

After School Application Checklist

- Complete application (page 2) complete with doctor, hospital and emergency numbers.
- Sign all Parent/Guardian signature lines on any policy or acknowledgement page.
- If you receive any type of tuition assistance please fill out both USDA food forms
- If you do not receive tuition assistance please fill out the USDA participant enrollment form . This is required by USDA for all children enrolled in the center.
- We will need copies of your child's shot record if he/she has not previously attended the center or has had recent immunizations.



Dilworth Child Development Center
After School Application 2010-2011
Registration Fee \$100.00

Child's Name: _____ DOB: _____

Address: _____ Phone: _____

City/State/Zip: _____

DUMC Church members Yes or No

Allergies: _____ Fears: _____ Behaviors: _____
 (if none- please state "None Known")

Photo Permission: () Yes () No
 Teacher observation Permission: () Yes () No
 Juice Concentrate Permission: () Yes () No

Mother: _____ Home Phone: _____
 Employer: _____ Cell Phone: _____
 Work Phone: _____ E-Mail _____

Father: _____ Home Phone: _____
 Employer _____ Cell Phone: _____
 E-Mail: _____ Work Phone: _____

Do both parents live in the home? _____

Is there any type of legal custody or visitation agreement in place? _____

Persons Authorized to Pick Up My Child

(Must have one pick-up listed other than parent in cases of emergency).

Name	Relationship	Day Phone	Evening Phone

**Photo ID will be required for pick up. Anyone not authorized will require permission from guardian in writing prior to pick up time.*

Emergency Care Information

Doctor: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Hospital Preference: _____ Phone: _____

Authorization and Consent

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Dilworth Child Development Center (Dilworth Child Development Center) to transport my child to the above named or nearest hospital or medical facility and to secure for my child the necessary medical treatment. I understand that teachers in the childcare center are trained in the basics of First Aid and CPR. I authorize them to give my child First Aid or CPR when appropriate.

Parent Signature: _____ Date: _____

Parent Signature _____ Date _____

Director Signature: _____ Date: _____

**Parent
Signature:**

Date:

Dilworth Child Development Center
Guidelines for Positive Discipline

A basic respect for children is reflected in positive discipline techniques, which help children learn self-discipline as they build self-esteem. Discipline encompasses all those actions taken by parents and teachers to enhance the probability that children will develop effective behaviors that are self-fulfilling, productive and socially acceptable.

1. Set realistic expectations for young children's behavior.
Recognize that opposition behavior is normal for children at this early stage in their development. Accept children's struggle for autonomy and independence as an important developmental milestone of crucial importance to later development, even when it results in resistance to adults.
 - Limit your expectations to what is realistic—"small expectations for small children."
 - Clarify your expectations for children so they clearly understand what you expect.
 - Involve children in the process of developing rules for behavior in the classroom or in your home.
 - As much as possible, reach consensus as parents and teachers to ensure consistency in expectations and limits for children.

2. Create an *environment* that enhances the probability that children will behave in appropriate ways. Prevention is often the very best cure.
 - Maintain a safe, childproof environment. Be sure that there are appropriate alternatives for children's exploration and play, for example, toys displayed on open shelves within easy reach.
 - Add to the environment by offering materials or activities that interest children.
 - Change the environment by reorganizing the space or rearranging items.
 - Restructure schedules to match short attention spans and need for changes in activity.
Anticipate possible problems before they happen and use distraction to channel children's behavior in more acceptable ways.
Let your own actions and interactions with children be a "model" for the qualities and behaviors you hope to foster in them. Speak and act only in ways you want children to speak and act.

3. Focus on *positive communication techniques* to gain children's cooperation.
 - Give hugs to communicate your affection for children.
 - Pay close attention to the feelings children express and show acceptance and understanding of their feelings by actively listening. (e.g.: "I can see you're feeling.....")
 - Be generous in your use of encouragement rather than praise to recognize children's efforts and improvement, not just their accomplishments, and to build their self-confidence and feeling of worth.
 - Demonstrate acceptance ("You figured that out all by yourself.")
 - Show confidence in their abilities ("I know you'll do your very best.")
 - Focus on contributions ("Thanks, I really appreciate your cooperation.")
 - Recognize effort and improvement ("It looks as if you worked very hard on that.")

Use reasoning and I-messages to help children understand why we expect certain behaviors from them and to set the stage for constructive problem solving.

- Describe an unacceptable behavior (“When toys are left all over the room....”)
 - State your feeling (“... I get concerned...”)
 - State the consequence (“... because I am afraid your things will get lost or broken.”)
4. Turn destructive behavior situations into constructive ones by *giving children alternatives*.
- Observe children carefully to determine any pattern in or reasons for their misbehavior.
 - Recognize and acknowledge children’s feelings and goals, even when you cannot accept their actions. (“I can see that you like to draw, but I’m worried that crayon marks will not come off the wall.”)
 - Tell children what else they can do instead of what they cannot do. (“You can make a picture on a piece of paper.”)
 - Provide alternatives so that children are given an opportunity to learn more acceptable ways of behaving in the situation. (“Would you like to use crayons and paper or would you like paint at your easel?”)
 - Provide children with “renewal” time when they and/or you need time and space for calming- rather than “time out” as a punishment.
5. Use *natural and logical consequences* to motivate and empower children to make responsible decisions about their behavior.
- Help children to see the consequences of their behavior for other people. (“When you call her names, her feeling hurt and she doesn’t want to play with you anymore.”)
 - When children misbehave, allow them to experience the natural and logical consequences, which are related to their actions, instead of using punishment to control their behavior.
- Sometimes allow natural consequences to help children learn from the natural order of the physical world. For example, a child who chooses not to eat lunch may experience hunger later. A child who misuses a toy may find it breaks.
 - Administer logical consequences to help children learn from the social order of their world. For example, a child who spills milk on the floor is responsible for helping to clean it up. A toy is removed when a child is misusing it.
 - Give children the choice of how to behave, and follow through with the consequences calmly and consistently so they may learn from experience what behaviors “work”. (You may stay and dig in the sandbox with your friend; but if you are throwing sand, you’ll have to leave the area.”)
 - Always give the children the assurance that they may try again later to behave responsibly if they have misbehaved. (“I can see you’re not ready to play in the sandbox. You need to find something else to do now. You may try sandbox again later.”)
 - Avoid the use of punishment, which is inconsistent with the principles of positive discipline. In particular, the following uses of punishment are absolutely discouraged:
 - Corporal punishment, including spanking Cruel or severe punishment, humiliation or verbal abuse. Denial of food as a form of punishment. Punishment for soiling, wetting or not using the toilet.

6. Teach children to develop their ability to solve their own problems by *modeling conflict resolution skills*.
- Defuse anger first through active listening
 - Acknowledge and support children's feelings
 - Collect information about what happened
 - State the problem clearly and objectively
 - Help children generate multiple solutions to the problem
 - Have children look at possible consequences of the solutions and evaluate them
 - Involve children in deciding on a solution and planning for its implementation

Child's Name _____

DCDC Acknowledgment Pages

Permission for Walking field trips

My child is able to participate in walks taken in the areas surrounding DCDC-, weather permitting. These walks include, but are not limited to, the DUMC/DCDC building and grounds, and a four block radius of the DUMC campus. I understand that faculty of Dilworth Child Development Center will supervise my child during walks and that infants and young toddlers will go in a buggy or stroller. I understand that a separate field trip permission slip will be sent home if my child will be leaving the Center for any extended period of time (for preschool and school age children only).

Signature of Parent

(Date)

Receipt of Guidelines for Positive Discipline

I have received and reviewed a copy of the Dilworth Child Development Center "Guidelines for Positive Discipline" and I understand the contents. I agree to all procedures and conditions set forth therein.

(Signature of Parent)

(Date)

North Carolina Child Day Care Law and Rules

I have received a copy of the North Carolina Child Day Care Law and Rules
(please pick this up when bringing your child in)

(Signature of Parent)

(Date)

Please attach a copy of your child's current immunizations records if not previously on file or recently updated. -New families only.

Child's Name: _____

CENTER'S DIRECTORY

Your family will be included in our Center's Directory, to be distributed in your child's classroom, please sign below. The information will contain child's name, parent and guardian's name, address and telephone number.

I give permission for my child's name and information to be included in the Center's Directory:

Parent or Guardian Signature: _____

PHOTOGRAPHS AND PUBLICITY

Photographs of children Parent or Guardian participating in our programs may be taken from time to time and may appear in newspapers, magazines, brochures or other publications. Local TV media may on occasion film center events for on air presentation. Please sign below.

I give permission to include my child's photograph/image for the use in the above materials:

Parent/Guardian Signature: _____

AFTER SCHOOL FINANCIAL AGREEMENT

Registration:

Our after school program has an annual registration fee of \$100.00 per child due at registration before August 1st each calendar year. This fee covers transportation and administration costs throughout the school program year.

Tuition:

The After School program is \$350.00 per month due on the first of the month and considered late by the 16th. \$23 per child per day during school closings (when the center is open- see parent handbook for all closings).

School Breaks/Summer camp: Tuition for any full week of care is \$210 per child per week all other partial weeks use the above calculation.

CMS/School Closings for Inclement Weather: In the event that CMS has closed and *IF DCDC* remains open, we will offer our full day program with the applicable tuition. We will not transport children from school during inclement closings- If CMS/School closes part way through the day parents will need to transport their child to DCDC if they choose to have them participate that day. See your "Family Guide" for all information on center closings.

Withdrawal:

You may withdraw your child from our program at any time. **A 30 DAY WRITTEN WITHDRAWAL NOTICE IS REQUIRED** and must be turned into the office. If the required notice is not given when your child has been withdrawn, the responsible party will be charged for the 30-day required notice period.

Please sign below indicating that you fully understand and agree with the above financial agreement.

My child will arrive at _____ and depart at _____

Parent / Guardian Signature: _____

Child's Name: _____

After School Transportation Permission

- ✓ I give my permission for my child to be transported to DCDC from their public/private school by Center Van or other Center approved transportation.

Child's School to be transported from: _____

Parent or Guardian Signature: _____

ACKNOWLEDGMENTS

- ✓ I agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.
- ✓ I agree to follow all DCDC's family policies as outlined in the center "Family Guide"
- ✓ I agree to always have emergency persons and correct telephone numbers of file for my child.
- ✓ I also agree that if my telephone number, place of employment, or contact persons changes I will notify the Center of the correct information immediately.
- ✓ I agree to notify the After School program at 704-241-7342 or the center at 704-333-7225 to alert them for transportation and operations purposes.

Financial Agreement:

I (we) understand that we have enrolled our child(ren) and are expected to pay registration, tuition and annual registration fees in accordance with the center policies. We understand that in the event that we do not follow the financial guidelines that applicable fees will be applied to our account.

I(we) acknowledge the Center policy for a 30 day notice in the event that we either age out of the center or choose to leave for any reason.

Please sign below indicating that you agree to the above statements.
Please attach your registration fee of \$100.00

Parent /Guardian Signature: _____

All CCRI/Scholarship families must complete this form

**USDA-Women's and Children's Health- CHILD FOOD PROGRAM ELIGIBILITY FORM
MEAL BENEFIT FORM FOR SCHOOL YEAR -2006-2007**

Complete, sign and return the form to **DCDC** . Please read the instructions. If you need help completing this form, call: **704-333-7225** .

1. CHILD'S NAME: _____

**FOR MEAL BENEFITS IN SCHOOL, FOR MEAL BENEFITS IN CHILD CARE,
FILL OUT THIS INFORMATION: FILL OUT THIS INFORMATION:**

Child's Grade: _____ **Name of Child Care Center:** **Dilworth Child Development Center**

FOR MEAL BENEFITS IN THE SUMMER FOOD SERVICE PROGRAM (SFSP), CHECK THIS BOX []

2. Is this a FOSTER CHILD? (See the instructions). If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____ . Go to section #5.

3. Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or, for Tier II day care homes, are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: _____ **FDPIR case number:** _____

TANF case number: _____

(For Parents of children in Tier II day care homes only) Other eligible program and case number: _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3)

List all household members, including the child listed above. List all income. Go to section #5.

Names Current Monthly Income

Names of all other Household Members	Monthly wages/salary	Monthly Social Security earnings	Monthly Public Assistance/Child Support Earnings	Monthly retirement, Pensions or Other Earnings-specify

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.*

Signature of Adult: _____

Social Security Number: ____ - ____ - ____

Are you a family day care home provider applying for Tier I benefits? Y [] N []

Printed Name: _____ **Home Phone:** _____

Work Phone: _____ **Home Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Date:** _____

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits. contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or le-al actions if incorrect information is reported. The social security number may also be disclosed to pro-rams as authorized under the National

DCDC 2010-2011 After School Enrollment Application

School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation- violations of certain Federal, State and local education, health and nutrition programs.

6. RACIAL /ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so: Please mark one or more of the following racial identities:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Please mark one of the following ethnic identities:

Hispanic or Latino Not Hispanic or Latino

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For Official Use Only:

Food Stamp/FDPIR/TANF or other eligible benefit program (tier II day care homes only) household categorically eligible free:

Yes No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Eligibility Classification: Free _____ Reduced Price _____ Paid _____ Temporary: Free _____ Reduced Price _____

Tier I _____ Tier II _____ Time Period: _____

Determining official: _____

Signature: _____ Date: _____

Meal Benefit Form
(Translated Version - Spring 2000)
2 of 2

Meal Benefit Form
(Translated Version - Spring 2000)

All DCDC Families are required to fill out this form regardless of income or eligibility

**Child and Adult Care Food Program (CACFP)
Participant Enrollment Form**

Institution Name: **Dilworth United Methodist Church** Agreement Number: 7224
 Facility/Provider Name: **Dilworth Child Development Center 605 E. Blvd Char, NC 28203**

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Normal/Typical Days of Care (Circle all that apply)
		___ to ___	M T W T H F	B/ lunch/ pm
		___ to ___	M T W T H F	B/ lunch/ pm
		___ to ___	M T W T H F	B/ lunch/ pm
		___ to ___	M T W T H F	B/ lunch/ pm
		___ to ___	M T W T H F	B/ lunch/ pm

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility. (M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)

Meals Normally Eaten – Please circle the meals the participant(s) usually eats at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone Number: () _____ **Work Telephone Number: ()** _____

<p>For Facility/Provider Use Only: Signature of Facility Representative/Provider: _____ Date: _____ Date the participant withdrew: _____</p>

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer. DHHS CAC-Enrollment (1/09)

<p>For State Use Only: Complete: _____ Incomplete: _____ Reason: _____ Verified by: _____ Date: _____ DHHS CAC-enrollment (01/09)</p>

DCDC After School Program Handbook Highlights

Introduction

We are delighted you have chosen DCDC After School to be your child's care provider during afternoon hours. The following is a summary of what our program offers. If there is a topic not addressed, you may ask your child's teacher or the administrative staff for additional information. It is our continuing goal is to provide quality childcare in a secure, happy environment where your child is able to flourish. This is a highlighted packet, please refer to your child's "Family Guide" for all centers policies and procedures.

Snack

We provide an afternoon nutritional snack for the children shortly after they arrive at DCDC. A menu will be posted on the parent information board to let you know what the snack will be for that day.

**Due to sanitation requirements, snacks that come from school in your child's lunch box/bag must have your child's name and the date on them each day. Remnants of food must be eaten, thrown away or refrigerated. It cannot be stored in their cubbies or book bags. This is a very important rule that must be followed to the utmost degree. **

Homework

At Dilworth Child Development Center After-School Program, one of our goals is to make the transition of your child's "work day" to our program as smooth and relaxing possible. Our after school environment has been created based on the curiosity that the children have shown in certain topics and allows them to engage in a variety of arts, crafts and creative expression as well as recreational activities.

We also recognize the importance of their academic studies. Our goal is to assist your child with his or her homework while providing an environment that is conducive to concentration and the accomplishment of the task at hand.

We also believe that homework should be an ongoing collaboration between students, parents, and teachers. By establishing continuity, we are better able to serve the whole child. We schedule parent-teacher conferences yearly, generally following the CMS conferences. This allows us to review your child's current situation including strengths and weaknesses and adapt the environment to better meet his or her needs.

We have a scheduled period of time set aside for academic studies. We allocate thirty-five minutes per child; however, a child may begin before his or her scheduled time and may continue beyond the normal ending point. A child is not to exceed a maximum of fifty minutes. This time frame should allow your child to complete his or her work on a majority of days. There may however be times when unforeseen circumstances interfere with completion. These factors may include:

- Child's emotional state
- Unscheduled classroom interruption
- Special programs and activities

These disruptions should occur only rarely and will not represent a typical day. Our goal is to see that your child finishes the assignments he or she is given.

Activities

During the week, your child will be able to experience a wide variety of activities. We offer arts and crafts, creative expression through drama, science and discovery, literature based activities as well as music and movement. Activities are based on children's interests and subjects they are learning in school.

Clothing

There will be times we will be involved in activities that will be on the messy side. We endeavor to keep in mind school clothing and use smocks for these activities; however, there is always a chance that something may get ruined. If you want, you may send along extra clothing that your child may change into when they arrive at after school.

Piano

Our Instructor, Brian Radek, has been with DCDC for over five years and is also involved with CMS Music enrichment programs. He is a friendly and familiar face to the children. See the After School Instructors for more information and sign up forms.

Use of Electronic devices: the center provides hands on activities for children of all ages in the school age program. Our goal is to engage all of our children in exploration they may not participate in otherwise. With this said we will limit the use of personal electronic games, cell phones, music devices, etc. The planned time/use of these items will be at the discretion of the teacher or substitute in charge of the program.

Absent

If your child is going to be absent from After School, we ask that you call no later than 1:00 p.m. to let DCDC staff know. This is for the safety of you child, and to make sure no child is left behind. You have a straight phone line to the After School van driver and during classroom time the rest of the after noon as well. The number is (704) 241- 7342. You will need to call this number in the morning as well if you need to leave a message or in the afternoon if you need to check on your child or leave an important message.

Inclement Weather

In the event of inclement weather and CMS closes before the school day begins, DCDC After School will be operating on full schedule if the center is open. Full day fees apply. Should inclement weather start after the CMS day has begun and the school system closes, DCDC will not drive the van to schools for early departure. You may drop off your child at DCDC After School, if the center is still operating. To find out if the Center is open or closed, there will be a recorded message on the center's phone (704-333-7225) or listen to the latest closings on local major stations.

Field Trips

When regular school is out of session and DCDC is operating, field trips will be planned. We need signatures for each field trip. Sign up sheets will be posted next to the sign-out sheet. Costs for field trips are separate from tuition and vary with activity. Cost will be explained per trip on the permission form.

Allergy and Medication Forms

Prescribed medication must be in the original container with the name and dosage amount on the label. For medication to be administered a **medicine slip must be filled out with the date, time, dosage and parent signature on it; otherwise, we cannot dispense the medication. If the medication is over the counter and measured quantity exceeds recommended amount for your child's age; we must have a written note from a Dr. stating that the dosage is acceptable to dispense, otherwise, we cannot dispense the medication. We also need to be informed of any allergies or special needs that your child has and what actions should be taken for them.

Emergency Forms

It is very important for us to have all the correct information on your child's emergency sheet. These are the contact numbers we use in case of emergency while in route to the center after school hours. If your information changes during the course of the school, year please let us know right away so we may update our information.

Parent Signature: _____ Date:: _____