



Pope John Paul II Early Childhood Center

Pre-Kindergarten Application Form

Applicant must be four years of age by August 31, 2010 to be considered for enrollment.

Child's Full Name: _____

Name or Nickname Teacher should use for child: _____ Sex: M or F

Ethnicity* (choose one): American Indian/Native Alaskan Asian African American Hispanic
 Multi-Racial Native Hawaiian/Pacific Islander White *for NCEA data bank purposes

Address: _____ City/Zip _____

Home Phone() _____ - _____ Birth Date _____ / _____ / _____

Father's Name _____ Occupation _____

Firm or Agency _____ Phone () _____ - _____

Mother's Name _____ Occupation _____

Firm or Agency _____ Phone () _____ - _____

E-mail Address _____ Cell phone () _____

Parents are registered parishioners of _____ Church

Please list any allergies or medical conditions (if none, please indicate): _____

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

**All children are accepted in good faith. Occasionally it is necessary to remove a child from the program. The school reserves the right to remove a child if the Director determines, after a conference with the parents, that it is in the best interest of the child and the school.*

Parent Signature

Date

**Parental Contract for Pope John Paul II ECC
2010-2011**

Please initial each line

I understand that a Tuition Payment Agreement is due at the time of application. If semi-annual or monthly payments are chosen, payments will be drafted from my checking/saving account.

I have been given a copy of the NC childcare laws and rules.

I understand that I must provide a medical examination sheet with current immunizations no later than the first day of school.

I have been given a copy of the discipline policy for Pope John Paul II ECC.

I understand that a \$250 non-refundable registration fee must accompany this form to guarantee a space in the class.

Families are required to fulfill 20 hours of service to PJP School. Any unfilled hours as of May 1, 2010 will be billed to the family at \$25 per hour.

I understand that there are no exceptions to any statement listed above.

This completed form must accompany the registration application.

Please print clearly:

Parent(s) Name(s): _____

Address: _____

City/State/Zip: _____

Student's Name: _____

Total Annual Tuition \$_____

Please check here if you are applying for financial aid through FACTS. Application must be completed on-line.

Please select one of the following payment options:

Option 1 – Single payment of \$_____ (includes 3% discount) due on 6/1/2010. *This may be paid by credit card, but the discount would be eliminated to reflect bank fees charged to school.*

Option 2 – Two payments of \$_____ due 6/2010 and 12/2010 (no discount applies) through FACTS (\$10 non-refundable administrative fee applies.) FACTS Agreements are available in the office and may be submitted at any time, but no later than May 3, 2010.

Option 3 – Monthly payments through FACTS (\$41 non-refundable administrative fee applies.) FACTS Agreements are available in the office and may be submitted at any time, but no later than May 3, 2010.

Withdrawal Policy

- Families must notify the school in writing if a student is withdrawn from the school
- Registered students who withdraw before the first full day of school are responsible for 33% of the full tuition amount.
- Registered students who withdraw between the first day of school and December 1st are responsible for 50% of the annual tuition amount.
- Registered student who withdraw after December 1st are responsible for the full tuition amount.

By signing this, I acknowledge that I have read & understand this agreement. I further understand that payments must be received BY THE DUE DATE to receive credit as shown under Option 1. There are no exceptions.

Parent Signature

Date

Children's Medical Report

Name of Child _____ Birthdate _____
Name of Parent or Guardian _____
Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___; diabetes No ___ Yes ___;
convulsions No ___ Yes ___; heart trouble No ___ Yes ___; asthma No ___ Yes ___.
If others, what/when? _____
6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.
Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____
Neurological System _____ Skin _____ Vision _____ Hearing _____
Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____
If delay, note significance and special care needed: _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____
Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Name of Center: _____

Discipline and Behavior Management Policy

Date Adopted _____

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