

OFFICE USE

Check # _____

Date _____

Amount _____

First Month Paid: Y/ N

Class _____

Christlife Little Learners

Registration and first month tuition are non-refundable. If you register more than one child, please fill out an application for each child.

Child's Name: _____ Birth Date: _____
(Last) (First) (MI) (Mo) (Day) (Yr)

Name child goes by: _____ Sex: Male _____ Female _____

Address: _____ Zip Code: _____ Phone: _____
(Street) (City) (State)

INFORMATION ABOUT THE FAMILY:

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Zip Code: _____

Employer: _____ Work Number: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Zip Code: _____

Employer: _____ Work Number: _____

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

Siblings: Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name of Church Where Family Worships Regularly: _____

Present School and Teacher: _____

CIRCLE YOUR PREFERENCE:

MMO (14mo-23mo) Two Year Old Class Three Year Old Class Four Year Old Class Step-Up Fives
M/W M/W/F M/W/F M/T/W/TH M/T/W/TH/F

T/TH

M/T/W/F

M/T/W/TH/F

Christlife Little Learners

Student Information Sheet

The more we know about your child, the better we can make their preschool experience. The below questions are intended to gather information for that purpose. Please fill out as thoroughly as possible. This application is for all classes, 14 months through five years, please be aware that questions cover a wide range and not all will pertain to your child.

Child's Name: _____ Birth Date: _____ Sex: Male _____ Female _____

Primary Language Spoken in the Home: _____

Known High Risk Allergies: _____

Known Allergies: _____

Child's Appetite: Good _____ Fair _____ Poor _____

Does your child have any difficulties with vision, hearing, or speech? Yes No

If yes, please describe; _____

How many hours of sleep does your child get at night? _____

At what age did your child start walking? _____

Does your child use a pacifier or suck their thumb? Yes No If yes, which? _____

Does your child have a "blanket" or special "lovey" they carry? Yes No

Does your child demonstrate any separation anxiety when you part from them? Yes No

If yes, please describe how quickly they calm down: _____

How would you describe your child's interaction with other children their own age, (timid, aggressive, enters into activities quickly, reserved, etc.): _____

If your child is 3 years or older, are they potty trained? Yes No (Not required for the 3's class.)

Any other information about your child that would be helpful for us to know: _____

Christlife Little Learners

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 facility will practice the following discipline and behavior management policy.

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
7. DO provide the children with natural and logical consequences of their behavior.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out"
(Time-out is described below.)
12. Do stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, pull, push, 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 the children alone, unattended, or without supervision.
7. DO NOT place the 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 (2 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 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 shown to the other children.

Adapted from the original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College.

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 Behavior Management Policy and the Parent Handbook. I will request a meeting with the Director or Assistant Director if I need clarification of any stated information.

Date of Child's enrollment: _____

(Signature of Parent or Guardian)

(Date)

Christlife Little Learners

Emergency Care Information Sheet

Child's Name: _____ Birth Date: _____ Sex: Male _____ Female _____

Address: _____ Zip Code: _____ Phone: _____
(Street) (City) (State)

Known High Risk Allergies: _____

Known Allergies: _____

Medications that are required to be kept on Preschool campus: _____

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Emergency Hospital Preference: _____

Insurance Carrier: _____ Policy Number: _____

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

(Signature of Parent or 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, a responsible adult will supervise other children in the facility. I will not administer any drug or medication without specific instructions from the physician or the child's parent, or guardian, or full time custodian.

(Signature of Parent or Guardian)

(Date)

Persons Authorized to Pick Up Your Child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Persons to Be Notified in Case of Emergency (If Parents can not be reached):

Name: _____ Phone #1: _____ Phone #2: _____

Name: _____ Phone #1: _____ Phone #2: _____

Name: _____ Phone #1: _____ Phone #2: _____

AN IMMUNIZATION RECORD IS REQUIRED FOR EACH STUDENT. If your child does not receive immunizations, please be sure that the preschool receives a notarized statement and/or physician's statement.