIDS training for any caregiver that works with infants 12 months of age or younger. One staff must complete the Emergency Preparedness and Response in Child Care training and plan. On January 1, 2013 House Bill (HB) 737 became effective. This legislation made criminal record checks a pre-service requirement. All staff must also undergo a criminal records background check initially, and every three years thereafter.

Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom. A sample staff/ratio chart can be found on the DCDEE website under "Provider Documents."

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	26
4 years old	1:20	25
School age	1:25	26

When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well-maintained, and age-appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Program Records

Centers must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained.

Curriculum

The Division of Child Development and Early Education does not promote or require specific curriculum over another. The Division website maintains a list of approved curriculums for four-year-old children. Activity plans must be available to parents and must show a balance of active and rest activities. Rooms must be arranged to encourage children to explore and use materials on their own.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest. Centers must complete the Emergency Preparedness and Response in Child Care training and plan.

Transportation

Child care centers providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents and must give parents a copy when the child is enrolled. Changes in discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. For more information about quality child care, parents can visit the Resources in Child Care website at www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829; or visit our homepage at www.ncchildcare.nc.gov.

This summary shall be posted for the public to view in accordance with GS 110-102



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