



BURLINGTON RECREATION & PARKS
EXPLORATION STATION

CHILD'S APPLICATION FOR CHILD CARE

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

Date Application Completed: _____ Date of Enrollment: _____

Child's Name (please print): _____ Preferred Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Date of Birth: _____

Age: _____ Gender: _____ School District: _____

Parent/Guardian Email: _____

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Additional 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. Identification will be required to pick up children. Any changes must be submitted in writing.

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____

Health Care Needs & Additional Information

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 _____

1. List any allergies and the symptoms and type of response required for allergic reactions: _____

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

3. Does your child have any chronic illnesses/conditions (explain): _____ YES / NO

4. Respiratory Problems: _____ YES / NO

5. Nervous Disorders: _____ YES / NO

6. Diabetes: _____ YES / NO

7. Hyperactivity: _____ YES / NO

8. Heart Disease: _____ YES / NO

9. List any types of medication taken for health care needs*? (please list) _____ YES / NO

**Medication Policy Packet is required in advance to administer medicine. Children may not medicate themselves.*

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

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

12. Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes): _____

13. Custody Agreement*: _____ YES / NO

**If yes, a copy of the court agreement must be kept on file with the BRPD Main Office & Exploration Station site.*

Emergency Medical Care Information

Name of child's health care professional: _____ Phone: _____

Address: _____

Hospital preference: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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

Parent/Guardian's Signature: _____ 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.

Administrator's Signature: _____ Date: _____

Field Trips/ Emergency Evacuation/ Transportation

I give permission to the Burlington Recreation & Parks Department staff to provide transportation for any field trips that my child will be involved in. The City of Burlington's buses will provide transportation. I give permission for my child to be transported on field trips and for Emergency Evacuation.

Parent/Guardian's Signature: _____ Date: _____

Emergency Evacuation Plan

In case of an emergency, your child will be evacuated to the Sertoma Building at North Park, 849 Sharpe Road, Burlington, NC 27217 or the Graham Recreation Center, 311 College Street, Graham, NC 27253 depending on the reason for the Emergency Evacuation. Please visit "Exploration Station" at www.BurlingtonNC.gov/youth to review the complete Emergency Preparedness & Response Plan for Exploration Station.

Activity Authorization for Outside of Fenced Areas

I, the undersigned parent or guardian of (child's full name) _____, gives permission to Exploration Station for my child to participate in activities outside the fenced areas on site at Fairchild Community Center.

Parent/Guardian's Signature: _____ Date: _____

Consent and Liability Waiver

I wish for my child to participate in one or more activities offered through Burlington Recreation & Parks. I understand that he/she should abide by the rules and regulations of the department. I am also aware that there may be certain inherent risks or accidents associated with various activities. I agree to assume all risks involved in participation of such activities. I release the employees, volunteers and agents of the City of Burlington from any responsibility should an incident happen.

Parent/Guardian's Signature: _____ Date: _____

Photography Waiver

I permit the City of Burlington to use and publish photographs and/or videotapes of me and/or my children for purposes of promoting recreation activities to the community.

Parent/Guardian's Signature: _____ Date: _____

Payments

I understand that Exploration Station Fees will be due "BEFORE" the 1st of every month and must be kept current. If payments are not received before the 1st of every month your child will not be able to attend the program until it is paid.

Parent's Signature: _____ Date: _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma for Exploration Station Acknowledgement

I, the undersigned parent or guardian of (child's full name) _____, acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy. This policy can be found online by visiting "Exploration Station" at www.BurlingtonNC.gov/youth.

Parent/Guardian's Signature: _____ Date: _____

Summary of the North Carolina Child Care Law and Rules Receipt

I, the undersigned parent or guardian of (child's full name) _____, do hereby state that I have read and received a copy of the Summary of the North Carolina Child Care Law and Rules.

Parent/Guardian's Signature: _____ Date: _____

UPDATED MARCH 7, 2017

Children's 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 # _____

Immunization History

Name: _____ Date of Birth: _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
**Hib					
*Hepatitis B					
*MMR (combined doses)					
***Chicken Pox					
OTHER					
OTHER					

*Required by state law.

**Required by state law, however the requirement for the booster dose, #4, is temporarily suspended.

***Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

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. 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

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home.

These files can be

- viewed during business hours (8 a.m. - 5 p.m.);
- requested via the Division's web site at www.ncchildcare.nc.gov; or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education** at 919-527-6335 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**

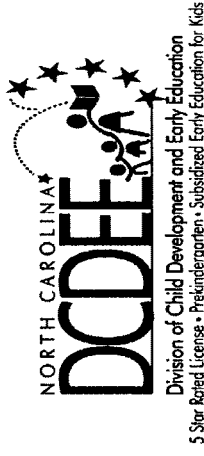
Summary of the North Carolina Child Care Law and Rules

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.

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
12-24mths	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.

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

CHILDREN'S FILE CHECKLIST

Name of Child: _____ Date of Enrollment: _____

The following items must be present in each child's file.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Application	Day One	
<input type="checkbox"/> Emergency Medical Care Information	Day One	
<input type="checkbox"/> Medical Exam	Within 30 days of Enrollment	
<input type="checkbox"/> Immunization record	Within 30 days of Enrollment	
<input type="checkbox"/> Documentation of Discipline Policy Receipt	Day One	
<input type="checkbox"/> Feeding Schedules [children less than 15 months]	Day One	
<input type="checkbox"/> Infant Sleep Position Waivers	Day One	
<input type="checkbox"/> Documentation of Safe Sleep Policy Receipt	Day One	
<input type="checkbox"/> Authorization for Transportation, if applicable	Day One/As Occurs	
<input type="checkbox"/> Documentation of Receipt of Center Operational Policies	Day One	
<input type="checkbox"/> Documentation of Receipt of Summary of Child Care Law	Day One	
<input type="checkbox"/> Copies of Incident Reports	As Occurs	
<input type="checkbox"/> Emergency Medical Care Authorization	Day One	
<input type="checkbox"/> Medication Authorization	As Occurs	
<input type="checkbox"/> Off Premise Activities Authorization	As Occurs	
<input type="checkbox"/> Emergency and Identifying Information	As occurs	
<input type="checkbox"/>		
<input type="checkbox"/>		