



Student Application

CHILD INFORMATION: Nickname: _____ Date of Birth: _____

Full Name: _____

Child's Physical Address: _____

City _____ Zip _____

FOR OFFICE USE ONLY	
Date Received _____ by _____	
Date Reg Fee Received _____	
Date of Enrollment _____	
Schedule: M-F M/W/F T/Th SA	

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Nickname _____

Address (if different from child's) _____ City _____ Zip _____

Email _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Nickname _____

Address (if different from child's) _____ City _____ Zip _____

Email _____ 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 _____

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

EXPERIENCE RECORD

All of the information you provide is used for the purpose of helping the appropriate staff members know the individual child better. Thank you!

1. Who are the members of your present household?

Name	Relation to child	Nickname

2. Who are the other persons close to the family? Please include siblings, grandparents, pets, etc.

Name	Relation to child	Nickname

3. Do you have a unique family arrangement that you believe would be important for our staff to understand?

4. How does your family value church attendance?
5. In which programs do you and your child participate within your church?
6. How would you describe your relationship with God?
 - Mom

 - Dad
7. Has your child previously been in a group experience or another child care center?
8. How was that experience for your family and your child? Please give us any details that may help us acclimate your child to CBCP better based on his/her prior experience.
9. What are your child's favorite play activities?
10. What do you notice most about your child's play with others?
11. What do you notice most about your child's play when he/she is alone?
12. What are your child's favorite screen time activities (i.e. TV, videos, technology)
13. How frequently does your child engage in screen time?

14. What are your child's favorite books and stories?

15. Do you have any concerns regarding your child's physical or cognitive development? If so, please let us know what they are so that we may best help you address these concerns.

16. Please describe any serious illnesses or injuries your child has experienced in the past, including any requiring hospital stays.

17. Does your child take a nap? What time(s)?

(Infant's sleep schedule will be discussed with the classroom teachers as needed.)
18. What is your child's bedtime? What time does your child typically wake up?

19. Does your child fall asleep easily?

20. What do you do to help when needed?

21. Is your child accustomed to sleeping in a room alone? (This may affect how adjusting to naptime at preschool goes.)

22. What words does your family use for parts of the body and bodily functions as they relate to toileting?

23. If shy or not yet verbal, what are some signals your child gives to let you know it is time to go to the bathroom?

24. Please share any other information that would be helpful in best serving your child's needs.

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 ___ follow up _____

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 # _____

Authorizations / Agreements

These authorizations are valid for the duration of my child's enrollment.

I, _____ give CBC Preschool my permission:
parent/guardian (please print)

_____ for my child to participate in planned activities that are outside of the fenced area.

Initial

_____ I also allow CBC Preschool permission to use the image of my child.

Initial

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on our website.

_____ I allow CBC Preschool permission to use the image of my child for display within the facility.

Initial

I also agree that I have received the Parent Handbook found on the website. This handbook includes the following policies:

- Discipline and Behavior Management Policy
- Infant Safe Sleep Policy
- Summary of NC Child Care Law and Rules
- Prevention of Shaken Baby Syndrome

Name of child

enrolled _____
Date

Parent/Guardian Signature

Date