

Kingdom Kids Preparatory Academy
A Chosen Generation Afterschool Enrichment & Summer Program

1520 Little Rock Rd. Charlotte, NC 28214

704-391-1565

Kingdomkidspa@gmail.com

Student File Checklist

Child's Name: _____

Expected Enrollment Date: _____

Actual Enrollment Date: _____

Registration Fee: _____

Weekly Fee: _____

Circle One: Before School Only

Before & After

After School Only

Summer Program

Form Name	Due Date	Date Received / Completed
Child's Application Health Care Needs / Emergency Medical Care Info		
Children's Medical Report A. Medical History (Completed by parent / guardian) B. Physical Examination Report or attach copy of current physical		
Completed Immunization History Report or copy of up-to-date copy of Immunization Records		
Discipline and Behavioral Management Policy		
Summary of the North Carolina Child Care Laws and Rules (Parent copy to keep) Receipt of Operational Policies & NC Child Care Laws		
Safe Arrival and Departure Procedures		
Liability Waiver and Permission Form		
Blanket Off-Premises Activity Authorization Form		
Transportation Permission Form		

Date Application Completed or Updated _____

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: _____

First

Middle

Last

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.

Name Relationship Address Phone Number

Name

Relationship Address Phone Number

Name

Relationship Address Phone Number

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

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 _____

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 _____ follow-up _____

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 # _____

Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:
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Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQuad					
Varicella/Chicken Pox	Var	Varivax	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prenar 13, Pneumovax***						
<p><small>*Required by state law for children born on or after 7/1/2015. **3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots. ***PPSV23 or Pneumovax is a different vaccine than Prenar 13 and may be seen in high risk children over age 2. These children would also have received Prenar 13. Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.</small></p> <p>Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.</p>								

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var
<p>Note: For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.</p>							

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Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluavix, FluLaval, Flucevax, FluMist, Afluria	Annually after age 6 months.					

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Discipline & Behavior Management Policy

Adopted: 01/01/2019

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We DO:

- Praise, reward, and encourage the children.
- Reason with and set limits for the children.
- Model appropriate behavior for the children.
- Modify the classroom environment to attempt to prevent problems before they occur.
- Listen to the children.
- Provide alternatives for the inappropriate behavior to the children.
- Provide the children with natural and logical consequences of the behaviors.
- Treat the children as people and respect their needs, desires, and feelings.
- Ignore minor misbehaviors.
- Explain things to children on their level.
- Stay consistent in our behavior management program.
- Use effective guidance and behavior management techniques that focus on a child's development.
- Use short supervised periods of time-out sparingly.

We DO NOT:

- Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
- Make fun of, yell at, threaten, make sarcastic or disparaging remarks about, use profanity, or otherwise verbally abuse the children.
- Shame or punish the children when bathroom accidents occur.
- Deny food or rest as punishment.
- Relate discipline to eating, resting, or sleeping.
- Leave the children alone, unattended, or without supervision.
- Place the children in a locked room, closet, or box or other confinement as punishment.
- Allow discipline of children by children.
- Criticize, make fun of, or otherwise belittle children's parents, guardian, families or ethnic group.

Parent/Guardian Signature:

Date:

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Receipt of Operational Policies & NC Child Care Laws

By initialing and signing below I confirm that I have received and read the operational policies and, child behavior management procedures and the summary of the North Carolina Child Care Laws and agree to the guidelines within.

_____ I understand that this is a smoking and tobacco facility therefore these actions are prohibited on the property as well as within the facility.

_____ I understand that this is a weapons free facility so all weapons including concealed firearms are prohibited on the property as well as within the facility.

_____ I have received a copy of the summary of the North Carolina Child Care Laws and Rules.

_____ I have received a copy of the Safe Arrival and Departure Procedures.

Parent/Guardian Signature:

Date:

Director's Signature:

Date:

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Safe Arrival & Departure Procedures

- Upon arrival all children must be accompanied inside the facility by an adult. The adult must then sign the child in to class.
- Staff must be notified and aware of the child's arrival.
- The arrival cut off time for any full day service is 9 am. There is no admittance after 9 am without a valid doctor's note.
- In order for a child to be released from care an authorized adult 18 years or older must physically come into the building to sign out and retrieve the child. Also the responsible staff member must ok the release of the child.
- Prior written authorization must be submitted by a guardian and on file in order for the child to be released to someone other than a person listed on the child's application form.
- **The \$15 late fee is strictly enforced and will be applied at 6:31 pm. \$1 will be applied for every additional min that a child's guardian is late. This is a cash only fee due upon arrival. If the child is not picked up by 7:10 pm and no adult can be reached measures will be taken to report possible child abandonment.**
- **If a guardian leaves a child on the premises without staff knowledge or approval measures will be taken to report possible child abandonment.**

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Liability Waiver & Permission Form

THIS FORM WILL BE RETAINED UNTIL ENROLLMENT IS TERMINATED

KKPA* Kingdom Kids Preparatory Academy

ACG* A Chosen Generation Afterschool Enrichment & Summer Program

Student's Name _____ DOB: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Parent/ Guardian's Cell: _____

Waiver of Liability/Hold Harmless: KKPA & ACG* bear no legal or financial responsibility for injury/damage "to", "caused by", or "related to" a **KKPA & ACG*** student or parent/guardian when any such issue occurs inside or outside the immediate premises of the church/center; (Including but not limited to sleepovers/home visits at an employee's home.) I acknowledge that certain hazards and dangers are inherent in certain events, activities and programs and recognize that although **KKPA & ACG*** have taken safety measures to minimize the risk of injury to students **KKPA & ACG***, cannot insure nor guarantee that the student's equipment, premises and/or activities will be free from hazards, accidents and or injuries. I further recognize the importance of knowing and abiding by the program rules, regulations and procedures for the safety of participants.

In consideration of **KKPA & ACG*** accepting and permitting my child to attend/participate in activities provided by the program, I agree that **KKPA & ACG***, its staff and volunteers will not be liable for any injury, damage, and/or loss. I further agree to hold harmless and indemnify any staff and /or volunteer from any damage that may occur during the time of my child's attendance and participation, whether such injury, illness or damage occurs on or off the church/center premises.

Media Waiver: We consent to the use by **KKPA & ACG*** any videotapes, photograph, slide, audiotape, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being use for promotion of various events by and for **KKPA & ACG***. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release **KKPA & ACG*** staff and volunteers from any liability connected to the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Medical Permissions (Limited): As a condition to attending various events I hereby grant **KKPA & ACG*** permission in the event of an emergency or accident to administer emergency medical care to my child within or outside of the premises of the church/center as well as during or after transportation to a hospital or doctor's office. (**closest emergency medical center**). I further understand that I am responsible for any and all medical expenses that may be incurred due to the event causing the medical emergency in which my child is being treated for. I acknowledge and understand that **KKPA & ACG*** does not administer, store or allow any medications to be kept on site excluding "lifesaving medications" i.e.: Epipens and albuterol inhalers.

Medical Information: I understand that pertinent information about allergies or health problems, present medication and dosage which my child may be taking and any other information that will enable **KKPA & ACG*** staff / volunteers to obtain safe medical treatment for my child must be disclosed on the medical portion of my child's application and will be retained for the length of my child's enrollment at **KKPA & ACG***.

I acknowledge that I fully and completely understand the corollary of and sign this Liability and Permission Form knowingly, freely, and willingly. I also agree to promptly (within 24 hours of the change) notify **KKPA & ACG*** of any contact, insurance or medical changes.

Signature of Parent/Guardian

Date

Off Premise Activity Permission

A. Parent and Child Information		
Name of Parent	<input type="checkbox"/> Emergency Contact	Telephone Number - Primary
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary
B. Emergency Contact Information (non-parent)		
Name	Telephone Number	
C. Authorized Destination and Departure and Return Times		
Location of off premise activity	Departure Time	Return Time
D. Parent Signature and Date		
Permission to participate is valid from [give date] to [give date]. From To (up to 12 months)		
Signature of Parent or Guardian		Date

Transportation Permission

A. Parent and Child Information		
Name of Parent	Telephone Number - Primary	
Name of Child	<input type="checkbox"/> 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 <input type="checkbox"/> 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	