Dominion Christian Academy

Date Application Completed_____ ____Date of Enrollment_____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION: Date of Birth: _____

Full Name:_____

Last First Middle Nickname

Child's Physical Address:_____

FAMILY INFORMATION: Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone_____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone_____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms 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_____

_____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian_____Date_____

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

Signature of Administrator_____Date_____

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Transportation Permission

A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child □ Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number

C. Departure and Return Times

Departure Time	Arrival Time	Return Time

D. Authorized Destinations

Child transported from	Child transported to

E. Parent Signature and Other

Person receiving child, if applicable □ On application	Method of Travel
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date

NC Division of Child Development
and Early Education

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Dominion Christian Academy

Children Medical Report

Name of Child_____Birthdate_____

Name of Parent or Guardian_____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___Yes___If yes, what?_____
_____
2. Is child currently under a doctor's care? No___Yes___If yes, for what reason?_____
_____
3. Is the child on any continuous medication? No___Yes___If yes, what?_____
_____
4. Any previous hospitalizations or operations? No___Yes___If yes, when and for what?_____
_____
5. Any history of significant previous diseases or recurrent illness? No___Yes___; diabetes No___Yes___; convulsions No___Yes___; heart trouble No___Yes___; asthma No___Yes___.
If others, what/when?_____
6. Does the child have any physical disabilities: No___Yes___If yes, please describe:_____
_____

Any mental disabilities? No___Yes___If yes, please describe:_____

Signature of Parent or Guardian_____**Date**_____

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

Head_____Eyes_____Ears_____Nose_____Teeth_____Throat_____
Neck_____Heart Chest Abd/GU_____Ext_____

Neurological System_____Skin_____Vision
_____Hearing_____ Results of Tuberculin Test, if
given: Type_____date_____Normal___Abnormal_____followup
_____

Developmental Evaluation: delayed_____age appropriate_____
If delay, note significance and special care needed;_____
_____

Should activities be limited? No___Yes___If yes, explain: _____
Any other recommendations:
_____
_____

Date of Examination_____

Signature of authorized examiner/title_____**Phone #**

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Acknowledgement of Receipt of Policies and Procedures

Child's Name _____

Discipline and Behavior Management Policy	I have read and received a copy of the facility's Discipline and Behavior Management Policy and the facility's director has discussed the facility's Discipline and Behavior Management Policy with me. **Parent's Initial_____**
Prevention of Shaken Baby Syndrome and Abusive Head Trauma	I have read and received a copy of facility's Shaken Baby Syndrome/Abusive Head Trauma Policy. **Parent's Initial_____**
Receipt of North Carolina Child Care Law	I have received the summary of the North Carolina child care law for child care center. **Parent's Initial_____**
Receipt of Parent Handbook	I have received a copy of Dominion Christian Academy Parent's Handbook **Parent's Initial_____**
No Smoking Policy	I understand that Dominion Christian Academy Preschool is a smoke free facility **Parent's Initial_____**
Photo Release Permission	As a parent or guardian of this student, I hereby consent to use of photography/videotape taken during the course of the school year for publicity/promotional and educational purposes. I do this with full knowledge and consent and waive all claims or compensation for use or damages.

- ❑ Yes, I give consent for Dominion Christian Academy Preschool to photograph my child for school purposes and/or at school events
- ❑ No, I do not authorize Dominion Christian Academy Preschool to photograph my child for any event

Parent's Name Print _____

Parent's Signature _____

Date_____