



WOODLAND BAPTIST CHRISTIAN SCHOOL
1175 BETHANIA RURAL HALL ROAD, WINSTON SALEM, NORTH CAROLINA 27106
TELEPHONE: 336-969-2088/FAX: 336-969-0179

2022 - 2023 DAY CARE APPLICATION

Application Date: _____

Enrollment Date: _____

Name of child: _____

Age: _____

Birthdate: _____

Address: _____

Street

City

State

Zip

FAMILY INFORMATION:

Father's name: _____

Home Phone: _____

E-mail Address: _____

Cell Phone: _____

Place of employment: _____

Business Phone: _____

Mother's name: _____

Home Phone: _____

E-mail Address: _____

Cell Phone: _____

Place of employment: _____

Business Phone: _____

Marital Status: Married _____ Single _____ Separated/Divorced _____ Widowed _____

Guardian (if applicable): _____ Home Phone: _____ Work/Cell Phone: _____

List any additional names of persons who are authorize to pick up your child: _____

List any specific visitation rights if applicable: _____

CHILD'S INFORMATION:

Does your child have any known allergies? _____ If yes, what? _____

Is your child allergic to any medication? _____ If yes, what? _____

Does your child have any special fears? _____ If yes, what? _____

CHILD'S EMERGENCY CARE INFORMATION:

Name of child's doctor: _____

Office Phone: _____

Name of child's dentist _____

Office Phone: _____

Hospital preference: _____

Phone number: _____

If neither father nor mother (nor guardian) can be contact, call:

Name: _____

Relationship: _____

Phone: _____

OVER

MEDICAL WAVIER:

I agree the operator may authorize the physician of his/her choice to provide care in the event neither the family physician nor I can be contact immediately.

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, a responsible adult will supervise other children in the family. I will not administer any drug or any medication without specific instructions from the physician or the child's parent or guardian.

SAFETY PROCEDURES FOR DELIVERY AND PICK-UP OF CHILDREN:

1. A child brought to the center is to be accompany by an adult into the center to make sure the day care worker is aware the child is present.
2. When picking up a child, an adult is to come into the center to inform the day care worker the child is leaving.
3. If the child is to be pick up by another person, the parent/guardian is to call the center to notify of change in procedure.

BEFORE AND AFTER SCHOOL CARE DISCIPLINE POLICY:

We feel that discipline is a necessity in training young people in accordance with God's Word. This includes self-respect, respect for others, good manners, courtesy, and politeness. Coarse or slang language, a defiant attitude, fighting, etc. will not be allow.

Our policy regarding discipline is as follows:

- A. Denial of food at snack or lunch as punishment is not allow.
- B. No child shall be subject to corporal punishment unless specified in writing by parent or guardian.
 - Alternate forms of discipline will be, standing by the wall, time-out or a visit to the Administrator's office.
 - A conference with the parent will be schedule if needed.

LUNCHES:

The K3 and K4 classes fall under the guidelines of N.C. Daycare therefore:

1. If you choose to pack lunches, your child must pack a lunch and snacks according to the meal pattern attached. (A protein, two servings of fruit and/or vegetable, bread, and unflavored milk)
2. If the meal and/or snack you pack does not meet the guidelines, the cafeteria will have milk, fruit, and vegetables available. However, you will be charged for the items the cafeteria provides.
3. Your child must have white milk for lunch and may have 100% juice for snack. Sorry, no chocolate milk, sodas, Gatorade or less than 100% juice is allowed.

**NORTH CAROLINA CHILD CARE LAW AND RULES
PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA POLICY**

I have received and read the Summary of North Carolina Child Care Law, Rules and Prevention of Shaken Baby Syndrome, and Abusive Head Trauma Policy.

I, the parent/guardian of _____ have received and read the above guidelines and regulations of the NC Child Care Law and Rules and the Shaken Baby Syndrome and Abusive Head Trauma Policy.

I, the parent/guardian of _____ have read the above guidelines and regulations of Woodland Baptist Christian School Before or After School Care and do acknowledge and agree to the policies. These policies have been discussed with me.

Parent Signature

Date

Signature of Operator

Date

Enrollment date: _____