



2010 Middle River Loop, Fayetteville, NC 28312
Dr. Lin Wheeler, Superintendent

APPLICATION FOR PRESCHOOL ADMISSION

Applying for: 3 year old, 5-day class 4 year old, 5-day class

Child's Last Name _____ First _____ Middle _____ Preferred Name _____
Child's Social Security Number: _____

Home Address _____ City _____ State _____ Zip Code _____

Preferred Phone Number _____ Date of Birth _____ Male or Female _____

Place of Birth _____ Adopted – Yes or No _____

Ethnicity: African American Asian Caucasian Hispanic Native American Other

Has this child ever been dismissed from a school or program? If so, please explain.

Does the student have any physical, emotional or learning difficulties? If so, please explain.

Please give any information concerning your child, which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

List names, ages, grades, and schools attending (including preschoolers) of all school-aged children in your family:

Name: _____ Age: _____ Grade: _____ School: _____
Name: _____ Age: _____ Grade: _____ School: _____
Name: _____ Age: _____ Grade: _____ School: _____

MOTHER'S INFORMATION

Mother's Name: _____ Mother's Social Security Number: _____

Address: _____
Street City State Zip Code

Phone Number: _____
Home Work Cell

Place of Employment: _____

Email Address: _____

Are you a member of a church? If so, where? _____

FATHER'S INFORMATION

Father's Name: _____ Father's Social Security Number: _____

Address: _____
Street City State Zip Code

Phone Number: _____
Home Work Cell

Place of Employment: _____

Email Address: _____

Are you a member of a church? If so, where? _____

MISCELLANEOUS

Who can we thank for referring you to us? _____

Please tell us your reason for selecting RCA Preschool/Daycare: _____

- I acknowledge that the foregoing information is true and accurate.
- I understand that there are no refunds on fees.
- I have read and understand the Code of Conduct, Biting Policy and Safety Information Sheets and Policies.
- I absolve the RCA Preschool from liability to me or my child because of any injury at the Preschool or during Preschool activity.
- I understand that if my child is accepted as a student, he/she will be given instruction in religion.

Parent Signature

Date of Application

EMERGENCY INFORMATION

Name of Emergency Contact: _____

(other than parents)

Phone: _____ Cell: _____

Contact's Relation to you:

_____ Relative-Relationship: _____

_____ Friend _____ Guardian _____ Other: _____

Applicant's Doctor: _____ Doctor's Phone: _____

Hospital Preference: _____

Insurance Carrier: _____

Policy Number: _____

Name of Policy Holder: _____

If the above cannot be reached, list at least two people we may contact in the event of an emergency or sickness pertaining to your child. ***These people will also be allowed to pick up your child in the event that the parent or guardian is unable to.*** PLEASE list the best contact number whether it be home, work or cell numbers.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL RELEASE AND EMERGENCY INFORMATION

It is my understanding that RCA Preschool will attempt to notify me in case of a medical emergency involving my child, such as sudden illness or serious accident. If RCA Preschool staff or any other RCA Preschool leaders cannot reach me, then I authorize the Preschool to secure any medical treatment necessary for my child by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

IN THE EVENT MY CHILD NEEDS EMERGENCY MEDICAL ATTENTION, RCA PRESCHOOL PERSONNEL HAVE MY PERMISSION TO ACT ACCORDINGLY.

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 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 DO:

- Praise, reward and encourage the children.
- Reason with and set limits for the children.
- Model appropriate behavior for the children.
- Modify the classroom environment to attempt to preen problems before they occur.
- Listen to the children.
- Provide alternative for inappropriate behavior to the children.
- Provide the children with natural and logical consequences of their behavior.
- Treat the children as people and respect their needs, desires and feelings.
- Ignore minor misbehaviors.
- Explain things to children on their levels.
- Use short supervised periods of "time-out".
- Stay consistent in our behavior management program.

We DO NOT:

- Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children.
- Shame or punish the children when bathroom accidents occur.
- Relate discipline to eating, resting or sleeping.
- Leave the children alone, unattended or without supervision.
- Place the children in locked rooms, closets or boxes as punishment.
- Allow discipline of children by children.
- Criticize, make fun of or otherwise belittle children's parents, families or ethnic groups.

I, do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy.

_____ Parent Initials

For items on the following pages, please initial each area indicating you have read the information and provide your approval. Thank you!

PERMISSION SLIP:

NOTE: IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO INFORM THE PRESCHOOL OF ANY CHANGES. CHILDREN WILL NOT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITY FOR WHICH ADVANCE PERMISSION HAS NOT BEEN GIVEN. YOU WILL BE GIVEN ADVANCE NOTICE OF ALL FIELD TRIPS.

My child, _____, has permission to do the following while in the care of RCA Preschool and Daycare:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ride in the provider's car | <input type="checkbox"/> Go on field trips | <input type="checkbox"/> Ride a bike/tricycle |
| <input type="checkbox"/> Go to the park | <input type="checkbox"/> Skating | <input type="checkbox"/> Play in the water |
| <input type="checkbox"/> Go for walks | <input type="checkbox"/> Library | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Play outside a fenced area | | |

_____ Parent Initials

RCA PRESCHOOL WEBSITE:

www.rcanc.us is the school's web site from which the preschool has a link. Parent information is posted on the site, such as our monthly newsletter, as well as pictures or videos from special events and activities held throughout the preschool. Please *circle one* response below.

Yes, I do / No, I do not give permission for my child's photograph to be placed on the web site.

_____ Parent Initials

SUNSCREEN:

I give RCA Preschool & Daycare personnel permission to apply sunscreen that I have brought to school labeled with my child's name, to my child's exposed skin, including face as needed when participating in outside activities.

_____ Parent Initials

CODE OF CONDUCT:

RCA Preschool/Daycare requires the maintenance of good order and conduct in the preschool. In order to provide the proper atmosphere that is required to educate and train our students, all students shall comply with this Code of Conduct. This code applies to any RCA preschool student who is on the church property, representing the preschool or whose conduct at any time or place has a direct effect on maintaining order and discipline in the preschool.

- **Dress:** the dress requirements as stated in the handbook must be followed. The wearing of clothing which is deemed disruptive, or that endangers the health or safety of the student or others is not permitted. Remember that the student must wear soft-soled, closed toe shoes, preferably tennis shoes, with socks. No loose fitting sandals or flip-flops are permitted.
- **Soiling of Clothes:** Parents certify that their child is potty trained before they are admitted to the preschool program. Parents will be notified when their child soils their clothes and are expected to respond immediately to correct the situation. Preschool personnel are precluded from changing a student's soiled clothing. Students who soil their clothing may not be permitted to participate in classroom activities as this may cause embarrassment for them or potential health problems.
- **Verbal Abuse/Disrespect:** Participation in any verbal, or non-verbal (gesture) action that prevents an orderly and peaceful learning environment is not permitted. Cursing, using vulgar, obscene, or abusive language or gestures, including slurs or insults intended to mock a person's race, sex,

national origin, or ability, or using offensive or degrading language or gestures are specifically prohibited.

- Peer Relations: Engaging in behavior, which is abusive or not considerate of others while in the preschool.
- Disruption: Using passive resistance, noise, threat, fear, intimidation, coercion, force, violence or any other form of conduct that causes disruption in the preschool, or of urging any other student to engage in such conduct.
- Threats: Directing toward any person within the preschool any language, gesture, inappropriate physical contact, or any act that constitutes a threat of force or violence is prohibited.
- Fighting: Hitting, shoving, scratching, biting, spitting, blocking the path of, or throwing objects at another person in the preschool.
- Theft: Stealing, attempting to steal, or knowingly being in possession of stolen property.
- Damage to Property: Intentionally damaging or attempting to damage or deface preschool, church, or the property of others while under preschool jurisdiction.
- Arriving and Leaving School: When a student arrives or leaves daycare, **he or she must be signed in and out by a parent or guardian or officially designated person who has been authorized in writing to drop off or pick up the student.** A student will not be allowed to leave the preschool grounds without prior approval from a preschool official and under the supervision of authorized persons.
- Assault: Assaulting (physically or verbally) causing or attempting to cause injury or behaving in such manner that could reasonably cause injury to any preschool, church employee, academy employee or other student.
- Possession of Weapons: Handling or having any knife, razor, firearm, explosive (including toys) or other object that could be considered a weapon or dangerous instrument.

PENALTIES: For violations of the above provisions, the student may be given additional assignments, placed in Time Out, loss of preschool privileges, or approved non-physical punishment as the preschool deems necessary and as stated in the discipline and behavior management policy. Repeated violations of these provisions may result in dismissal from the preschool.

My initials below acknowledges the fact that I have read the school's Code of Conduct and have explained it to my child.

We understand the standards of conduct that are expected by the preschool, what is considered inappropriate behavior, and the consequences associated with violations of the school's Code of Conduct.

Student's Name: _____ Date: _____
Please print
Parent Initials _____

“TIME-OUT”

“Time-out is the removal of a child for a short period of time (one minute per age of the child) 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 the classroom activity but within the teacher’s sight. During “time-out”, the child has a chance to think about the misbehavior, 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 as shown to the other children.

BITING POLICY:

The first time a child bites on any given day, the parent will be contacted by phone. The second time a child bites that day, the parent will be called to come pick the child up. After the first sixty days of enrollment, if the child continues to bite, he/she will be dismissed from the preschool program.

_____ **Parent Initials**

POTTY TRAINING:

I understand that all children enrolled in the three and four year old programs must be fully potty trained by the first day of preschool. I understand that a child having two or more accidents in one day or reoccurring accidents each day is considered to not be potty trained and the parent will be contacted to come to the preschool as needed.

_____ **Parent Initials**

SAFETY:

The safety and protection of the students is of paramount concern for us. Students have the right to work, play and learn in an environment that assures them and their families that they are in a safe environment. As a result, no intimidation or horseplay will be tolerated.

If parents intend to visit any place in the preschool other than the office, **they will sign in through the preschool office and have a visitor’s pass issued before visiting a classroom or any other part of the preschool, or academy.** We ask your support and assistance in strictly enforcing this policy.

Please report any strangers and/or strange behavior immediately to a church, academy or preschool authority. All church, academy and preschool employees are required to wear security identification passes that are clearly visible at all times.

Additionally, the school has implemented a **CODE WORD** policy. This procedure will help ensure any pick-up and drop-off information concerning your child is legitimate. You will be required to give this code before any changes will be allowed as to who picks up your child. This also includes phone-ins. The CODE can be any combination of words, letters or numbers you choose. (Example: red32, chips ahoy, 7gol 1). The key is that you not share this information with anyone, unless you have allowed him or her to pick up your child. We will still be checking identification for non-parent or guardian pickups, but we hope this will add another element of safety for your child.

Please complete the following: **CODE WORD:** _____ **Parent Initials**

ALLERGY ALERT: *Please complete the statement that refers to your child.*

My child, _____, has NO known allergies.

My child, _____, is allergic to the following (food, medications, and products).

_____ **Parent Initials**

Summary of the North Carolina Child Care Law and Rules: from the Division of Child Development and Early Education North Carolina Department of Health and Human Services, 820 South Boylan Avenue, Raleigh, NC 27603. Revised December 2014.

I have read and understand the NC Child Care Law and Rules.

_____ **Parent Initials**

Child's Medical Report

The following information is to be completed by the child's parent or guardian.

Name of Child: _____ Age: _____ DOB: _____

Name of Parent/Guardian _____

Medical History

1. Previous hospitalizations: No ___ Yes ___ if yes, why? _____

2. Is child allergic to anything? No ___ Yes ___ if yes, please explain _____

3. Any previous diseases or illness? No ___ Yes ___ if yes, please explain _____

4. Any operations? No ___ Yes ___ if yes, please explain _____

5. Any physical handicaps? No ___ Yes ___ if yes, please describe _____

6. Is child under care of a physician? No ___ Yes ___ if yes, for what reason _____

7. Any history of mental retardation? ___ Convulsions? ___ Any diabetes in family? ___

History of heart trouble? _____

_____ **Parent Initials**

Riverside Christian Academy admits students of any race, color, gender, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, and national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Child's Medical Report

(To be completed by child's physician)

Child's Name: _____ DOB: _____

Physical Examination: This examination must be completed and signed by a licensed physician or his/her authorized agent who is currently approved by the North Carolina Board of Medical Examiners.

Weight _____ Height _____ Head _____ Chest _____ Throat _____ Neck _____ GU _____

Ext _____ Neurological System _____ Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____

Result of Tuberculin Test: _____

Should activities be limited? _____

Recommendations: _____

Signature of Physician or authorized agent

Date of Examination

Office Address

Office Telephone Number

Immunization History:

The physician must enter the date each immunization was received, G.S. 130-90(B) requires all daycare facilities have this information on file.

Enter date of EACH dose - Month, date and year. Copies of immunization reports are not sufficient.

| VACCINE | #1 | #2 | #3 | #4 | #5 |
|-------------------|----|----|----|----|----|
| DTP, DtaP, DT | | | | | |
| Polio, OPV or IPV | | | | | |
| Hib | | | | | |
| MMR | | | | | |
| Hepatitis B | | | | | |
| Varicella | | | | | |

FINANCIAL CONTRACT AGREEMENT

Riverside Christian Academy Preschool

Tuition and Fees

Application Fee: Located under Tuition/Fees tab
Curriculum Fees: Located under Tuition/Fees tab
Monthly Tuition: Located under Tuition/Fees tab

Programs Offered with a Monthly Tuition Rate

Full Day Program (Aug – May)

Summer Months (June-July)

Tuition Payment:

Tuition payments are due beginning the first of the month your child enrolls through twelve months hence and is available to be paid with check or cash and is due on the 1st of each month but no later than the 10th of each month. A late fee of \$25.00 is assessed if a payment is not received by the 10th of each month.

I, _____, am the parent/guardian of _____.

A second child enrolled with the Preschool or Academy will receive a 15% discount. All subsequent children will receive a 30% sibling discount.

Please list siblings for which this discount would apply: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Parent/guardian is responsible for notifying the office of any changes that will reflect this discount.

I understand that there will be no reduction in tuition fees due to holiday closings, vacations, absences or inclement weather.

In the event you must withdraw your child from our program, a one-month notice must be provided in writing to the financial office. If this notice is not provided, the full month tuition payment will be due.

Parent/Guardian Signature

Date