



APPLICATION FOR ADMISSION

Infants through Pre-Kindergarten

333 Jeremiah Boulevard
Charlotte, NC 28262
704 598 9665

Request Start Date: _____

Student's Legal Name: _____
(Last) (First) (Middle) (Preferred Name)

Sex: _____ Age: _____ Date of Birth: _____ Month: _____ Day: _____ Year: _____

Residence & Mailing Address: _____
(Street) (City) (State) (Zip)

Student Home Phone: _____ Place of Birth: _____ Ethnicity: _____

Is student a United States citizen? Yes No Are Parents? Mother: _____ Father: _____
*If No, No, appropriate appropriate Immigration Immigration papers papers must must be be submitted with application

Student resides with: Both Parents Father Mother Guardian

List any legal authority or parental restrictions: _____

Last school/care provider: _____ School/Provider Phone: _____

_____ (Street) (City) (State) (Zip)
How did you hear about Northside? _____

List the names & grades of any children in your immediate family who are currently attending Northside?

Father/Guardian's Name: _____ Title: _____

_____ (Last) (First) (Middle) (Mr., Rev, Dr., etc.)
Preferred Name: _____ Date of Birth: _____ Last 4 digits of Social Sec. No: _____

Residence & Mailing: _____
(Street) (City) (State) (Zip) (Cell Phone)

Relationship to Student: _____ Marital Status: _____ Email Address: _____

Are you an NCA Alumni? Yes No If Yes, graduation year _____ Church you regularly attend: _____

Employer: _____ Occupation: _____ Work Phone : _____

Have you personally received Jesus Christ as your Savior? Yes No Do you regularly attend church? Yes No

First person to contact for information or in an emergency (circle one): Mother/Guardian Father/Guardian

Mother's/Guardian's Name: _____ Title: _____

_____ (Last) (First) (Middle) (Mr., Rev, Dr., etc.)
Preferred Name: _____ Date of Birth: _____ Last 4 digits of Social Sec. No: _____

Residence & Mailing: _____
(Street) (City) (State) (Zip) (Cell Phone)

Relationship to Student: _____ Marital Status: _____ Email Address: _____

Are you an NCA Alumni? Yes No If Yes, graduation year _____ Church you regularly attend: _____

Employer: _____ Occupation: _____ Work Phone : _____

Have you personally received Jesus Christ as your Savior? Yes No Do you regularly attend church? Yes No

Physician: _____ Phone: _____

Hospital Preference: _____ phone: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact (May be contacted if parents unavailable and are authorized to pick up child):

Name: _____ Cell: _____ Home: _____ Work: _____

Name: _____ Cell: _____ Home: _____ Work: _____

Is there a medical action plan attached? ☐ Yes ☒ No

List known food restrictions, physical, emotional, or behavior needs:

List any known allergies and the symptoms of and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns:

List any particular fears or unique behavior characteristics the child has:

List any types of medication taken for health care needs:

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

PLEASE READ CAREFULLY. BY SIGNING THIS APPLICATION, I/WE UNDERSTAND AND AGREE:

1. My primary reason for selecting Northside Academy For Early Learning is to provide a Christ-centered education for my child to complement the Biblical teachings set forth for the Christian home and church. (Proverbs 22:6)
2. Having read the most recent Parent-Student Handbook, I agree to fully support AEL personnel, programs, policies, disciplines and activities. I will serve as a volunteer in various capacities when available. I also agree to allow the teacher/Academy's discretion in the discipline of my child while in the Academy's care. I further agree to discipline my child as needed in the home. Should serious problems arise, I agree to come to the Academy to work with my child and school personnel.
3. Should my child not respond favorably to the Academy, I will not try to change the Academy to fit my needs, but agree to quietly withdraw.
4. I give permission to list my family's address and phone number in a school directory.
5. I give permission to use my child's photograph and/or name in school publications, including but not limited to newsletters, newspapers, television releases, school website, advertising, social media such as Facebook, and promotional materials. - Sign Form
6. My child may take part in all Academy activities, including games, sports, field trips, and activities outside of a fenced area. Some field trips or activities may involve taking children into a multi-level structure.
7. I agree to hold the Academy and its agents harmless for any liability to our child or any guardian or parent thereof because of any claims on behalf of my child against the Academy or any agent thereof because of any injury or alleged injury to our child. Should for any reason legal action be taken against Northside Academy For Early Learning or any employee or agent thereof on our child's behalf and the Academy or its agents not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that Northside Academy For Early Learning or its agents should incur to defend itself against such action.
8. The Academy will not administer over-the-counter medications or prescription drugs without a parent's signature on the daily medicine chart for infants through K4. In the event of a medical emergency, I give permission for my child to receive first aid from an Academy employee and/ or treatment as required by a physician.
9. I understand the Academy's administration has full discretion in the grade placement, promotion, and final acceptance of my child.
10. I have read and will comply fully with the most recent age-appropriate Rates and Fees/Financial Policy, including any withdrawal and/ or pay-ment penalties. I understand my, or my child's, failure to comply with Academy policies may result in my child's immediate dismissal, and that school records may be held until all fees are paid.
11. I understand if my account becomes 2 weeks delinquent, a warning may be given regarding the status of my account.
12. I understand if my account becomes 4 weeks delinquent, my child(ren) will NOT be allowed to return until my account is current and 2 weeks tuition has been prepaid.
13. I understand delinquent accounts may be turned over to a collection agency and if my account is turned over to an agency, I will be responsible for any/all collection fees.
14. I understand that I will have to set up a Procare account payment plan with either a bank account or credit card account for payment. All credit card payments will incur a 2.85% processing fee that will be paid by the guarantor.
15. I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.
16. 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.

(Father/Guardian Signature & Application Date)

(Mother/Guardian Signature & Application Date)

Northside Academy For Early Learning admits students of any race, color, national and ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the Academy. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, athletic and other Academy administered programs.



2025 -2026 FAMILY COVENANT
NORTHSIDE ACADEMY FOR EARLY LEARNING

We, the parents of _____ commit to the following:
Student(s) Name(s):

1. We as parent(s) or guardian(s) accept God's responsibility which says, "Train up a child in the way he should go and when he is old, he will not depart from it," (Prov. 22:6), do affirm that we will support the goals and principles of this training in the home. We promise that the home will provide a secure haven of safety, free from influences that we recognize as harmful.
2. We have carefully examined the Statement of Faith on the reverse side of this document and agree with the purpose and philosophy of Northside Academy for Early Learning and desire to join hands with this school ministry in the total education of our children.
3. We pledge our loyalty to the aims and purposes of Northside Academy for Early Learning and will bring any criticisms directly to the persons involved according to the guidelines in Matthew 18:15-17.
4. The teachers and administration are given full discretion in the discipline of our children, within the guidelines stated in the Parent/Student Handbook, and we will support the Academy in this discipline.
5. Northside Academy for Early Learning reserves the right to dismiss, suspend, or otherwise discipline any student who does not adhere to the policies as stated in the Parent/Student Handbook. We pledge that if for any reason our child does not cooperate with the disciplinary standards of the Academy, we will withdraw him/her without delay in cooperation with the administration and avoid discussion with those not involved, so as to avert a spirit of dissension and division at either our child's expense or the Academy's.
6. Northside Academy for Early Learning agrees to work closely with the parents or guardians in helping the students learn to solve their school-related Problems. This will include provision of competent teachers, a full and balanced age-appropriate curriculum, regular reporting to parents, supervision of the children, and cooperation with the home.
7. We understand that Northside Academy for Early Learning is a ministry of Northside Baptist Church and operates on the principle of faith. Tuition and fees are set according to an approved budget in an effort to make Christian child care and education affordable to those who desire it for their children. As the Lord provides, we will prayerfully consider gifts to help meet financial needs and improvements for the Academy. We commit to uphold Northside Academy for Early Learning consistently in prayer.
8. We understand that as the Academy has made a financial commitment to us by hiring teachers, purchasing books and supplies, and reserving classroom space for my child, that we have an unconditional financial obligation to pay tuition in accordance with the most recent Rates, Fees & Financial Policy. We also understand all registration fees are non-refundable, and that delinquent payment may result in our student's withdrawal from the Academy.

We have read the Family Covenant carefully and hereby agree to its terms:

Father or Guardian: _____ Date: _____

Mother or Guardian: _____ Date: _____

Financially Responsible Party-if other than Parent/Guardian: _____ Date: _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, Northside Academy for Early Learning, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will³:
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardians.
 - If the child has stopped breathing, trained staff will begin pediatric CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: (704)336-3000 - Meck or (704)920-1400 - Cabarrus or (704)216-8330 - Rowan

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies⁵:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_Forms/NC_Foundations.pdf
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-ecd/

Parent web resources

- The American Academy of Pediatrics:
- www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>

Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

Communication

Staff*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the signed **SBS/AHT staff acknowledgement form** in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgment form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgment
- The child care facility shall keep the signed **SBS/AHT parent acknowledgement form** in the child's file.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

Effective Date

This policy was reviewed and approved by:

Owner/Director (recommended)

Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates

January 2023



NORTH CAROLINA
Child Care Health and
Safety Resource Center

800-367-2229
healthychildcare.unc.edu

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____ (child or children's name) acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date

January 2023



NORTH CAROLINA
Child Care Health and
Safety Resource Center

800-367-2229
healthychildcare.unc.edu

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Staff acknowledgement form:

I _____ (staff name) acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to staff person

Staff signature

Date

January 2023



NORTH CAROLINA
Child Care Health and
Safety Resource Center

800-367-2229
healthychildcare.unc.edu



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____ (Child's name)
acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to paren/guardian

Date of child's enrollment

Print name of paren/guardian

Signature of parent/guardian

Date



Northside Academy For Early Learning

DISCIPLINE POLICY

We fully recognize the right of every parent in Biblical methods of discipline. We support and work in cooperation with parents who place their children in our facility.

In discipline, we hold that praise and reinforcement are effective methods of managing the behavior of children. We desire to see each child develop self-discipline, respect for others, and a value system based upon the Scripture.

Therefore, we will practice the following discipline/behavior management policy:

- WE:**
1. DO praise, reward, and encourage the children.
 2. DO establish boundaries for the children.
 3. DO set a good Christian example before them each day.
 4. DO modify the classroom environment to attempt to prevent problems before they occur.
 5. DO listen to the children.
 6. DO deny privileges for unacceptable behavior.
 7. DO provide the children with natural and logical consequences for their behavior and maturity.
 8. DO respect the children's needs, desires, and feelings.
 9. DO attempt to discipline without damaging the children's self-esteem.
 10. DO remove misbehaving children from the rest of the children for short periods of time.
 11. DO explain things to the children on their level.
 12. DO emphasize disciplining with love and consistency.
 13. DO believe in working with and through our parents in order to develop good behavior in our children.
 14. DO deny the privilege of attending the Academy to children who do not respond to methods listed above.

- WE:**
1. DO NOT spank, bite, slap, or otherwise physically punish the children.
 2. DO NOT use any form of profanity before the children.
 3. DO NOT punish the children when bathroom accidents occur.
 4. DO NOT deny meals or rest as punishment.
 5. DO NOT leave the children unattended or without supervision.
 6. DO NOT allow discipline of children by other children.
 7. DO NOT place children in locked rooms, closets, or boxes as punishment.
 8. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

God gives children to parents, not to a church or the state. Therefore, when all forms of discipline patiently administered fail to result in a child being controllable, we will call the parent and ask that they come to the Child Care/Academy to discipline their child within one hour.

I, the undersigned parent or guardian of _____ (*child's full name*), do hereby state that I have read and received a copy of this, the Discipline Policy and that the Director has discussed the discipline Policy with me.

I agree to comply, as well as pledge loyalty and prayerful support to Northside's teachers, procedures, policies, and disciplines. I also agree to allow the teacher/Northside's discretion in the discipline of my child while in their care. In the event that a child should inflict injury upon another child such that he/she bleeds, needs to seek medical attention, or bites another child twice in one day, the child will be suspended for the rest of the day and possibly the next. Discretion of the Director will determine the length of suspension. No financial reimbursements will be made for days of suspension. Should my child not respond favorably to the Academy for any reason, I will not try to change the Academy. I will not try to change the Academy to fit my needs, but agree to quietly withdraw.



OFF PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. Licensed and approved space includes primary space, outdoor space, and single-use rooms, or other administrative areas that have been approved for use.

I, _____ parent/guardian of _____
give my permission to Northside Academy for Early Learning for my child to participate in an off-premise activity.

Location of off-premise activity: Northside Christian Academy and Northside Charlotte Campus.

Purpose of the activity: Walk/Physical Health, Stroller Ride, or attend special Performances or events.

Additional information: _____

Parent/Guardian Signature: _____ Date: _____

This authorization is valid from ____ / ____ / ____ TO ____ / ____ / ____
(up to 12 months)



I, the undersigned parent/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/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me. Date of Child's Enrollment: _____

Parent/Guardian Signature: _____ Date: _____

"Time-Out"

"Time-out" is the removal of a child for a short period of time (3 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 the other children.

Adapted by Elizabeth Wilson, Student, Catawba Valley Technical College

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



AEL POLICIES

Please check (✓) as you have read and agreed.

Child's Name: _____

- ☐ I have received a copy of the Northside Academy for Early Learning's Parent Handbook and agree to read and uphold the policies and procedures.
- ☐ My child has permission to be outside the fenced area while attending childcare at Northside Childcare and AEL.
- ☐ I have received and agreed to read the North Carolina Child Care Laws and Rules.

Parent Signature: _____ Date: _____



Milk Alternative Form

I _____ plan to opt out of the school milk and provide milk or its nutritional equivalent to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition. Since I opted out, if I do not provide milk for my child, I understand that the program will provide supplemental food and drink.

Parent Signature: _____ Date: _____



Juice Alternative Form

I _____ plan to opt out of the school providing juice and provide a fruit substance in its place to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition. .

Parent Signature: _____ Date: _____



Children's Medical Report

Name of Child: _____ Birthday: _____

Name of Parent or Guardian: _____

Address of Parent or 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 If yes, explain _____
6. Any history of diabetes? No Yes If yes, explain: _____
7. Any history of convulsions: No Yes If yes, explain: _____
8. Any history of heart trouble: No Yes If yes, explain: _____
9. Any history of asthma: No Yes If yes, explain: _____
10. Does the child have any physical disabilities? No Yes If yes, explain: _____
11. Any mental disabilities? No Yes If yes, explain: _____

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: _____

Abnormal: _____ Normal: _____ Follow-up: _____

Developmental Evaluation - delayed: _____ age-appropriate: _____

If delayed, note significance and special care needed: Should activities be limited? No Yes

If yes, explain: _____

Any other recommendations: _____

Date of Examination: _____

Phone#: _____

Signature of authorized examiner/title: _____



**NOTICE OF IMMUNIZATION REQUIREMENTS
FOR CHILDREN IN
NORTHSIDE ACADEMY FOR EARLY LEARNING**

Child's Name: _____ Date: _____

Birthdate: _____

By the first birthday a child should have had:

- 3 DTP (by 7 mos.)
- 3 HIB (by 7 mos.)
- 2 OPV (by 5 mos.)
- 3 HBV (given at 6 mos. To 19 mos.) if born after 7-1-94
- 1 Varicella (between 12 & 19 months) if born on or after 2/01/02 4 DTP (by 19 mos.)
- 4 HIB (by 16 mos.)
- 3 OPV (by 19 mos.)
- 1 MMR (after 12 mos. and before 16 mos.)

After 4th birthday and before entering school a child should have had:

- 5 DTP (one dose must have been given on or after the fourth birthday.)
- 4 OPV (one dose must have been given on or after the fourth birthday.)
- 2 MMR (1 by 16 mos. 2nd before entering school.)

NOTICE OF DELINQUENT IMMUNIZATION STATUS:

Based on your child's Certificate of Health record in their file, your child needs:

_____ DTP	_____ Hepatitis B
_____ MMR	_____ Other
_____ Polio	_____ HIB*
_____ Varicella	

_____ **No record on file. A complete
immunization record is needed with the date of
each immunization given.**

***Please have your doctor note if your child is on
the 3 shot or 4 shot HIB series.**

If you have any questions, please call Tiffany Simpson at 598-9665

Note: If your child has already received this/these immunization(s), you should, without delay, provide proof of this to the child Care Center.

Please have these forms returned to our office by: _____

Infant / Toddler Safe Sleep Policy

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. *Northside Academy for Early Learning* implements the following safe sleep policy:

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1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep unless:
3. The infant is 6 months or younger, and a signed ITSSIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file, and a notice of the waiver is posted at the infant's crib.
 - The infant is 6 months or older (choose one)
____ We do not accept the ITSSIDS Alternate Sleep Position Parent Waiver.*
____ We accept the ITSSIDS Alternate Sleep Position Parent Waiver*
 - We retain the waiver in the child's record for as long as they are enrolled.
4. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
 - We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.
5. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
 - We check infants 2-4 months of age more frequently.
6. We maintain the temperature between 68-75F the room where infants sleep.
 - We further reduce the risk of overheating by not over-dressing infants
7. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
8. We follow N.C Child Care Rules .09010) and .1706(g) regarding breastfeeding.

~~G5: 9G@99D9BJ F CBA 9BH~~

1. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
2. We do not allow pacifiers to be used with attachments.
3. Safe pacifier practices
 - We do not reinsert the pacifier in the infant's mouth if it falls out.
 - We remove the pacifier from the crib once it has fallen from the infant's mouth
4. We do not allow infants to be swaddled
 - We do not allow garments that restrict movement. We do not cover infants' heads with blankets or bedding.
5. We do not allow any objects other than pacifiers such as pillows, blankets, or toys in the crib or sleep space. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
6. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy. We encourage families to follow the same safe sleep practices to ease infants' transition to child care*

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- *Family child care homes:* We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
- *Centers:* We post a copy of this policy in the infant sleep room where it can easily be read.
- We also post a safe sleep practices poster in the infant sleep room where it can easily be read.*

COMMUNICATION

- We inform everyone if changes are made to this policy 14 days before the effective date. We review the policy annually and make changes as necessary.*

*Best practice recommendation.

Effective date: _____ Review date(s): _____ Revision date(s): _____

I, the parent/guardian of _____ (*child's name*), received a copy of the facility's Infant/toddler Safe Sleep Policy. I have read the policy and discussed it with the facility director/operator or other designated staff member. Child's Enrollment Date: _____

Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: _____



Infant Feeding Schedule

The information you provide below will help us to do our very best to help your baby grow and thrive.

Child's Name: _____ Date: _____

Date of Birth: _____

GENERAL INSTRUCTIONS:

Please tell us about your baby's feedings at our center.

I would like my child to be fed the following while in your care, please circle:

Daily Bottles: Formula, Breastmilk, Cow's Milk, Other

How many bottles will you bring from home daily: _____

**All bottles must be labeled with your child's first name/last name & current date.*

Amount in bottles: _____ ounces

How often does your child feed: _____

I would like my child to be fed the following while in your care, please circle:

Food: Cereal, Baby Food, Table Food/School lunch, Other

** All cereals & baby foods must be labeled with your child's first name/last name & current date:*

** If school lunch, please highlight what your child can eat on AEL's current menu.*

How many oz. of cereal baby food Mixed with how many oz. from your child's bottle:

How often does your child eat cereal/baby food: _____

Does your child use a pacifier? YES NO

If sleeping, wake my child up to feed? YES NO

*****Must be completed for All children less than 15 months old.*

*****Must be posted in classroom.*

*****Must be updated and signed by the parents every month.*

Parent Signature: _____ Date: _____



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education

Nutrition Opt Out Form

Child Care Rules .0901(da) and .1706(cs) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (ha) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 100-91(2)h. A statement acknowledging the parent's decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drinks as long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

_____ plan to provide all meals, snacks, and drinks for my child and do not want his/her meals, snacks, or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks, or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent Signature: _____ Date: _____

NC Division of Child Development and Early Education Regulatory
Services Section