

CHILD ENROLLMENT APPLICATION
Good-HoneyBears Child Development, Inc.

Child's Name _____ DOB _____
(Last) (First) (MI) (Preferred Name)
Address _____ Zip Code _____
Father/Guardian's Name _____ Cell/Home Phone _____
Address _____ Zip Code _____
Email _____
Employer _____ Bus. Phone _____
Mother/Guardian's Name _____ Cell/Home Phone _____
Address _____ Zip Code _____
Email _____
Employer _____ Bus. Phone _____

INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies: No ____ Yes ____ If yes, must have Allergy Action Plan signed by physician. Is your child lactose intolerant? No ____ Yes ____ If yes, I will provide lactose free milk labeled with my child's name for use at preschool. Initial _____. We do not allow food/nutritional substitutes to our planned menu for any reason other than a documented medical allergy. Does your child have any chronic illnesses/conditions or health concerns: No ____ Yes _____
Explain: _____

List any types of medication taken for health care needs: _____
Please list any information concerning your child's interests, likes, dislikes, fears, or any other things that may be needed to comfort your child in this period of adjustment. _____

EMERGENCY INFORMATION

Doctor's Name _____ Office Phone _____
Address _____
Hospital Preference _____ Phone _____
If neither parent nor guardian can be contacted, call:
Name _____ Relationship _____ Phone(Cell/Home) _____
Name _____ Relationship _____ Phone(Cell/Home) _____
Arrival/drop off time _____ All children must arrive by 10am.
Departure/pickup time _____ *Please note: prior notice must be given for changes in arrival or departure times.
Child's last four digits of social security number: _____. (Your youngest enrolled child's number will be your building entrance security code.)
List the names (as printed on government issued ID) of the persons to whom child may be released (including child's parents/guardians).

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that I nor the family physician can be contacted immediately.

(Signature of Mother)

(Signature of Father)

(Date)

I, as the operator of this center, do agree to conform to the guidelines provided by NC Child Day Care Rules and Regulations.

(Signature of Operator)

(Date)

GOOD-HONEYBEARS CHILD DEVELOPMENT CENTER, INC.
CHILD'S MEDICAL REPORT

Child's Name _____ DOB _____
Parent/Guardian's Name _____

MEDICAL HISTORY (may be completed by parent)

Is the child allergic to anything? If yes, please list: _____

Is the child currently under a doctor's care? If yes, for what reason? _____

Is the child on continuous medication? If yes, please list: _____

Any previous hospitalizations or operations? If yes, please list date and reason: _____

Any history of significant previous diseases or recurrent illness? (Examples: diabetes, heart trouble, convulsions, etc.) If yes, please list date and type of illness: _____

Does the child have any physical or mental disabilities? If yes, please list: _____

Signature of parent/guardian _____
Date _____ Phone (H) _____ (W) _____

PHYSICAL EXAMINATION

This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical Examiners (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 _____ Throat _____
Neck _____ Heart _____ Chest _____ Abd/GU _____
Ext _____ Neurological System _____ Skin _____

Tuberculin Test: Type _____ Date _____ Normal _____ Abnormal _____

Should activities be limited? If yes, please explain: _____

Any other recommendations? _____

Signature of authorized examiner/title _____

Date of examination _____ Phone _____

IMMUNIZATION HISTORY

The operator of the facility or health official must enter the date immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all daycare facilities to have this information on file.

Enter date of dose - [Month/Day/Year]

Vaccine [#1] [#2] [#3] [#4] [#5]

*DPT/DT/DTaP [] [] [] [] []

*Polio [] [] [] [] []

*Hib [] [] [] [] []

*Hep B [] [] [] [] []

*MMR [] [] [] [] []

*Varicella/
Chicken Pox. [] []

*Pneumococcal
Conjugate [] [] [] []

Other [] [] [] [] []

* Required by State Law

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Good-HoneyBears Child Development, Inc.

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 on 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 use or deny food, rest, or physical activity 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 or guardian of _____, 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 _____

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy
Effective May 1, 2023**

Parent or Guardian Acknowledgement Form

I, the parent or guardian of _____
Child's Name

acknowledge that I have read and received a copy of Good-HoneyBears Child Development's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date

Child’s Name: _____ Date: _____

I/We have read the Good-HoneyBears Child Development, Inc. Parent Handbook. By initialing each item and signing below, I/we fully understand and agree to abide by the policies and procedures set forth in the handbook.

- _____ Welcome
- _____ Philosophy of Education and Mission Statement
- _____ Registration and Tuition Payments
- _____ Subsidized Child Care
- _____ Parental Involvement
- _____ Parent Concerns and Questions
- _____ Requirements Before Admittance
- _____ Vacation
- _____ Hours of a Operation
- _____ Safe Arrival and Departure Procedures
- _____ Holidays
- _____ Inclement Weather Policy
- _____ Transportation Policy
- _____ Curriculum and Objectives
- _____ Required Items
- _____ Outside Authorization and Play
- _____ Other Notes of Interest
- _____ Withdrawal Procedures
- _____ Cleaning/Health Standards
- _____ Illness/Readmittance Policy
- _____ Administering Medication
- _____ Allergies
- _____ Accidents and Injuries
- _____ Chronic Autoimmune/Infectious Diseases
- _____ Nutrition Policy
- _____ Nap and Rest Periods
- _____ Discipline Policy
- _____ Child Abuse and Neglect Policy
- _____ Smoking Policy
- _____ Prevention of Shaken Baby Syndrome/Abusive Head Trauma Policy
- _____ Summary of Child Care Rules and Regulations

_____ Father/Guardian Signature Date

_____ Mother/Guardian Signature Date