



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

## Child Care Registration Form

Application Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PC/Zip Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PC/Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Ms Jo's Childcare  
30 South Railroad St  
Parkton, NC 28371  
910-858-0282



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILD PICK-UP INFORMATION

Please list below the people who have **\*Permission\*** to pick up your child. **\*Note: Anyone picking up your child must have picture ID.**

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Please list those persons who **\*Do Not Have Permission\*** to pick up your child.  
Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

**\*Reason person is not allowed to pick up your child:\***

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

### EMERGENCY CONTACTS

#### **Primary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Ms Jo's Childcare  
30 South Railroad St  
Parkton, NC 28371  
910-858-0282



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

**Secondary Emergency Contact (other than parents or guardian) Name:**

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Any Special Instructions on how to reach parents:**

\_\_\_\_\_

### **EMERGENCY INFORMATION**

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

5. Medicine allergic to: \_\_\_\_\_

6. Food Allergies: \_\_\_\_\_

7. Any other Allergies: \_\_\_\_\_

8. Any special health conditions: \_\_\_\_\_



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

### OTHER IMPORTANT INFORMATION/PROVISIONS

Child will need special provisions such as:

☐ Extra curricular activity ☐ Yes ☐ No

If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/friends, etc.)

\_\_\_\_\_

☐ Other provisions we should be aware of: \_\_\_\_\_

Do you have any outstanding concerns? \_\_\_\_\_

\_\_\_\_\_

#### 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: 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 options for children; Model expected behaviors \*Provide meaningful learning opportunities \*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 \*Taking a proactive approach in daily practices \*Provide nurturing and responsive relationships \*Providing logical and natural consequences Local resources that can assist with services and support when persistent challenging behaviors continue to occur are: \*Local child care and referral agency \*Area behavioral specialist \*Various agencies for children and training development opportunities

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: \_\_\_\_\_

Ms Jo's Childcare  
30 South Railroad St  
Parkton, NC 28371  
910-858-0282



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

**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 misbehaviours. 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 bathroom accidents occur. 4. DO NOT deny food or rest as punishment. 5. DO NOT relate discipline to eating, resting, or sleeping. 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. "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 misbehaviour 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 the other**



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

BLANKET PERMISSION FORM Child's Name \_\_\_\_\_

This authorization is valid for a year from \_\_\_\_\_ to \_\_\_\_\_.

I hereby grant permission for Ms. Jo's Childcare to administer a one-time dose of Acetaminophen when child's temperature is 101.0 or higher and parent and emergency contact cannot be reached.

\_\_\_\_\_ Initial I hereby grant permission for the Director or teachers to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1. Administer first aid 2. Attempt to contact a parent or guardian. 3. Attempt to contact the child's physician 4. Attempt to contact you through any of the persons listed on the emergency information form completed by you. 5. If we cannot contact you or your child's physician, we will do one of the following: a. Call another physician b. Call an ambulance c. Have the child taken to an emergency hospital in the company of a staff member. 6. Any expenses incurred under 5 (listed above), will be borne by the child's family. 7. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment. Please provide proof of medical insurance.

Ms Jo's Childcare  
30 South Railroad St  
Parkton, NC 28371  
910-858-0282



**Ms. Jo's Childcare**  
**30 Railroad St.**  
**Parkton, NC 28371**  
**Office: 910-858-0282 Fax: 910-933-8130**  
**Msjoschildcare.com**

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_



*Ms Jo's Childcare*  
*30 South Railroad St*  
*Parkton, NC 28371*  
*910-858-0282*



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

## BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN\*

\_\_\_\_\_  
(Facility's Name) (Today's Date)

I \_\_\_\_\_ give permission for \_\_\_\_\_  
(Parent) (Child's name)

to be transported to \_\_\_\_\_  
(Where)

Departure Time \_\_\_\_\_

Return Time \_\_\_\_\_

Method of Travel \_\_\_\_\_

Transportation Provider(s) \_\_\_\_\_

Other important  
information \_\_\_\_\_

Permission to transport is valid for \_\_\_\_\_ to \_\_\_\_\_  
(up to 12 months)

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

\*This form is not to be used for field trips or other off premise activities.

Ms Jo's Childcare  
30 South Railroad St  
Parkton, NC 28371  
910-858-0282





**Ms. Jo's Childcare**  
**30 Railroad St.**  
**Parkton, NC 28371**  
**Office: 910-858-0282 Fax: 910-933-8130**  
**Msjoschildcare.com**

Infant/Toddler Safe Sleep Policy Date Adopted: 2008 Date Updated: 2014

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history. Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training. In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy: Safe Sleep Practices 1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our infant Safe Sleep Policy. 2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file. 3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep. 4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side. 5. Visually checking sleeping infants. Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care. We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness. 6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over Safe Sleep Environment 7. Room temperature will be kept between 68-75°F and a thermometer kept in the infant room. 8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. We may use a sleep sack instead of a blanket for infants not rolling over. 9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. Blankets will not be allowed in cribs. 10 Toys and stuffed animals will be removed from the crib when the infant is sleeping. Pacifiers will be allowed in infants' cribs while they sleep. 11. A safety-approved crib with a firm mattress and tight fitting sheet will be used. 12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency. 13. No smoking is permitted in the infant room or on the premises. 14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment. 15. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play. Best Practices 1. All staff will participate in responding to an Unresponsive Infant practice drills twice each year, in April and in October, in conjunction with fire drills. 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 Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date \_\_\_\_\_

*Ms Jo's Childcare*  
*30 South Railroad St*  
*Parkton, NC 28371*  
*910-858-0282*



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com  
**CONTRACT AGREEMENT**

By signing the following contract, I agree:

1. To pay the center's registration fee of \$50 per child at enrollment. I understand this is ONE TIME FEE. 2. Monthly Payments are due on the 1st or 15th of each month (half due on the 1st and half due on the 15th) for the current month. Acceptable payment is by check, money order, debit, or automatic withdrawal. 3. That if I have not paid the tuition in advance, I will be charged a \$35 late fee and care will be denied after payment is not received within 1 business days. 4. That I will pay full tuition due each month/week regardless of attendance. This includes absences for illness, scheduled center holidays, or inclement weather closings. 5. **That, in the event my child is at the center past time for pick-up, I will pay \$5.00 per minute that I am late and this fee will be paid by check, money order, or debit before the child returns to the center the next day.** 6. To give the center a two-week written notice in the event I decide to withdraw my child from the center and I am responsible to pay the two weeks before my child leaves the center. 8. That, in the event of a physical accident or emergency illness, Ms. Jo's Childcare Center has my permission to administer first aid, as it sees fit, for my child's best interest. Any and all medical expenses incurred, including transportation to the Emergency Room of the hospital, are my responsibility. 9. That should the Director of the center feel Ms. Jo's is unable to meet the parent's or child's needs, enrollment will be terminated. 10. Ms. Jo's reserves the right to terminate enrollment immediately. 11. That I, or another designated adult, will bring my child to the center and officially sign him/her in upon arrival each day. Likewise, I or another designated adult will come into the center and officially sign him/her out before departure from the center each day. 12. That I will have my child at the center no later than 9:30 a.m. each day. I understand my child will not be admitted after this time unless I have a doctor's note or working a different shift. I will notify the center in advance if my child will be late due to medical appointments. 13. That there will be a \$35 charge on any returned check and I will be required to pay with debit, a certified check or money order thereafter. 14. That I will abide by the center's sick policy as stated in the parent handbook. 15. I understand that if my account requires the use of a collection agency or legal action I will be charged an additional fee. I will discuss any policy or procedure I do not understand with the childcare center's administration. 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child (ren) Name: \_\_\_\_\_

### SUPPLY LIST

Ms Jo's Childcare  
30 South Railroad St  
Parkton, NC 28371  
910-858-0282



**Ms. Jo's Childcare**  
**30 Railroad St.**  
**Parkton, NC 28371**  
**Office: 910-858-0282 Fax: 910-933-8130**  
**Msjoschildcare.com**

Following are items for you to provide for your child, along with additional information about age specific rules

#### **INFANTS/TODDLERS**

\*3 complete changes of clothes (each item labeled). \*Bottles labeled with child's full name & date prepared. \*Enough diapers and wipes for at least the entire week. \*Topical ointments labeled with full name & with permission slip attached. \*Closed-toe shoes for mobile child. Other Information: \*All sunscreen should be applied prior to drop-off. \*No toys or baby equipment may be brought from home. \*All sheets, bibs and center blankets are changed daily (weekly for toddlers/As often as needed) in fragrance-free detergent. \*After 12 months, we only give pacifiers at naptime. \*After 12 months, no bottles are given unless told my parent. Drinks will be poured into sippy cups which we provide. \*No pillows allowed. \*No outside food or drinks (infants only) are permitted.

#### **TWOS**

\*3 complete changes of clothes (each item labeled). Clothes should be easy to remove for potty training. \*Enough diapers/pull-ups and wipes for at least the entire week. \*A thin blanket (If you would like, Center will provide one). \*Topical ointments labeled with full name & with permission slip attached. \*Closed-toe shoes. \*Place shorts under any dresses worn. Other Information: \*All sunscreen should be applied prior to drop-off. \*No toys may be brought from home. \*All sheets, bibs and center blankets are washed weekly in fragrance-free detergent (or as often as needed). \*Child should be weaned from pacifier by this time, but if not it will only be given at naptime and parents are asked to help in the weaning process. \*No sippy cups allowed. \*No pillows allowed. \*No outside food or drinks are permitted.

#### **PRESCHOOL**

\*3 complete changes of clothes (each item labeled). \*A thin blanket (If you like, Center will provide one). \*Closed-toe shoes. \*Place shorts under any dresses worn. Other Information: \*All sunscreen should be applied prior to drop-off. \*No toys may be brought from home. \*All sheets and center blankets are washed weekly in fragrance-free detergent (or as often as needed). \*No pacifiers allowed. \*No sippy cups allowed. \*No pillows allowed. \*No outside food or drinks are permitted.

#### **SCHOOL AGE**

\*Closed-toe shoes. \*Place shorts under any dresses worn. Other Information: \*All sunscreen should be applied prior to drop-off. \*No toys may be brought from home. \*No outside food or drinks are permitted. \*All cell phones & electronics must remain in backpacks or will be taken from child and placed in administer



Ms. Jo's Childcare  
30 Railroad St.  
Parkton, NC 28371  
Office: 910-858-0282 Fax: 910-933-8130  
Msjoschildcare.com

I have received a copy of the Childcare Rules and Labor Laws

\_\_\_\_\_ - Signature \_\_\_\_\_ - Date

I have received a copy of the Childcare Rules and Labor Laws & documentation of shaken baby syndrome and abusive head trauma policy

EFFECTIVE JANUARY 1, 2017

All baby bottles must have protective cover

Balloons are not allowed on center site.

Children under 4- No rubber bands or hair beads are allowed (due to choking hazard)

No medication will be given to child unless prescribed by a doctor with the child name on label.

If your child has any type of allergy please ask his or doctor for a action plan. For example if you have a child that has asthma

Absolutely no smoking is permitted on site premises ( including inside your own car)

When entering building please end all cell phone conversations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ms Jo's Childcare  
30 South Railroad St  
Parkton, NC 28371  
910-858-0282