

Main Street Baptist Daycare

Tuition Rates Effective January 31, 2022

Registration Fee	\$50.00 annually nonrefundable
Infant, Toddlers I & II	\$185.00/Week
Beginners, Intermediates, Pre-K	\$142.00/Week
Before & After School Program	\$90.00/Week
*Full days during the school year due to teacher workdays, holidays, or inclement weather are an additional \$10.00 for the 1st Day and a flat fee of \$140 for two or more days in one week.	
School-Age Summer Program	\$147.00/Week
(\$30.00 Registration if exclusively registering for School-Age Summer Program)	

After 2 weeks of nonpayment your child will be dismissed from the center.
Payment is due by Wednesday evening.

At time of enrollment you must make arrangements to pay 2 weeks enrollment fee up front. This will be applied to the last two weeks of enrollment.

One vacation week per child per year at no charge after the first year.

One week at half of tuition rate if child only present one day or less that week, after the first year; once per year.

Second child receives 10% discount on weekly tuition rates.

Registration fee is due on September 1st or upon enrollment.

Returned check fee of \$25.00.

Our weekly rates are based on a ten hour day. In the event a child attends more than ten hours in any given day there will be an additional fee of \$10 for that day.

There is a \$10 late fee for accounts not paid in full by the end of the day Wednesday.

Late pick-up fee of \$1.00 for every 1 minute after 6:00 pm.

126 North Main Street © Kernersville, North Carolina 27284

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Daycare Office (336) 992-0220 © Fax (336) 993-4535

Date Application Completed _____

Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

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 _____

PARENT AGREEMENT

Main Street Baptist Day Care Center
Kernersville, NC

I am the parent and/or legal guardian of _____

I hereby make application to enroll my child in the Main Street Baptist day Care Center Program.

I believe that my child can enter into the activities of his/her group, and I delegate all responsibility for his/her care and control to the authorized staff of the Day Care Center during the hours specified for classes. I will cooperate with the Day Care Center fully in its methods and principles. I will observe all regulations and cause my child to do so.

I authorize the staff to give emergency aid and treatment in the case of injury or illness and if emergency medical care becomes necessary I give permissions for my child to receive such treatment as required by the physician.

In the unlikely event of an accident which requires professional medical attention, insurance coverage will be required by the parent's / guardian's insurance with main Street Baptist's insurance providing **secondary coverage**.

If for any reason I should fail to call for my child by the time of Day Care Center closing, then I empower the staff to make provisions for my child in whatever manner they deem necessary. **The Day Care Center closes AT 6:00PM SHARP. A \$1.00 Fee per minute** will be charged for children left in the Day Care Center after 6:00PM.

I agree to pay the annual registration fee and the two week deposit upon enrollment; bills for the Day Care Center must be paid weekly. **Anytime a payment has not been made within two weeks, you are not to bring your child until payment is made in full.**

No records will be released with a balance due.

I understand that as long as I leave my child enrolled with the Day Care Center, whether in attendance or not, payment is due and will be until a week after notice is given to the Day Care Center Director that "I am removing g my child from the Center". **REGISTRATIOIN FEES AND TWO WEEK DEPOSIT ARE NON-REFUNDABLE.**

One week vacation, at no charge, is allowed per year (non-accumulative). The Day Care Center is not responsible for articles left over 10 days.

Parent/Guardian 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 interaction 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 center will practice the following discipline and behavior management policy.

1. WE DO praise, reward and encourage the children.
2. WE DO reason with and set limits for the children.
3. WE DO model appropriate behavior for the children.
4. WE DO modify the classroom environment to attempt to prevent problems before they occur.
5. WE DO listen to the children.
6. WE DO provide alternatives for inappropriate behavior to the children.
7. WE DO provide the children with natural and logical consequences of their behaviors.
8. WE DO treat the children as people and respect their needs, desires, and feelings.
9. WE DO ignore minor misbehavior.
10. WE DO explain things to the children on their levels.
11. WE DO use short supervised periods of "time – out".
12. WE DO stay consistent in our behavior management program.

1. WE DO NOT spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.
2. WE DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. WE DO NOT shame or punish the children when bathroom accidents occur.
4. WE DO NOT deny food or rest as punishment.
5. WE DO NOT relate discipline to eating, resting or sleeping.
6. WE DO NOT leave the children alone, unattended or without supervision.
7. WE DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. WE DO NOT allow discipline of children by children.
9. WE DO NOT criticize, make fun of or otherwise belittle children, 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 center's Discipline and Behavior Management Policy and that the center director/coordinator (or other designated staff member) has discussed the center's Discipline and Behavior Management Policy with me.

Date of Child enrollment: _____

Signature of Parent or Guardian _____ Date _____

Director Signature: _____ Date: _____

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or 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 _____

Address of Parent of Guardian _____

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 # _____

Please Initial each

_____ I have received a copy of the Summary of the North Carolina Child Care Law for Child Care Centers.

_____ I have received and read a copy of Main Street Baptist Daycare Parent Hand Book. I was able to ask questions about these policies.

_____ I hereby give permission for my child

_____ to participate in a walking trip. I further give permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground.

Parents Signature: _____

Date: _____

Parent or guardian acknowledgement form

Child's name

I, the parent or guardian of

acknowledges 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