



GENERAL HEALTH POLICY AND ACKNOWLEDGMENT

To ensure a healthy environment for all children enrolled in our program, it is our policy to temporarily exclude children from care who may be infectious, who demonstrate physical symptoms that require continuous one-on-one care, or who has difficulty participating in our child care daily activities.

If your child begins to exhibit signs or symptoms of illness while in our care, we will notify you immediately so that you can make the necessary arrangements for your child to be pick up **within one hour** of our initial contact with the parent or guardian or an emergency contact.

Failure to pick up your child **within one hour** of your notice of your child's illness; it will be documented. All children must have a minimum 24-hour symptom free day before returning to school.

Parents may be called for the following symptoms:

- Severe coughing
- Breathing difficulties
- Yellowish skin or eyes
- Suspected viral or bacterial conjunctivitis (watery running eyes, redness of eyelid lining, irritation, swelling, discharge of any color, etc.)
- Infected skin patches (uncomfortability of severe eczema or a rash accompanied by a fever)
- Feverish appearance of a fever of 101 or greater
- Unusual behavior - crying more than usual, lethargy, generally feeling unwell
- Runny nose of any color than clear
- Vomiting / Excessive spitting up
- Diarrhea or upset stomach

Parent Signature: _____ Date: _____

POSITIVE REDIRECTION AND DISCIPLINE POLICY ACKNOWLEDGMENT

Infant Center
8448 Haines Creek Lane ☐
Raleigh, NC 27616

Toddler Center
5429 Kissimmee Lane ☐
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Preschool & After-School
3701 Sumner Blvd. Suite 130 ☐
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www.AMTCDC.com
(919) 877- 0101
info@amtcdc.com



A Mother's Touch Child Development Centers™

Classroom management is a concern most parents have upon enrolling in a new center. At AMTCDC, it is believed that a safe, well designed classroom that offers stimulating, challenging and developmentally appropriate activities along with a well-trained and organized teacher, will decrease classroom problems and difficulties. Our teachers use positive communication, positive praise, and redirection to help children learn prosocial behavior.

Based on this belief of how children learn and develop values,

A Mother's Touch CDC WILL practice the following discipline and behavior management policy.	All employees and management WILL NOT
<ul style="list-style-type: none"> • Do praise, reward and encourage the children • Do reason with and set limits for the children • Do model appropriate behavior for the children • Do modify the classroom environment to attempt to prevent problems before they occur. • Do listen to the children • Do provide alternatives for inappropriate behavior to the children • Do provide the children with natural and logical consequences of their behaviors • Do Treat the children as people and respect their needs, desires, and feelings • Do ignore minor misbehaviors • Do explain things to the children on their levels • Do use short supervised periods of time-out sparingly • Do stay consistent in our behavior management program 	<ul style="list-style-type: none"> • Spank, shake, bie, pinch, push, pull, slap or physically punish children • Make fun of, yell at, threaten, make sarcastic remarks about children's parents, families or ethnic group • Shame or punish children for bathroom accidents • Deny food or rest as punishment • Leave children alone, unattended without supervision • Place children in locked rooms, closets or boxes • Allow children to discipline each other • Use profanity or verbally abuse children • Punish an entire group of children due to the unacceptable behavior of one or a few • Confine children to highchairs or cribs for behavior • Isolate and restrict children from all activities for an extended period of time

"Time-out" is the removal of a child for a short period of time from a situation in which the child is misbehaving and has not responded to other positive discipline techniques. During "time-out" the child has the chance to think about his/her incident and will be able to join the group later with the same affection and respect shown to the other children.

As a parent of a child who is enrolled at A Mother's Touch CDC, I acknowledge that I have received the Positive Redirection and Discipline Policy and I agree to abide by the policy as it is set forth and explained.

Child's Name: _____

Parent's Name: _____

Parent Signature: _____

Date: _____

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SMOKING AND TOBACCO RESTRICTION POLICY - NC

Children must be in a smoke free and tobacco free environment. Centers located in a residence must be smoke free and tobacco free during operations hours.

Smoking and the use of any product containing, made, or derived from tobacco, is not permitted on the premises, in vehicles used to transport children, or during off premises activities.

Signage regarding the smoking and tobacco restriction must be posted at each entrance and in vehicles used to transport children. Parents must be notified in writing of the smoking and tobacco restrictions. (Rules. .0604)

As a parent of a child who is enrolled with AMTCDC, I acknowledge that I have received in writing the Smoking and Tobacco Restriction Policy, and I agree to abide by the policy as it is set forth and explained.

Child's Name

Parent's Name

Parent's Signature

Date

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NUTRITION OPT OUT FORM

Nutrition Opt Out Form Child Care Rules .0901(c) and .1706(b) state: When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph(a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian has not opted out of the supplemental food program.

I, _____, plan to provide all meals, snacks and drinks for my child, _____, and do not want his/her meals, snacks, or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, I understand that it is my responsibility to provide all meals, snacks or drinks for my child. If I fail to provide all the meals, snacks, and drinks for my child, I understand that the program will provide supplemental food and drink at a minimal cost.

Signature of Parent/Guardian

Date

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MANDATED REPORTER POLICY ACKNOWLEDGMENT

Mandated reporters (people who have established relationships with children based on their profession) who have their suspicions that an enrolled child has been or is being subjected to **ANY** form of hitting, corporal punishment, abusive language, ridicule or harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, are **REQUIRED** by state law to report the concern immediately.

As a parent of a child who is enrolled at A Mother's Touch Child Development Centers, I acknowledge that I received the Mandated Reporter Policy. I understand that all employees of AMTDCDC are required by law to report any suspected abuse and neglect as it is in the best interest of the child. I agree to abide by the policy as it is set forth and explained.

Child's Name

Parent's Name

Parent's Signature

Date

AMTDCDC Administrative Team Member

Date

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PARENT CODE OF CONDUCT

AMTCDC requires the parents of enrolled children to behave in a manner consistent with decency, courtesy and respect. One of the goals of our center is to provide a “home away from home” atmosphere. Ensuring this type of atmosphere is not only the responsibility of the employees but also the responsibility of every parent or adult who enters the center. Parents are required to respond in a manner that fosters this ideal environment. Parents who violate the Parent Code of Conduct will not be permitted on company property thereafter.

Swearing/Cursing

No parent or adult is permitted to curse or use other inappropriate language on-site at any time. Whether in the presence of a child or not. Such language is considered offensive by many people and it will not be tolerated. If a parent or adult feels frustrated or angry, it is appropriate to verbally express that frustration or anger using non-offensive language. At no time shall inappropriate language be directed towards other parents or members of the staff.

Threatening of Employees, Children, Parents or Adults and Theft

Threats of any kind will not be tolerated. All threats and theft will be treated seriously and will be reported to the appropriate authorities.

Physical/Verbal Punishment of Your Child or Other Children

No form of corporal punishment is permitted while on company property. While verbal reprimands may be appropriate, it is not appropriate to verbally abuse their child. Doing so may cause an under-tone embarrassment or emotional distress. Parents are always welcome to discuss a behavior issue with the teacher to seek advice and guidance. Parents are prohibited from addressing correction or discipline of a child that is not their own. All behavioral concerns should be brought to the classroom teacher or a member of management’s attention.

As a parent of a child who is enrolled at AMTCDC, I acknowledge that I have received the Parent Code of Conduct Policy and agree to abide by the policy as it is set forth and explained.

Child’s Name: _____ Parent’s Name: _____

Parent’s Signature: _____ Date: _____

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NOTARIZED FINANCIAL AGREEMENT

I, _____, the parent/guardian of, _____, hereby agree to pay AMTDCD the weekly/monthly tuition fee in the amount of \$_____. The fee is subject to change annually at the discretion of an AMTDCD administrative team member and at that time a new financial agreement would need to be on file. I understand the fee **DOES NOT CHANGE REGARDLESS OF HOLIDAY CLOSINGS, EXTENDED ABSENCES, INCLEMENT WEATHER OR ACTS OF GOD.** Tuition is due every Monday morning upon entry or a \$20.00 late payment fee will be added to your account.

SUBSIDY PAYMENTS: ½ tuition is due on the 1st of and the 15th of every month. Parents are responsible for paying the private tuition fees while you are waiting on an approval notice if you should need childcare services during your waiting period.

EXIT: I also understand that I must notify the child care facility of a two week written notice prior to withdrawal of the program or I should pay the difference to exit immediately.

Parent Signature _____
Date

_____ County, North Carolina

I, _____, a Notary Public for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the above statement and is currently a parent of AMTDCD.

Witness my hand and official seal, this the _____ of day of _____, of 20__

Notary Public Signature

Official Seal

My commission expires _____, 20__



BELIEF STATEMENT

We here at AMTCDC, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

BACKGROUND

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may only last a few seconds but can result in severe injury or even death. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09. 0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

PROCEDURE/PRACTICE RECOGNIZING:

Children are observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or hitting the head.

Responding to:

- If SBS/AHT is suspected, staff will
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardians. If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services 919-212-7000



Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff will first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice
- Gently rub or stroke the child's back, chest, or tummy
- Turn on music or white noise
- Offer a pacifier or try to distract the child with a rattle or toy
- Take the child for a ride in a stroller

In addition, the facility:

- Allows for the staff who feel they may lose control to have a short, but relatively immediate break away from the children
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
-

Prohibited Behaviors: behaviors that are prohibited include (but are not limited to):

- Shaking or jerking a child
- Tossing a child into the air or into a crib, chair, or car seat
- Pushing a child into walls, doors, or furniture

Staff:

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgement.
- The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member's files



Parents/Guardians:

- Within 20 days of adopting this policy, the child care facility shall review the policy with parents/guardian of currently enrolled children up to five years of age
 - A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility
 - Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgment
 - The child care facility shall keep the SBS/AHT parent acknowledgement form in the child's file
- ★ This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers

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PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA

I, _____, the parent or guardian of
_____ acknowledge that I have read and received a copy of
the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/ explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date



ATTENDANCE COMPUTER POLICY AND ACKNOWLEDGMENT

At AMTDCDC, we use an attendance computer as one of our ways to track the attendance of all students enrolled. We partner with a system called ProCare and our parents to ensure that this documentation is completed daily as each child is dropped off and picked up.

This documentation is essential to the daily operations of the center and is used in conjunction with other documentation as evidence of enrollment for different company purposes and all federally funded programs.

As a parent of a child who is enrolled at AMTDCDC, I acknowledge that I received the Attendance Computer Policy and I agree to abide by the policy as it is set forth and explained.

Child's Name

Parent's Name

Parent's Signature

Date

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MEDIA RELEASE ACKNOWLEDGMENT

A Mother's Touch Child Development Centers encourages a family atmosphere and a "home away from home" philosophy. From time to time your child(ren) will be photographed and/or recorded during classroom accomplishments and special events.

We use the photographs/videos for teaching purposes, arts and crafts demonstrations, memory books, year books, display boards and creating memories around the classroom and the school. We also use the photographs/videos for promotional marketing purposes for any print, brochure, website and for any other forms of media.

Please indicate below whether you give permission for your child's picture to be taken or your child to be recorded.

I give permission for my child to be photographed should the occasion arise

I give permission for my child to be videotaped should the occasion arise

I **DO NOT** give permission for my child to be photographed

I **DO NOT** give permission for my child to be videotaped

Child's Name

Parent's Name

Parent's Signature

Date

AMTDCDC Administrative Team Member

Date

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NC NON-FENCED AREA AUTHORIZATION FORM

As a parent of a child who is enrolled in AMTCDC, I give permission for my child to be supervised outside of the fenced area of the school during:

- ✓ A VISIT FROM A COMMUNITY HELPER
- ✓ A FIRE DRILL
- ✓ ANY EMERGENCY SITUATION
- ✓ NATURE WALK IN THE BREEZE WAY

I understand that the required staff supervision policies that are in place with the North Carolina Division of Child Development and Early Education along with policies of AMTCDC will be adhered to.

Child's Name

Parent's Name

Parent's Signature

Date

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FINANCIAL POLICIES

Family Name: _____

Date: _____

Our motto is "It's better to build a child right than to have to repair an adult!"

1st Child - - -	Employee Partnership Discount/	%
2nd Child - - -	Sibling Family Discount/	%
3rd Child - - -	Promotional Discount/	%
Tuition Discount - - -	Introductory Fee /	%
Registration Fee - - -	Scholarship Fee /	%
Total Weekly Tuition	Total Due by First Day of Enrollment	

1. A \$_____ non-refundable application is expected to start process of enrollment
2. A two-week non-refundable deposit is expected at the time of entry and will be applied upon your exit and a two-week written notice is required to be given to disenroll. The amount due will be \$_____.
3. A \$_____ annual supply fee is due by September 5th per family and will be prorated if enrolled after September 5th.
4. Tuition is due every MOnday upon entry, Tuition is payable through an automatic payment system/parent portal or a money order. Subsidy parents must pay ½ by the 1st and the second ½ by the 15th of each month.
5. Enrollment will be suspended for any family with an account that is one week past due. Failure to keep account current may result in discontinuation of applied discounts or termination from the program.
6. Full time enrollment is 4 or 5 full days. Half day enrollment is 5 hours or less care per day.
7. There are no tuition adjustments for absences due to illness, vacation, holidays, unexpected building closures, inclement weather or Acts of God.
8. Late pick-up fees are \$_____ per minute after _____ closing time.
9. An additional Summer Camp application fee of \$_____ will be charged for camp.
10. A 10% sibling discount is assessed to the oldest or least expensive child's tuition living in the same household. For families with 3 or more children, a 10% discount is applied to each child.
11. Two weeks of half price tuition is allowed per our annual school calendar, September to September for vacation or sick time for full-time accounts only after 6 months of being enrolled. This must be used in 5 consecutive working days when your child is not in attendance at the center.
12. Extended summer absence, parents are required to pay half tuition fee during the duration of your absence to continue to hold placement for your child. All fees are due prior to the planned absence

Parent Signature

Date

Administrative Signature

Date

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Parent Participation

AMTCDC offers an open-door policy, allowing parents to visit and always participate in our programs, fostering a sense of openness.

- Prior to registering your child, AMTCDC encourages both parents to visit the center to learn about our program
- We welcome parents to be involved with any classroom activity, fieldtrips, community service and eating lunch with your child
- Some of AMTCDC other initiatives include networking with other families, teacher recognition, and fundraising
- We encourage parents to cooperate and participate in building strong and supportive relationships geared towards your child's growth in the areas social/emotional, cognitive, motor skills, language and physical development.
- The school will send home the calendar to disclose all school events for the year
- Cubby Checks are sent home every Monday to disclose items needed to care for your child.
- Homework is sent home every Monday as a family friendly project that is due every Thursday
- We will send home progress report cards in January and June
- A quarterly newsletter is sent home to all parents concerning reminders for upcoming events with AMTCDC
- Parent / Teacher conferences will be scheduled as needed when convenient for all parties

Please ensure that you check your parent portal daily and we look forward to working with your child(ren).

Parent Signature

Date

Administrative Signature

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