

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

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

**CHILD'S APPLICATION FOR CHILD CARE***To be completed and placed on file prior to enrollment*Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY:**

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies: No \_\_\_\_\_ Yes \_\_\_\_\_

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). \_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

If you cannot call for your child, please give the names of persons to whom the child can be released: \_\_\_\_\_

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

(Signature of Parent)

(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. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)

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



# Oak Forest After School Program Permission to Secure Medical Care

Dear Parent or Guardian:

It is extremely important that the summer program have on, file current information for emergency use regarding your place of employment, work hours, names and telephone numbers of neighbors, relatives, baby-sitters, and other designated individuals, as well as preexisting medical conditions, and medications. Please make an effort to keep this information on your child's record up-to-date.

In the event that your child becomes seriously ill or injured while in the after school program, the staff will take action as outlined below:

1. Appropriate first aid will be administered immediately when the situation calls for it.
2. In extreme emergencies, your child will be taken immediately to the hospital emergency room by ambulance or private vehicle and you will be contacted and advised of the situation. In most cases, however, efforts will be made to contact you first and to seek your advice concerning the action to be taken.
3. In the event you cannot be located or in extreme emergencies, the program officials will decide whether immediate medical treatment is needed and will act accordingly. In order to assure that proper medical treatment can be obtained under the conditions described in section #3 above, the summer program requests that you complete the form below giving the summer program permission to obtain medical treatment for your child and certifying that you will accept the financial responsibility for payment of any ambulance, hospital and/or physicians' bill and charges.

**I, the undersigned, give permission to the program officials of Oak Forest Summer**

**Program to act in my behalf in my absence or in emergency situations to obtain**

**medical treatment for my**

**child, \_\_\_\_\_ I agree to accept full responsibility for the  
payment of all**

*Child's Name*

**ambulance, hospital and physicians' bills and charges for any services rendered.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

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

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

Mobile Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preexisting Medical Conditions and/or Medications: NO YES (Please list on back)**

**Hospital Preference** \_\_\_\_\_



**Oak Forest After School Program and Summer Camps  
TRAVEL AND ACTIVITY AUTHORIZATION**

I, \_\_\_\_\_, parent/guardian of  
(NAME OF PARENT OR GUARDIAN)

\_\_\_\_\_, give my permission  
(NAME OF CHILD)

to the staff of Oak Forest Summer Program for my child to participate  
in the following activities:

- \*trips to the Davidson County Library
- \*field trips
- \*special activities

in the church mini-buses owned by Oak Forest United Methodist  
Church.

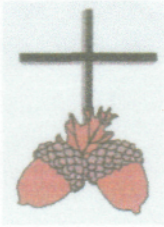
**\*This permission slip also covers all school year students who  
transportation is provided daily by Oak Forest ASP to our after school  
program.**

*I understand that the facility will abide by all the safety rules in Rule .1000  
(NC statue) when my child is transported in a vehicle. The director will also  
notify me each time my child is to participate in an activity that would  
involve transportation.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date Signed*





Oak Forest "ACORNS"  
After School Program

***DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY***

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 of the Program Rules.

I will discuss both of these with my child prior to the first day of the summer *and/or school*  
program.

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

\_\_\_\_\_  
date

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

***PERMISSION TO PLAY OUTSIDE THE FENCED AREA***

I, the undersigned parent or guardian of \_\_\_\_\_  
child's full name

do hereby give permission for my child to participate in outdoor activities on  
the church grounds....including activities that are NOT within the fenced in  
playground area. These activities may be in the grass area, the parking lot  
(basketball, etc), at the picnic shelter or in the woods behind the church  
building.

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

\_\_\_\_\_  
date



Name of Center: Oak Forest UMC After School & Summer Camps

## 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:**

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 misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out"
12. DO stay consistent in our behavior 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 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.

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/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

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

Distribution: one copy to parent(s) signed copy in child's facility record



## Parent Handbook Signature Sheet

I have read the information in the current parent handbook.

My questions have been answered and I understand the contents of this handbook. I will share appropriate information with my child.

I am aware that the program reserves the right to dismiss my child at any time and for any reason.

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Parent Signature

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Date

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Oak Forest ASP has given me a copy of the Summary of the NC State Childcare Laws.

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Parent Signature

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Date



# Internet Web Page/Media Permission Form

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

Relative to my child, I hereby give permission to:

- ◆ Incorporate a recognizable digitized image, still or video, on our Internet web page, possibly along with their first name (*only*), to publicize Oak Forest After School Program and/or Summer Camp. (This website will be used as a means of advertisement and information for current & possible program families.)

**Yes**      **No**

- ◆ Use my child's first name and initial of their last name on our Internet web page in connection with list of awards or reporting of an event or activity at Oak Forest After School Program and/or Summer Camp.

**Yes**      **No**

- ◆ Allow a recognizable still image in a local newspaper or advertisement in connection with an event or activity at Oak Forest UMC After School Program and/or Summer Camp. I understand that this image will only have my child's name attached if permission is given at time of publication.

**Yes**      **No**

Parent name: (*please print*) \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** If your child's picture or name accidentally appears on the website, please contact the director immediately at [ben.roop@oakforestumcnc.org](mailto:ben.roop@oakforestumcnc.org) and it will be removed. Thank you.



## Oak Forest After School Program

I understand that many summer activities will require my child(ren) to be outdoors. In order to protect my child from sun exposure, I agree to allow my child(ren) to use the sunscreen provided by the program applied when necessary.

I also understand that staff may need to assist my child(ren) with the application of sunscreen. I understand that staff may need to touch the face, neck, shoulders, back, arms, and legs of my child(ren) to assist with applying sunscreen.

Staff will use reasonable judgment in deciding outdoor activities and the times they will be played. Children will be encouraged to use sunscreen provided by the program. I will not hold the summer program or the individual staff member responsible should my child receive sunburn to skin.

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Name of child

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Signature of parent

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Date



## Immunization History

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

**Enter date of each dose - Month/Day/Year**

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
**Hib					
*Hepatitis B					
*MMR (combined doses)					
***Chicken Pox					
OTHER					
OTHER					

\*Required by state law.

\*\*Required by state law, however the requirement for the booster dose, #4, is temporarily suspended.

\*\*\*Required by State law for children born on or after 4/1/01.

[illegible]