

Registration:
Policy Agreement Form

Child's Printed Name:

Family Handbook Agreement

___ (initial) I acknowledge that I was given a Family Handbook prior to my child's start date at the center. I have read in their entirety the Early Beginnings' Policies and procedures covered in the Family Handbook, understand them and agree to adhere to them while at the center. I understand that all information in the Family Handbook is part of my contractual agreement with Early Beginnings Child Development Center. I also understand that I will be notified when changes to the policies occur.

Acknowledgement of Receipt

___ (initial) I acknowledge that I have been given a copy of the North Carolina Law and Rules information published by the Division of Child Development.

Tuition Policy

___ (initial) I acknowledge that I have read the Tuition Policy in the Early Beginnings Family Handbook and agree to adhere to it. I understand that payment is due on Monday of each week and the late fees, disenrollment's and collections may apply if this is not done. I understand areas in the tuition policy concerning holidays, vactations, absences, a Four Weeks' Notice, and all details it contains.

Health and Wellness Policy

___ (initial) I acknowledge that I have read the Health and Wellness Policy in the Early Beginnings Handbook and agree to adhere to it. If my child has a temperature of 100.0 degree or more, or any symptom of a contagious disease or infection, I will pick up my child within one hour of notification. (Consult our family Handbook for the ill policy). In most cases your child should remain away at least 24 hours after the last occurrence of an illness (fever/vomiting/diarrhea/rash). Re-admittance will be at the discretion of an administrator and may require a doctor's note for certain illnesses.

Emergency Medical Authorization

___ (initial) I agree that Early Beginnings CDC staff authorize a physician of their choice to provide emergency medical treatment in the event that neither I nor the emergency contact persons or our physician can be reached immediately. I understand that medical personnel or the Center is not able to administer any drug or medication without specific instrucion from a physician. I understand that in the event of an emergency accident or illness, all medical expenses incurred are my responsibility. I release Early Beginnings CDC and all of its employees, officers, administrators, staff, and agents from liability incurred as a result of any act they may perform on behalf of my child during an emergency.

Field Trips and Special Activities

___ (initial) I do ___ don't ___ give permission for my child to participate in field trips and special activities away from the school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each fieldtrip/activity away from the school. I also understand that if my child is not able to attend a field trip due to my decision or to disciplinary actions as listed in the Family Handbook. I will assume responsibility for my child's care on that day unless Early Beginnings is able to make arrangements.

Activities Planned Outside the Fenced Area of the Facility

___ (initial) I do ___ don't ___ give permission for my child to participate in activities planned outside the Center's fenced area any time during the course of their time at Early Beginnings. This may include stroller rides around the parking lot, nature walks, **fire drills**, and walks to the library (**Consult the Family Handbook for a full explanation of activities outside the fenced area**).

Discipline Policy

___ (initial) I have received a copy of Early Beginnings CDC's Discipline Policy in the Family Handbook. I have read it thoroughly and any questions I have, have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child if necessary.

Photo Authorization

___ (initial) I give my permission for my child to be photographed or video taped while attending Early Beginnings CDC. I understand that photos are for the purposes of Early Beginnings such as, but not limited to bulletin boards, flyers, participation documentation, craft and our website. (www.earlybeginningscdc.com) Photos/videos are for Center use and those authorized persons only. I understand that on a rare occasion my child may be on the news in a background situation and if my child is individually interviewed special permission will be asked for prior to airing.

Video Surveillance

___ (initial) I understand that Early Beginnings CDC is equipped with video surveillance technology throughout the premises for security and the web casting feature. Access to cameras over the internet is only available for families currently enrolled in the center. The system is secured to the best of the Center's knowledge and ability. Please note that your ability to access the system may be limited by your computer system or configuration, your employer, or outside forces that are beyond our control.

Child Abuse/Neglect

___ (initial) I understand that, as a childcare provider, Early Beginnings CDC is mandated by the state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually

assaulted, sexually exploited, physically injured or suffered death by other than accidental means by a parent, guardian, or caretaker, to the proper authorities. Early Beginnings CDC will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, I will keep the Administration of Early Beginnings CDC aware of any unusual bruises, marks, or injuries occurring at home and bring any of these with unknown causes to them first.

10.5 Hour Standard of Nutrition

___ (initial) I have read the **10.5 Hour Standard of Nutrition** policy based on NC State law found in the Family Handbook. I understand that the nutrition program of Early Beginnings is planned to accommodate 10.5 hours of care and that my childcare rates are based on that period of time. I agree to not leave my child in the care of Early Beginnings for more than 10.5 hours on any giving day and to be liable to the consequences listed in the Family Handbook.

Confidentiality Statement

___ (initial) I have read the Confidentiality Statement found in the Handbook. I understand that information pertaining to my child and our family is considered confidential and will not be released by Early Beginnings CDC to third parties without first obtaining my written permission. However, I understand that it may be necessary to share relevant information relating to my child, his/her medical status and/or his/her behavioral characteristics with authorized members of the state, other childcare licensing agencies or with a special needs' consultant. I also understand that confidential matters of other children or staff will not be discussed with me.

Safe Sleep Policy (Infants Only: Intial #1 AND your choice A, B, or C (NOT ALL))

- 1.) ___ (initial) I acknowledge that I have been given the Early Beginnings' Safe Sleep Policy in the family Handbook, that I understand the risk of Sudden Infant Death Syndrome, and that I give permission for my infants's sleep position according to my choice marked below.
 - A.) ___ (initial) I understand Early Beginnings' Safe Sleep Policy as stated in the Family Handbook and agree that my child will be placed to sleep on their **back**.
 - B.) ___ (initial) I understand Early Beginnings'Safe Sleep Policy as stated in the Family Handbook and the risks of Sudden Infant Death Syndrome as they relates to the sleep position: however, my **0 – Month Old** child has a medical reason for sleeping on their stomach and therefore should be placed to sleep on their stomach. (The medical **physician's documentation** that is **required** is attached to the medical form).
 - C.) ___ (initial) I understand Early Beginnings' Safe Sleep Policy as stated in the Family Handbook and the risks of Sudden Ifant Death Syndrome as they relate to the sleep position: however I give my parental permission for **my 6 – 12 Month Old** child be placed on their stomach for personal, comfort, and/or medical reason.

Change of Status

___ (initial) I agree to votify Early Beginnings CDC immediately of any changes that occur in the information provided in my Registration Packet including work and home address, phone numbers, physicians name, living arrangements, health information, emergency contact, etc..

Child's Printed Name: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Administration Signature: _____

Date: _____