



**4519 Providence Road  
Charlotte, NC 28226  
704.365.8687 Fax 704.366.6958**

## Welcome to Christ Lutheran Children's Center

We would like to welcome you to the Children's Center. We are excited that your little one will be a part of the center. Attached you will find all the paperwork necessary to enroll your child.

If you have any questions or concerns please feel free to contact us. We have listed our information below. Thank you again for allowing us to care for your child.

Linda Warren Sidway, Director

[Linda@christlutheranchildrencenter.org](mailto:Linda@christlutheranchildrencenter.org)

704-365-8687 x 100

Julie Miles, Assistant Director

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Laura Corgan, Curriculum Coordinator

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704-365-8687 x 103

Sherri Styles Wright, Administrative Assistant

[Sherri@christlutheranchildrencenter.org](mailto:Sherri@christlutheranchildrencenter.org)

704-365-8687 x 101

CHRIST LUTHERAN



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

Class \_\_\_\_\_

Christ Lutheran Church Member

Yes

No

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Known Allergies \_\_\_\_\_

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

In the event that neither parent/guardian can be contacted for emergencies or pick up, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care.

\_\_\_\_\_  
Parent's Signature Date

I, as the operator do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any medication without specific instructions from the physician or the child's parent.

\_\_\_\_\_  
Operator's Signature Date



# EMERGENCY FORM

PLEASE PRINT INFORMATION

Child's Name \_\_\_\_\_

Child's Class \_\_\_\_\_

Dad's Name \_\_\_\_\_

Dad's Work Address \_\_\_\_\_

Dad's Home Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_

Dad's E-Mail \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_

Mom's Work Address \_\_\_\_\_

Mom's Home Phone \_\_\_\_\_ Mom's Work Phone \_\_\_\_\_

Mom's E-Mail \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Please list four people and their phone numbers with whom your child may be released to during this time. (These people need to be close to CLCC so we are able to reach them quickly.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What allergies or medical conditions does your child have?

\_\_\_\_\_

Hospital Pref \_\_\_\_\_ Tetanus Date \_\_\_\_\_

Pediatrician Phone \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Christ Lutheran Children's Center has my permission to use any means necessary to protect, help or aid my child in any emergency situation that might occur.

Signature \_\_\_\_\_



# MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

## MEDICAL HISTORY

Is Child Allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, List \_\_\_\_\_

Is child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_

Is child on any continuous medications? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

Any previous hospitalizations or operations? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when and for what? \_\_\_\_\_

Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_ Diabetes? \_\_\_\_\_

Convulsions? No \_\_\_\_\_ Yes \_\_\_\_\_ Heart Trouble? No \_\_\_\_\_ Yes \_\_\_\_\_ Asthma? No \_\_\_\_\_ Yes \_\_\_\_\_

If others, what/when? \_\_\_\_\_

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 \_\_\_\_\_

**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.

PLEASE ATTACH IMMUNIZATION RECORD 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 \_\_\_\_\_

Developmental Evaluation: Delayed \_\_\_\_\_ Age Appropriate \_\_\_\_\_ If delayed, note significance and special care needed: \_\_\_\_\_

Should activities be limited? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of Examiner/Title \_\_\_\_\_



**FIELD TRIP  
PERMISSION**

Date \_\_\_\_\_

My child \_\_\_\_\_ has permission to participate in field trips by foot, both on and off the premises of Christ Lutheran Children's. These walks or buggy rides are planned as part of our curriculum.

## North Carolina Child Care Law and Rules

This is to acknowledge that I have read and understand the content of the North Carolina Child Care Law and Rules.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

## Parent Handbook

I acknowledge I have reviewed a copy of the parent handbook online. I also understand that as a parent of Christ Lutheran Children's Center I shall acknowledge and respect all the rules and standards noted in the handbook. I also understand that in the event any changes are made to the existing handbook, I will be notified in writing at least 30 days prior to the official adoption of the rules and standards by the facility.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



**AUTHORIZATION  
FOR AUTOMATIC DRAFT**

Account Holder: Christ Lutheran Children's Center  
4519 Providence Road  
Charlotte NC 28226

Financial Institution:  
Park Sterling Bank, Charlotte NC

**Transfer from**

Account Type \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Transfer: *Specific Amount Between Deposit Accounts*

Transfer Amount \_\_\_\_\_ Transfer to: Christ Lutheran Children's Center Checking Account

Instructions : **PLEASE ATTACH A VOIDED CHECK**

Start Date \_\_\_\_\_ Frequency Full Day (circle one) Weekly Monthly

Frequency for Half Day: Monthly Limitations \_\_\_\_\_

Special Instructions or Provisions: *Adjust for Board approved rate increases and transition to a different level classroom.*

**Authorization**

Account Holder hereby authorizes you to make the transfer(s) indicated above until further notice from Account Holder. If this agreement changes any prior authorization between you and Account Holder, the prior authorization is hereby cancelled, and Account Holder instructs you to follow this authorization. Account holder further acknowledges that you have no responsibility to contact Account Holder when the above transfer(s) occur(s). Account Holder understands that Account Holder can call you to find out whether or not the transfer has been made. Account Holder understands that it is Account Holder's responsibility to have sufficient funds available in Account Holder's account on the transfer date(s) in order for you to make the automatic payment(s). Account Holder acknowledges that if sufficient funds are available in Account Holder's account to cover the amount of the transfer(s), the automatic payment(s) may not be made. Account Holder further acknowledges that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s).

ACCOUNT HOLDER: Print Name \_\_\_\_\_

\_\_\_\_\_  
Authorized Signer Date Phone Number

Email (Please Print) \_\_\_\_\_



**KEYFOB  
ORDERS**

The Children's Center has a security system at each entrance to the Center (except for the playground door). Each family will need a "keyfob" to get in each of the Center's doors. Your keyfob can go on your keychain for easy access. You simply hold the keyfob in front of the security system panel located at each door.

Any person who picks up your child on a regular basis (nannies, grandparents, etc.) will need a keyfob. An uncle or neighbor that rarely picks up will not need one. You may request up to five keyfobs. Most families only need 2 keyfobs (one for each parent). There is a \$10.00 fee for each keyfob. This is a refundable fee upon withdrawing from the Center and return of keyfob. If your keyfob is lost, your fee will not be refunded. You will need to notify the office as soon as possible and request another keyfob for \$10.00.

Please fill out the bottom of this form and return with your check. Your check needs to be separate from your tuition or registration check. If you have automatic draft you will need to write a check. You will need to list each person that is getting a keyfob.

**NAME**

Keyfob #1 _____	\$10.00 _____
Keyfob #2 _____	\$10.00 _____
Keyfob #3 _____	\$10.00 _____
Keyfob #4 _____	\$10.00 _____
Keyfob #5 _____	\$10.00 _____

Child's Name \_\_\_\_\_ Total \_\_\_\_\_

<b>OFFICE USE ONLY</b>
NOT PAID _____
PAID AMOUNT _____
CHECK # _____
CASH \$ _____
DATE ISSUED _____



## HEALTH CARE POLICIES

If your child has any of the following symptoms, we will contact you to pick up your child from the Center (children should be picked up immediately). CLCC understands that it is difficult for a parent to leave or miss work, therefore, it is suggested that a backup plan for childcare should be arranged in advance.

Children with the following symptoms must remain home the next full day and be symptom free for at least 24 hours.

- Vomiting
- Diarrhea or very loose stools inconsistent with usual bowel movements
- Any contagious illness
- Any symptoms requiring one-on-one and/or causing severe discomfort
- Any open, oozing sores, bacterial infection and/or bloody gums
- Surgery (tubes, shunts, etc.)
- A child that has been given an enema must remain at home for 24 hours before returning

### Fever:

Teachers will call parents when a child has a fever of 101 or over (*Please note that teachers use two different thermometers to check your child's temperature and take the second temperature 15 minutes after the first one has been taken.*) Center policy states that the parent must keep the child out until the child has been fever free for at least 24 hours without medication. (Fever free means that the child's temperature is no higher than 98.9 within 24 hours.) When child returns to school he/she must be able to keep up with normal activities within the daily routine.

If your child has a runny green nose for 10 consecutive school days the Center will require documentation from your pediatrician with a diagnosis before returning to school.

When the child has been out one full day and is returning to school after an illness, please remember the following

- A child must be fever free without medication (temperature must be 98.9 or below), vomiting, diarrhea and other symptoms for 24 hours prior to returning to school
- A child must be able to participate in all activities when returning to school
- Chicken Pox lesions must be completely dry and child must have no other symptoms
- Children on prescription medication for a contagious illness must take it for 24 hours before returning
- If your child has a rash, they may not come to school without a physician's note.

The teachers will give a courtesy call for those children that are running a low grade fever (between 99 & 100.9). Parents may not come in and administer any kind of fever reducers, due to the fact that you may be masking a serious illness.

We do not administer medications to children in the half day programs.

Any exceptions to this policy will be at the discretion of the Center's administrators.

\*CLCC at any time has the right to ask for a doctor's note verifying that your child has been seen by the doctor, the diagnosis, your child is not contagious, and when your child may return to school.

I have read and will abide by this policy.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date





## DISCIPLINE & BEHAVIOR MANAGEMENT

### WE WILL:

1. praise and encourage the children
2. reason with and set limits for the children
3. model appropriate behavior for the children
4. modify the classroom environment in an attempt to prevent problems before they occur
5. listen to children
6. provide alternatives for children's inappropriate behavior
7. provide the children with natural and logical consequences for their behavior
8. treat the children as people and respect their needs, desires and feelings
9. ignore minor behaviors
10. explain things to the children on their age level, at eye level
11. stay consistent in our behavior policy
12. make sure the discipline fits the behavior

### WE DO NOT:

1. spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children
2. make fun of, yell at, make sarcastic remarks, use profanity or otherwise verbally abuse the children
3. shame or punish the children when bathroom accidents occur
4. deny food or rest as punishment
5. relate discipline to eating and/or sleeping
6. give rewards to only children who sleep or clean-up etc.
7. leave the children alone, unattended or without supervision
8. place the children in locked rooms, closets, or boxes (etc.) as punishment
9. allow discipline of children by children
10. criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups
11. use time out
12. take time away from children who have had inappropriate behavior in the classroom
13. use treasure box
14. send or threaten to send a child to a different classroom ("you are acting like a baby do we need to send you to a baby room")

\*For children over 3 years of age, if a child is using inappropriate behavior (biting, choking, clawing) they will be removed from the classroom.\*\*When age appropriate but inappropriate behavior happens, the child is separated from their friends in the classroom (given an activity to do by themselves) for an age appropriate amount of time.\*\*\*If a child continues to exhibit an inappropriate behavior, administration and classroom teachers will develop an individual discipline plan for that child.

This is to acknowledge that I have read and understand the contents of the CLCC Discipline and Behavior

Signature \_\_\_\_\_ Date \_\_\_\_\_



**PHOTO  
RELEASE**

**WEBSITE PICTURE, FACEBOOK PAGE AND BROCHURE RELEASE FORM**

Child's Name \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

\_\_\_\_\_ I GIVE CLCC permission to take pictures of my child and place them on their website.

\_\_\_\_\_ I DO NOT GIVE CLCC permission to take pictures of my child and place them on their website.

\_\_\_\_\_ I GIVE CLCC permission to take pictures of my child and place them on their Facebook page.

\_\_\_\_\_ I DO NOT GIVE CLCC permission to take pictures of my child and place them on their Facebook page.

\_\_\_\_\_ I GIVE CLCC permission to place a picture of my child in their brochure.

\_\_\_\_\_ I DO NOT GIVE CLCC permission to place a picture of my child in their brochure.



# 2017 TUITION AND HOURS

**Full Day Hours: 7:15am – 6:00pm**

**Half Day Hours: 9:00am – 1:00pm**

**Registration Fees: \$125 (non-refundable)**

## Full Day Weekly Rates

January 2017 – December 2017

Infants:	\$285	Ratio 4:1	Toddlers:	\$275	Ratio 5:1
Twos:	\$265	Ratio 6:1	Young 3's:	\$260	Ratio 7:1
Threes:	\$255	Ratio 8:1	Fours:	\$250	Ratio 9:1
TK:	\$250	Ratio 9:1			

*\*Weekly rates do not include \$125 capital fee (paid annually)*

Tuition includes light morning snack, hot lunch, afternoon snack, weekly mini masters' program and chapel.

## Half Day Monthly Rates

School Year 2017-2018

	<b>1 Day</b>	<b>2 Days</b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>	<b>Ratio</b>
Infants	n/a	\$290	\$370	n/a	\$565	3:1
Toddlers	n/a	\$250	\$305		\$440	5:1
Young 2's	n/a	\$245	\$300		\$420	5:1
Older 2's	n/a	\$240	\$285		\$380	6:1
Threes	n/a	n/a	n/a	\$330	\$365	8:1
Fours	n/a	n/a	n/a	\$310	\$360	9:1
TK					\$360	9:1

Tuition includes a light snack, parents provide lunch for their child.

The following requirements apply to both centers and homes.

#### Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

#### Program Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

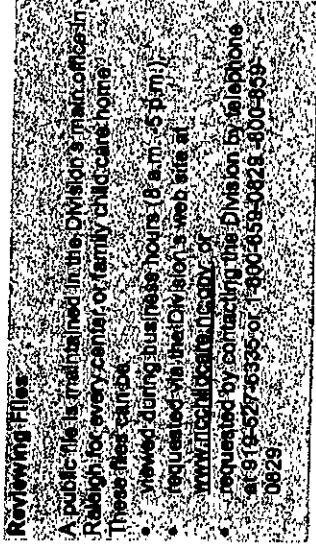
#### Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

#### Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (in State Only), or visit our homepage at [ncchildcare.nc.gov](http://ncchildcare.nc.gov)



# Summary of the North Carolina Child Care Law and Rules

## Division of Child Development and Early Education

North Carolina Department of  
Health and Human Services  
820 South Boylan Avenue  
Raleigh, NC 27699

Revised March 2016

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

### What is Child Care?

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

### Star Rated Licenses

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

### Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid.

complete an ITS-SIDS training (if caring for infants 0-12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per day, if weather conditions permit.

### Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License.

Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas:

### Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

### Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher/Child Ratio	Max Group Size
0-12 mths	1:5	10
12-24 mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

### Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

### Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.