application

grace christian child development center

main campus

2605 Jefferson Davis Highway
Sanford, NC 27332
phone: 919-776-2576
fax: 919-708-5325

north lee campus

119 Log Cabin Lane
Sanford, NC 27330

director: Jeannie Garrell
info@gracecdcsanford.com
www.gracecdcsanford.com

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info@gracecdcsanford.com
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CHILDCARE RATES EFFECTIVE AUGUST 5,2019

Infants	$175.00 per week*
Toddlers	$170.00 per week *
Two Year Olds	$160.00 per week*
Three Year Olds	$155.00 per week*
Four Year Olds ***(main campus only)***	$155.00 per week*

K4 program available at main campus only

* Capital & Facility Fee: A $10.00 Capital and Facility Fee is included in the weekly tuition rate. This fee covers the acquisition, upgrade and expansion to our facilities. This fee is set aside for special use in regards to property and building projects needed to sustain the ministry of Grace Christian Child Development Center.

Access Badge / Fobs $10.00 each

Hours of operation for above classes are 6:30 AM – 6:00 PM.

Full day program includes breakfast, lunch and afternoon snack. All curriculum costs are included.

Infant room – parents are required to provide diapers, wipes, formula, and baby food. The center will provide milk and table food when the child is ready. (See Parent Handbook)

K-4 Half-Day Preschool (available at main campus only)

$3930.00**	Annually (Aug-May and monthly payment plan is available)
$393.00**	Monthly

** An annual $430.00 Capital and Facility Capital and Facility Fee is included in the tuition rate. This fee covers the acquisition, upgrade and expansion to our facilities. This fee is set aside for special use in regards to property and building projects needed to sustain the ministry of Grace Christian Child Development Center.

The Half-Day program runs from 7:30 AM – 11:30 AM. Children can be dropped off after 7:00 AM and **must** be picked up by 11:30 AM. The half-day program provides breakfast and curriculum supplies. This program operates on the Grace Christian School calendar.

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OFFICE USE ONLY

Date Received: _____

Enrollment Status: Offered ___ Declined ___

Class Assignment: _____

Interview/Tour Completed: ___ Yes ___No

Medical Report On File: ___Yes ___No

Building/Fob Assigned: _____

GENERAL INFORMATION

_____ Child's Last Name

_____ Child's First Name

____ MI

Male / Female

_____ Date of Birth (Month/Day/Year)

_____ Age

_____ Preferred Name

Date of Application: _____

Date Available for Enrollment: _____

Which location are you applying for?

Main (infant-K4) : 2603 Jefferson Davis Hwy Sanford, NC 27332 _____

North Lee (infant-3) : 119 Log Cabin Lane Sanford, NC 27330 _____

First one with available opening _____

How did you hear about Grace Christian Child Development Center?

_____

If Referred, by: (Name) _____ (Relationship) _____

GOALS OF ENROLLMENT

Why do you wish for your child to be enrolled into Grace Christian Child Development Center?

_____
_____
_____
_____
_____

What goals do you wish for your child to accomplish as a result of enrollment into Grace Christian Child Development Center?

_____
_____
_____
_____
_____

FAMILY INFORMATION

Child's Physical Address:_____

Child lives with:_____

____ Father. ____Step Father ____ Legal Guardian

Name (Last, First, MI, Title)

Physical Address

City, State, Zip

Mailing Address(If different from above)

Home Phone | Work Phone + ext

Cell Phone | Carrier

Email

Employer | Position

____ Mother ____Step Mother ____ Legal Guardian

Name (Last, First, MI, Title)

Physical Address

City, State, Zip

Mailing Address(If different from above)

Home Phone | Work Phone +ext

Cell Phone | Carrier

Email

Employer | Position

Please provide the names of persons to whom you authorize the release of the child (Proper ID/verification will be required before release is granted.)

Name | Relationship

Name | Relationship

Name | Relationship

Name | Relationship

Name | Relationship

Name | Relationship

Name | Relationship

Name | Relationship

Name | Relationship

Name | Relationship

EMERGENCY INFORMATION

Name of Child's Doctor

Name of Practice

Address

City, State, Zip

Office Phone Fax Phone

Name of Child's Dentist

Name of Practice

Address

City, State, Zip

Office Phone Fax Phone

Hospital Preference: _____ City: _____ Phone: (_____ -_____)

Child's Medical Insurance Carrier: _____ Group # _____ Policy # _____

If neither father or mother (or guardian) can be reached, call (please list relationship)

Name Relationship Home Phone Mobile Phone Work Phone

Name Relationship Home Phone Mobile Phone Work Phone

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AGREEMENTS

I agree, by signing below, 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.

_____ _____

(Father/Guardian Signature) (Date) (Mother/Guardian Signature) (Date)

I verify that all of the above information is true and correct. I understand that any falsification, intentional or otherwise, of any portion of this document may be grounds for my child's dismissal. I certify that I understand Grace Christian Child Development Center is a ministry of Grace Chapel Church. Furthermore, I have read and understand the statement of faith for Grace Chapel Church and by affixing my signature below, I certify that I am in agreement with and support the teaching of my child according to all content thereof and also understand that these are conditions of my child's enrollment in Grace Christian Child Development Center.

_____ _____

(Father/Guardian Signature) (Date) (Mother/Guardian Signature) (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 Director Date

Please read and initial on each line below.

_____ I acknowledge that I have read and received a copy of the facilities Shaken Baby Syndrome / Abusive Head Trauma Policy.

_____ I understand that if my account requires the use of a collection agency or legal action I will be charged an additional fee.

_____ I have been made aware that a revised Parent Handbook can be found on our website at www.gracecdcsanford.com. This revised handbook will be effective June, 2019. I will discuss any policy or procedure I do not understand with the childcare center's administration.

_____ I read and fully understand the Sleep Safe Policy set forth by Grace Christian Child Development Center. I acknowledge my child will be checked on, while they are sleeping, every 7-10 minutes. **PARENTS of CHILDREN 12 MONTHS and UNDER*

_____ I agree to the policies and procedures set forth in the handbook. I understand an updated copy will be made available if any changes are made by the center or State of NC Division of Child Development or local NC Health Department.

_____ I have received a copy of the NC Child Care Law and Rules (House Bill 1063). I understand that this bill applies to all centers and homes and that it is a requirement by law that I receive this information from the child care provider.

My child _____, has permission to occasionally play outside the fenced in area for special activities or in the school's gymnasium during inclement weather.

_____ _____

(Parent/Guardian Signature) (Date)

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PHYSICAL EXAMINATION

This section and examination must be completed and signed by a licensed physician, his or her authorized agent currently approved by the North Carolina Board of Medical Examiner (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____

Nose _____ Teeth_____ Neck _____

Heart _____ Chest _____ ABD/GU _____

EXT _____ Neurological System _____ Skin _____

Should activities be limited? Yes _____ No _____

If yes, explain:_____

Any other recommendations?_____

_____

Date of Examination: _____

Title of Examiner: _____

_____ _____
Signature of Authorized Examiner Phone Number

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CHILD'S MEDICAL INFORMATION

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 parents or health care professional. Is there a medical action plan attached? _____Yes _____No

Is your child allergic to anything? _____Yes _____No If yes, what?_____

_____

Is your child under a doctor's care _____Yes _____No If yes, what?_____

_____

Is your child on any continuous medication?_____Yes _____No If yes, what?_____

_____

Any previous hospitalizations or operations?_____Yes _____No If yes, when and how what purpose/diagnosis?

_____

Any history of significant previous disease or recurrent illness? _____Yes _____No

Diabetes? _____Yes _____No; Seizures _____Yes _____No; Heart Trouble _____Yes _____No

Other, please describe what and when?

_____

Does your child have asthma? _____Yes _____No If yes, does he/she require an inhaler?_____

Does your child have any special needs? _____Yes _____No If yes, please describe?_____

Physical or mental disabilities? _____Yes _____No If yes, please describe?_____

Please provide any information below concerning your child which will be helpful in his/her experience in group settings. (play, eating & sleeping habits, special fears, special likes or dislikes) Continue on the back of this form if necessary.

_____

_____

Parent Signature: _____ Date: _____

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 others, they develop 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 con-sequences 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.": ("Time-out" is described on reverse side.)

12. DO stay consistent in our behaviors 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 bath-room accidents occur.

4. DO NOT deny food or rest as punishment.

5. DO NOT relate discipline to eating, resting, or sleep-ing.

6. DO NOT leave children alone, unattended, or without supervision.

7. DO NOT place 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

Our programs goals for helping children develop self-control and learn acceptable forms of social behavior are:
*Arrange the environment to ensure easy visual supervision
*Provide meaningful learning opportunities
*Provide options for children; Model expected behaviors
*Encourage new relationships; Positive communication

We help children resolve conflict and develop problem solving skills with peers by:
*Redirection
*Encourage positive peer interactions

We ensure staff follow the programs discipline and behavior management policies and practices and use behavior management strategies appropriately by:
*Staff training and professional development for promoting social skills
Provide nurturing and responsive relationships
*Providing logical and natural consequences
*Taking a proactive approach in daily practices

Local resources that can assist with services and support when persistent challenging behaviors continue to occur are:
*Local child care and referral agency
*Various agencies for children and training development opportunitiesI,
*Area behavioral specialist

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 and that the facility's Director or other designated staff member has discussed the facility's Discipline and Behavior Management Policy with me.

Parent's Signature: _____ Date: _____

Administration Signature: _____ Date: _____

"Time-Out"

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) 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 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 shown to the other children.

Date Application Completed_____ Date of Enrollment_____

CHILD'S APPLICATION FOR ENROLLMENT FOR STATE PURPOSES

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION Date of Birth: _____

Full Name:_____
Last First Middle Nickname

Child's Physical Address:_____

FAMILY INFORMATION:

Child lives with: _____
Father/Guardian's Name _____ Home Phone _____
Address (if different from child's) _____ Zip Code _____
Work Phone _____ Cell Phone_____

Mother/Guardian's Name _____ Home Phone _____
Address (if different from child's) _____ Zip Code _____
Work Phone _____ Cell Phone_____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

_____
Name Relationship Address Phone Number

_____
Name Relationship Address Phone Number

_____
Name Relationship Address Phone Number

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 _____

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 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.

Signature of Administrator_____Date_____

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ACCESS BADGE ORDER FORMS

Parent/Guardian Name: _____

# of Access Badges Ordered: _____

Payment: Money Enclosed: $_____ OR Bill Account: $_____

I have read and understand the following:

1. The cost of Access Badges are $10.00 each
2. If I lose or misplace an Access Badge, I will be required to buy a replacement.
3. I will turn all Access Badges in upon leaving the child development center.
4. The Access Badge is issued to me for my personal use. I am not authorized to loan the Access Badge to another person or use it to gain access to the building outside normal operating hours.
5. I must notify the CDC administration immediately if a badge is lost or stolen so that it may be deactivated.

_____ _____
(Signature of Parent or Guardian) (Date)

I _____, have received Access Fob # _____.

I have read and unstained the following:

1. If I lose or misplace my Access Fob I will be required to buy another one for $10.00
2. This Access Fob has been issued to me for my use. I am not authorized to loan the Access Fob to another person to gain access at any time.

I understand that I must notify Grace Christian Child Development Center Administration immediately if my Access Fob is lost or stolen so that it may be deactivated.

Parent's Signature: _____ Date: _____

Office Use Only

Date Form Received: _____ Payment Collected/Billed: ☐ Yes ☐ No

Fob/Access Badge # Assigned: _____ Date Fob/Access Badge Issued: _____

Class Assignment: _____ Building Assignment: _____

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Dear Parent:

Thank you for your interest in Grace Christian Child Development Center, a ministry of Grace Chapel Church. Our hours of operation are Monday thru Friday 6:30 a.m. until 6:00 p.m.

We understand that choosing a child development center is a very important decision! While we would love to serve your family, we want what is best for your child. My staff and I are always available to answer any questions you may have, prior to, during and beyond the time your child spends here at Grace. It is our desire and mission to Love Like Jesus!

If you are interested in applying for enrollment in our program, please note the following requirements:

1. A scheduled interview with the Center's Director

2. The following are required to be completed and on file before he/she can complete enrollment:
   - Application for enrollment (application fee paid)
   - Physical Exam/Children's Medical Report (Due 30 days after enrollment)
   - Immunizations Records (Doctor's copy)
   - NC Laws & Rules, Discipline & Behavior Policy & Outside Play Policy
   - Parent Handbook Acknowledgement & Agreement

All applicable forms are required to be on file prior to your child's first day at the center. We look forward to having your child with us and serving your family. If you have any questions and would like to set up an interview, please call (919) 776-2576.

In Christ,
Jeannie Garrell
Director
jeanniegarrell@gracecdcsanford.com