



Eliada School-Age Services

CHILD'S APPLICATION AND EMERGENCY INFORMATION



Application Date:		If K-12 - School Attending?:			Grade:	
REFERRED BY:		Private Pay: <input type="checkbox"/>	NCPK: <input type="checkbox"/>	Voucher: <input type="checkbox"/>	CCLC: <input type="checkbox"/>	
Name of Child (Last, First, Middle Initial)		Date of Birth	US Citizen?	Date of Enrollment	Date of Termination	
Name of Primary Parent/Guardian		Address (Number, Street, City & Zip Code)			Home Phone	
Name of Secondary Parent/Guardian		Address (Number, Street, City & Zip Code)			Home Phone	
Employer and hours of Employment	Work Phone	Cell Phone	E-mail address(s)			
Primary Parent Social Security Number	Secondary Parent Social Security Number		Child Social Security Number			

PERSON(S) OTHER THAN PARENT TO BE NOTIFIED IN AN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Name of Emergency Contact	Relationship to child	Address (Number, Street, City & Zip Code)	Home Phone
Name of Emergency Contact	Relationship to child	Address (Number, Street, City & Zip Code)	Home Phone

NAMES OF PERSONS OTHER THAN PARENT TO WHOM THE CHILD MAY BE RELEASED

Name of person who can pick up my child	Relationship to child	Address (Number, Street, City & Zip Code)	Home Phone
Name of person who can pick up my child	Relationship to child	Address (Number, Street, City & Zip Code)	Home Phone
Name of person who can pick up my child	Relationship to child	Address (Number, Street, City & Zip Code)	Home Phone

EMERGENCY MEDICAL INFORMATION AND TRANSPORTATION

Emergency treatment and transportation: hereby give permission to Eliada Child Development Services licensed by the Division of Child Development to secure emergency medial, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care. I agree that the Administrator may authorize the physician of her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. Non-emergency medical treatment or elective surgery is not included.

Signature of Parent or Guardian	Date Signed
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Special Health Conditions ; including allergies and cronic illness

Insurance Carrier: Policy #:

Name of Physician	Office Hours	Address (Number, Street, City & Zip Code)	Phone Number
Name of Dentist	Office Hours	Address (Number, Street, City & Zip Code)	Phone Number
Preferred Hospital	Office Hours	Address (Number, Street, City & Zip Code)	Phone Number

I, as the Administrator, 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, parent, guardian, or full-time custodian. Provisions will be made for rest and outdoor play.

Signature of Administrator	Date Signed
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Eliada School-Age Services
ENROLLMENT AGREEMENT



Child's Name: _____ Date of Birth: _____

1. I (we) give consent for this child to be enrolled in Eliada Child Development Services (ECDS), and in doing so agree to abide by the terms in this Enrollment Agreement.
2. I (we) agree to furnish a physical examination and up to date shot records, current within one year, for this child prior to enrollment at ECDS.
3. I (we) agree to keep shot records current and provide an updated copy to the Assistant Director.
4. I (we) agree to furnish emergency medical information and emergency telephone numbers in the event of an actual emergency.

ILLNESS

5. I (we) agree to keep my child at home if they are exhibiting symptoms of an illness, such as vomiting, diarrhea, fever, or thick runny nose.
6. I (we) understand that my child over six months of age exhibiting any of the following symptoms, will be sent home.
 - a) Fever over 100 degrees
 - b) Low grade fever and diarrhea or vomiting
 - c) Diarrhea with vomiting
 - d) Sick and/or unable to participate in regular classroom activities or showing signs of dehydration.
 - e) 2 episodes of vomiting within a 2 hour period
 - f) 3 episodes of diarrhea within a 3 hour period
7. I (we) agree to pick this child up within the hour to protect the child and other children and staff from the spread of illness. This child will need to be symptom free, and all prescribed medications administered for a minimum of 12 hour before returning to the center.
8. I (we) authorize ECDS to obtain emergency medical care for this child, if needed; until such time that I (we) can be reached to authorize further care.
9. I (we) agree that if this child is taking any medication, I will provide such medication in its original container bearing label and doctors prescription. I will also sign a medication permission slip indicating dosage and times to be administered.
10. I (we) understand that randomly selected records are read by licensing/accreditation Personnel and peer reviews. Detailed information, including name, age, handicapping conditions, special needs, for compiling statistics for agency use.

PROFILES AND ASSESSMENTS

I (we) grant permission to ECDS to administer Ages and Stages Developmental Screening for children age 0-14, these assessments will be administered by a trained Teacher or Administrator during the child's first 30 days at ECDS.

11. I (we) consent to information exchange between ECDS and the agencies listed below, but only to the extent necessary for planning and implementation of individualized services for this child. I (we) understand that this information may include historical, psychological, medical, social, educational and behavioral data. The Confidentiality/Exchange/Release of Information policy has been explained to me (us), and I (we) understand that my/our consent is voluntary and may be revoked by me(us) at any time. I (we) understand that ECDS has policies protecting the confidentiality of this child.

Agencies Authorized To Exchange Information with ECDS:

School: _____
Agency: _____
Physician: _____

12. I (we) understand that randomly selected records are read by licensing/accreditation Personnel and peer reviews. Detailed information, including name, age, handicapping conditions, special needs, for compiling statistics for agency use.

SCHOOL AND GRADE INFORMANTION

13. In order to ensure your child's success in the 21st Century Program we ask that you provide us with the following information.

GRADE: _____
TEACHER: _____
EOG Score (If applicable): _____

14. In order to meet grant standards and ensure your child is successful in school we also ask for permission to obtain your child's report card. Report cards are an integral part in helping the staff plan and implement proper programming and curriculum to ensure each child is obtaining the help they need.

- Yes, I agree to allow Eliada's 21st Century Program to obtain my child's report card
- No, I do not agree to allow Eliada's 21st Century Program to obtain my child's report card.

ACTIVITIES

15. I (we) grant permission for this child to use its swimming pool facilities under the Regulations set forth and do hereby release ECDS and agree to indemnify Eliada Homes, Inc. from any and all liability in connection with the use of said swimming pool. Only children 3yrs or older can participate in aquatic activities.

16. I (we) give permission for this child to cross the driveway to use the playground. I understand the children will have adult supervision and that the crosswalk is outside fenced in areas. My child may also play in the ball field which is outside the fenced in areas.

BEHAVIOR MANAGEMENT:

17. I (we) understand that it is the policy of ECDS to use praise and positive reinforcement as methods of behavior management of children. It is our belief that 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 service will practice the following discipline and behavior policy:

WE DO:

1. Praise, reward, and encourage the children;
2. Reason with and set limits for the children;
3. Model appropriate behavior for the children;
4. Modify the classroom environment to prevent problems before they occur;
5. Listen to the children;
6. Provide alternatives for inappropriate behavior to the children;
7. Provide the children with natural and logical consequences of their behaviors;
8. Treat the children as people and respect their needs, desires, and feelings;
9. Ignore minor mistakes;
10. Explain things to the children on their levels;
11. Use short supervised periods of "time-out"
12. Stay consistent in our behavior management program;

WE DO NOT:

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children;
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children;
3. Shame or punish the children when bathroom accidents occur;
4. Deny food or rest as punishment;
5. Relate discipline to eating, resting, or sleeping;
6. Leave the children alone, unattached, or without supervision;
7. Place the children in locked rooms, closets, or boxes as punishment;
8. Allow discipline of children by children;
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

18. I (we) agree to attend scheduled Parent/Teacher conferences at ECDS to maintain unity in this child's service planning.

19. I (we) have read and was given a copy of ECDS Parent Handbook. I understand and agree to follow the Center's policies during this child's enrollment.

20. I (we) have been provided with a copy of Eliada Homes, Inc. "Grievance Policy" and I (we) understand that I (we) may use the procedure to file a grievance if we are dissatisfied with the program services or feel that client rights have been violated.

21. I (we) agree to allow Eliada Homes, Inc. to use photographs of my child for the Eliada Homes, Inc. annual calendar, Monthly Newsletter, bulletin boards, Newspaper articles, and WLOS.

22. I (we) agree that this document may be amended on an as-needed basis, and that any such amendment will require the custodian's signature. Exceptions and conditions to consents:

23. I (we) have been provided with a copy of North Carolina Child Care Law and Rules.

24. Exceptions and additions to consents: Date: _____ Amendment: _____ Initials: _____

SPECIAL NEEDS CHILDREN: Psychotropic Medication

11. I (we) agree to the following on or before enrollment in ECDS: a) A 30 day supply of psychotropic medications. b) DEC evaluation, Treatment summary from Area Mental Health that placed the child on medication, or IEP evaluation.

12. I (we) agree that if this child continually refuses necessary medication and I, or another party continually cannot be contacted and available to pick up or administer the medication personally, I understand that childcare services may be suspended or terminated.

Signatures:

Parent/Guardian Signature

Date

TERMINATION:

25. Eliada Child Development Services requires a two week notice of termination. Parents are responsible for informing the Assistant Director or Director two weeks in advance if your child is leaving the program. If you do not give a two week notice, you will still be responsible for paying for the two week notice whether your child is here or not.

Signatures:

Parent/Guardian Signature

Date

Witness Signature

Date

Translator Signature

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 _____ 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 # _____



Permission to Administer Sunscreen

Authorization must be provided for staff to apply over the counter, topical ointments, such as sunscreen. Staff will keep items out of reach of children when not in use.

I give permission for my child's teachers and/or group leaders to administer sunscreen to my child when needed at swim time or for other outdoor activities.

Child's Name: _____

Name of Sunscreen: _____ Expiration Date _____

Amount: _____

From: ___/___/___ To: ___/___/___

Permission may be given for up to 12 months.

Restrictions: _____

Parent/Guardian Signature

Date

Permission to Administer Hand Sanitizer

Authorization must be provided for staff to apply over the counter, topical ointments, such as hand sanitizer. Staff will keep items out of reach of children when not in use.

I give my child's teachers and/or group leaders to administer sunscreen to my child when needed at swim time or for other outdoor activities.

Child's Name: _____

Name of Sanitizer: _____ Expiration Date _____

Amount: _____

From: ___/___/___ To: ___/___/___

Permission may be given for up to 12 months.

Restrictions: _____

I give permission to my child care provider to apply the hand sanitizer when needed.

Parent/Guardian Signature

Date



Eliada School Age Program Disciplinary Action Notice



Dear Parent/Guardian,

It is the intent of Eliada School Age Program to keep the children and staff safe and well cared for at all times. This is done by implementing and enforcing necessary rules and behavioral codes within the program.

The purpose of this documented incident is to inform you the parent/guardian of an incident that occurred with your child while in our care. We ask that you review, sign and date this document which will be kept in your child's file. A copy is available to you upon request. We also ask that you discuss this incident with your child in attempt to prevent future disciplinary actions. Program staff will be available to meet with you regarding this incident and welcome your input.

Program rules and behavioral codes are outlined as follows:

1. Respect one another, program staff and visitors
 - a. Be polite and considerate of others; on and off site
 - b. Using profanity is not acceptable
 - c. Requests and directions given by staff are to be followed
 - d. Conflicts with peers and staff are to be discussed
2. Respect property and materials
 - a. Clean up after yourself
 - b. Take care of our facilities, toys and supplies
3. Keep yourself and others safe
 - a. Stay with your group at all times; stay in sight of your group leader all the time
 - b. Do not take dangerous risks while playing; make good choices for yourself and others
 - c. Do not approach or communicate with non-program adults on or off site
 - d. Sit on your bottom, face forward and use low voices while on the bus
 - e. Physical or verbal aggression and/or any other form of violence and/or bullying **will not be tolerated**
4. Cell Phones are **NOT** allowed in the children's possession.

Disciplinary action steps are as follows:

1. Verbal Warning and parent notification
2. Written warning and parent notification
3. Final warning, parent conference and suspension from program 1-5 days depending upon offense
4. Termination from the program

.....
This disciplinary action notice is to inform you that your child _____ has violated the outlined rules circled above by

The disciplinary action taken by program staff consists of the following:

- Verbal warning with parent conference
- Written warning with parent conference
- Final Warning with _____ day(s) suspension and parent conference (up to a maximum of 5 days)
- *Termination from the program

Group Leader Signature: _____ Date _____

Parent Signature: _____ Date _____

*Administrative Signature: _____ Date _____



Disciplinary Action Notice Agreement

I have been given an example form of Eliada's School Age Disciplinary Action Notice. I understand that this form will be used to inform me of any incident that occurs with my child while in the care of Eliada School Age. I also understand that the four step discipline process will be followed with no exceptions.

Parent Signature: _____ Date: _____



Eliada Homes, Inc.
NUTRITION AND WELLNESS POLICY AND PROCEDURES
Effective August 7, 2014

Nutrition Policy:

Eliada Homes, Inc. aspires to provide the optimal learning environment by providing access to fresh, healthy food to students in all facilities.

Goals of Nutritional Services:

1. To provide healthy and nutritious meals and snacks in a family style atmosphere.
2. To promote healthy eating habits from a variety of the five basic food groups by introducing new foods while recognizing cultural and religious diversity.
3. To promote an enjoyable and positive atmosphere at meal time.
4. To serve food that is appropriate and nutritious for students of all ages.
5. To provide staff, families, and children with nutritious education, including cooking activities, nutrition newsletters and menus.
6. To increase knowledge of nutrition and healthy eating choices.

Procedures:

1. Eliada will make available and encourage the consumption of fresh fruits and vegetables, and whole grains.
 - a. Eliada's Kitchen will serve whole grain/high fiber breads and cereals rather than refined grain products.
 - b. Eliada's kitchen will serve a variety of fresh and frozen fruits and vegetables daily, while limiting the intake of juice and canned products.
 - c. Eliada will serve fat free and low fat dairy foods.
 - d. Eliada will serve at least one meal a week that is a protein other than meat.
2. 80% of food purchased may have trace amounts or none of the following ingredients:
 - Hydrogenated Oil
 - High Fructose Corn Syrup
 - Brominated Vegetable Oil (BVO)
 - Caffeine
 - Benzoate Preservatives: BHT, BHA, TBHQ
 - MSG
 - Olestra
 - Sodium Nitrate and Nitrate

The following ingredients will be used in moderation;

- Artificial Sweeteners
- Artificial Colors and Flavorings

3. Beverage options include only water, 100% fruit/vegetable juice, and skim or low-fat 1% unflavored milk or nutritionally equivalent nondairy alternatives.
 - a. Fresh drinking water will be made available at each meal/snack and offered throughout the day.
4. Meals feature American produced or grown ingredients to the extent possible and reflect the food cultures of the student body.

5. The following protein options are given priority:

- ✓ Lean red meat
- ✓ Lean pork
- ✓ Skinless poultry
- ✓ Lean deli meats
- ✓ Fat free or low fat cheese
- ✓ Beans

6. All school meals and snacks served meet or exceed the USDA Food-Based Menu Planning.

7. No outside food will be allowed into the classrooms unless discussed in advance with the Director or Program Manager. All food that enters the classroom must meet the USDA guidelines for nutritional value.

- a. Children are not allowed to bring fast food or convenient store food or drink into the classrooms. They may eat it outside of the center with the parent or throw it out on the way in.
- b. If staff must bring beverages into the classroom, they must be in a container with a secure lid that does not contain a fast food brand name. Please label all containers with the person's name and date brought in.
- c. Staff will not bring fast food into the classroom. All outside food shall be eaten on your lunch break in the staff lounge or outside the center.

Celebrations:

Celebrations at Eliada Homes, Inc. focus on providing opportunities for children to develop an appreciation for activities that respect cultural and religious differences. Eliada will honor each child at different times of the year with age appropriate activities and learning experiences.

1. We will invite parents to share their ideas with teachers in planning and joining in the celebration.

2. We prefer that no outside food be brought into the center. However, if parents feel strongly about bringing food to help celebrate an occasion, please only choose items from the list below.

- ✓ Fresh fruit with dip
- ✓ Vegetable tray with low fat dip
- ✓ 100% fruit popsicles
- ✓ Low sugar frozen yogurt
- ✓ Low sugar muffin (must be from bakery-NO nuts of any kind)
- ✓ Low fat cheese squares and whole wheat crackers
- ✓ Low fat granola and low fat yogurt with fresh berries



Nutrition Policy Agreement

I have been given a copy of Eliada's Nutrition and wellness Policy. I understand the information provided to me. I understand that all children are encouraged to eat the food Eliada provides unless there is a food allergy or intolerance. I understand that outside foods, especially those poor in nutritional content, will not be allowed for consumption in Eliada Child Development Services.

Parent Signature _____ Date: _____

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of Eliada Homes, Inc. dba Eliada Homes and services for Children & Families, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "EH&SC&F"), I hereby agree to release, indemnify, and discharge EH&SC&F, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that equestrian/minibike instruction entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse/mini-bike may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse/mini-bike and you could fall. Riding a horse/mini-bike requires the participant to balance on the saddle/seat. Participants may lose their balance that can result in falling from the horse/mini-bike.

Furthermore, EH&SC&F employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless EH&SC&F from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of EH&SC&F's equipment or facilities, including any such claims which allege negligent acts or omissions of EH&SC&F.
4. Should EH&SC&F or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against EH&SC&F, I agree to do so solely in the state of North Carolina and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I decline permission for _____ to participate in the equestrian/minibike instruction program. (print name)

Parent or Guardian: _____ Print Name: _____ Date: _____

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against EH&SC&F on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____

Phone: _____ Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by EH&SC&F to participate in activities and to use its equipment and facilities, I further agree to indemnify and hold harmless EH&SC&F from any and all claims which are brought by or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____



BLANKET PERMISSION FOR ROUTINE TRASTPORT OF CHILDREN

Facility's Name: Eliada School-Age Services

Date: _____

I _____ give permission for _____
(Parent/Guardian) (Child's Name)

To be transported to Eliada After School Program from _____
(Name of School)

Departure Time: _____

Return Time: _____

Method of Travel: _____

Transportation Provider: _____

Other Important Information: _____

Permission is Valid for _____ to _____ (up to 12 months)

Signature of Parent/Guardian _____ Date: _____

This form is not to be used for field trips or other off premise activities.

**Child and Adult Care Food Program (CACFP)
Participant Enrollment Form**

Institution Name: Eliada Agreement Number: 7553
 Facility/Provider Name: Eliada

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M

Guide:
 Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.
 Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility.
 (M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat=Saturday; Sun=Sunday)
 Meals Normally Eaten - Please circle the meals the participant(s) usually eats at the facility.
 (B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____
 Print Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone Number: () _____
 Work Telephone Number: () _____

For Facility/Provider Use Only:
 Signature of Facility Representative/Provider: _____ Date: _____
 Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-0000 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 83339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete: _____ Reason: _____ Verified by: _____ Date: _____

North Carolina
 Department of Health and Human Services
 Women's and Children's Health
**CHILD AND ADULT CARE FOOD PROGRAM
 CHILD ELIGIBILITY APPLICATION**

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH:

NAME OF INSTITUTION: Eliada Home

AGREEMENT NUMBER: 7553

First Name	Last Name	Date of Birth

FACILITY NAME: Eliada

2. SNAP, TANF or FDIPIR: If the household currently receives SNAP, TANF or FDIPIR benefits give the case number. Yes, we receive SNAP, TANF or FDIPIR benefits. Case number is: SNAP # _____ TANF # _____ FDIPIR # _____
 If yes, and you have provided the case number, DO NOT complete #3 and #4. Complete #5 (voluntary) and #6. If a child is a member of a SNAP or FDIPIR household or TANF assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. Is this a Foster Child? Yes No. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

Is this a homeless child or a child evacuated from Japan or Bahrain? Yes No. Certification from the agency that assisted with the evacuation or is providing shelter is required.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, DO NOT include participant listed above. List all gross income (before deductions) received last month. If you did not give a SNAP, TANF or FDIPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Please check one).
 Hispanic or Latino Not Hispanic or Latino

RACE OF PARTICIPANT: (Please check one or more).
 White Black or African American American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of Adult Household Member (Required) _____ Date _____ Last Four Digits of Social Security Number (Required for households qualifying by income)

First Name _____ Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDIPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

For Institution To be classified and completed by institution/sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: Free Reduced Denied

Reason for denial: Income too high Incomplete application Other

Withdraw on (Date): _____

For state use only:
 Verified by: _____ Date: _____
 Verified classification: Free Reduced Denied
 Reason for change in classification: _____

Signature of Eligibility Official
 CAC 11 (6/11) Nutrition Services

_____ Date

Summary of the North Carolina Child Care Law for Child Care Centers

What is Child Care?

The law defines child care as:

- three or more unrelated children under 13 years of age
- receiving care from a non-relative
- on a regular basis, of at least once a week
- for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required. 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 that meet 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 rated license. The number of stars a program earns is based upon the educational levels their staff meet and the program standards met by the program.

Child Care Centers

Licensing as a center is required when six or more 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 not to be licensed. 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.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child, physically or emotionally. Abuse 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. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned. North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services. In addition, any person can call the Division of Child Development and Early Education at 919-862-4499 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith.

Parental Rights

- Parents have the right to enter a 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.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements here, or if you have questions, please call the Division of Child Development and Early Education at 919-862-4499 or 1-800-859-0829.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during work hours or requested via the Division's web site at www.ncchildcare.net, or requested by contacting the Division at 1-800-859-0829.

Licensed centers must, at a minimum, 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 19 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 annually including RTS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff must also undergo a criminal records background check initially, and every three years thereafter. As of December 2007, criminal records checks will be done every three years.

Ratios

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	Maximum Group Size
0-12 months	1:5	10
12-24 months	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

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

To meet licensing requirements, there must be 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 age-appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Records

Centers must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained.

Curriculum

The Division of Child Development and Early Education does not promote or require any specific curriculum over another. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet activities. Rooms must be arranged to encourage children to explore and use materials on their own.

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 programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest.

Transportation

Child care centers 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.

Discipline

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 discipline policy must be stated with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers. Religious-sponsored programs which notify the Division of Child Development and Early that corporal punishment is part of their religious training are exempt from that part of the law.

The law 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.

For more information about quality child care, parents can visit the Resources in Child Care website at www.ncchildcare.net. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-862-4499 or 1-800-859-0829, or visit our homepage at www.ncchildcare.net.

This summary shall be posted for the public to view in accordance with GS 110-102



Division of Child Development and Early Education
NC Department of Health and Human Services
319 Chapesnoke Road
Raleigh, NC 27603

Revised November 2011



ELIADA HOMES, INC. Asheville, NC

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POLICY TITLE: DISCIPLINE POLICY/BEHAVIOR MANAGEMENT POLICY:

DEPARTMENT: CHILD DEVELOPMENT

POLICY It is the policy of Eliada Child Development to encourage cooperation, appropriate interaction, problem solving, and enhance children's social skills. It is our belief that 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 Center will practice the following discipline and behavior management policy.

A child's behavior is expected to be consistent with the following:

1. Cooperate with staff and follow directions.
2. Respect other children and staff, equipment and facilities and yourself.
3. Maintain a positive attitude.
4. Stay in program areas and with designated group. Running away is not acceptable and may result the involvement of law enforcement.
5. We will not permit any foul language from any child. This includes cursing, racial comments, and negative comments about any other person, staff member or parent.
6. Any behavior that jeopardizes the safety of the participant and others can result in immediate suspension from the program.

The Discipline Policy:

1. If the child is unable to comply with the behavior expectations, the program staff will give one warning.
2. If after the above warning the child is still unable to comply with the behavior expectations, parents will be called & a behavior contract will be established and signed by the child and staff.
3. If the child's behavior continues to be disruptive and/or unsafe the child will be subject to dismissal or suspensions.
4. Suspensions and dismissals will occur on a case to case basis, with final decision being left up to the staff.

WE DO:

1. Praise, reward, and encourage the children;
2. Reason with and set limits for the children;
3. Model appropriate behavior for the children;
4. Modify the classroom environment to prevent problems before they occur;
5. Listen to the children;
6. Provide alternatives for inappropriate behavior to the children;
7. Provide the children with natural and logical consequences of their behaviors;
8. Treat the children as people and respect their needs, desires, and feelings;
9. Ignore minor mistakes;

10. Explain things to the children on their levels;
11. Stay consistent in our behavior management program;

WE DO NOT:

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children;
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children;
3. Shame or punish the children when bathroom accidents occur;
4. Deny food or rest as punishment;
5. Relate discipline to eating, resting, or sleeping;
6. Leave the children alone, unattached, or without supervision;
7. Place the children in locked rooms, closets, or boxes as punishment;
8. Allow discipline of children by children;
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups;
10. Withhold playtime or special activities;

STAFF/CHILD INTERACTIONS

Staff shall relate to children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation and participating in many activities with the children. For example, staff shall:

- (1) Make eye contact when speaking to a child;
- (2) Engage children in conversation to share experiences, ideas and opinions;
- (3) Help children develop problem-solving skills; and
- (4) Facilitate learning by providing positive reinforcement, encouraging efforts and recognizing accomplishments.

Causes of Behavior: Children "act out" for a number of reasons:

- Boredom – a child may hurt another because there's nothing to do.
- Seeking attention – some children need more than others from adults.
- Disruptive behavior/negative behavior becomes in the child's mind, the most effective way of getting attention.
- Imitation – children model their behavior on their collective experiences.
- Tiredness – when children are tired they may be easily irritated.
- Excitement – some children lose control when over excited.
- Jealousy – hurting others may be an expression of jealousy towards another child.
- Social clumsiness – some children do not have the social skills to initiate a positive peer interaction.
- High activity level – some children are very active and it can be difficult for energetic children channel their activity in a constructive manner.
- Anger and frustration – annoyed at not meeting others expectations

Prevention Strategies: It is the Child Development staff's responsibility to model and teach interpersonal relationship skills.

1. No physical punishment of any kind will be permitted or used.
2. Language by staff must be positive, clear and developmentally appropriate for the child in question.
3. Staff must get down to the child's eye level to discuss situations.
4. Staff must use positive techniques to guide behavior;
 - a. redirection,
 - b. anticipation of and elimination of potential problems,
 - c. positive reinforcement and encouragement rather than competition, comparison or criticism.
5. Children must be presented with clear alternatives to help them develop their ability to make decisions and direct themselves.
6. Staff must communicate daily with each parent/guardian at drop off and pick up and listen for pertinent information that may influence behavior. For example: parents separating, a loss in the family, new baby, etc.
7. Staff will encourage other children to show sympathy for children experiencing difficulties or hurting.
8. Staff must have daily interactions with all children that are positive and genuine not only when problems arise.
9. Staff will have realistic expectations and set simple limits for the safety of the children and emphasize these daily. Children should be involved in the setting of limits and explanations offered as to why a certain type of behavior is unacceptable for the safety of the children and staff.
10. The environment will be arranged so that there are several of the same toys so multiple children can enjoy them.
11. Children will be encouraged to verbally express their feelings and opinions while guided through their conflicts to resolution.
12. Staff will encourage individuality and celebrate diversity.

When Prevention Doesn't Work:

1. Staff must stay calm.
2. Staff must comfort a hurt child and talk to the aggressor as soon as possible. When appropriate, empower the hurt child to tell the aggressor how she/he feels.
3. Staff will gently remove a disruptive child from a group without physical force until the child has settled down and can return to the group. This time should be used for reflection and to calm the child down, not as a punitive strategy.
4. Staff must seek parental assistance for solutions when problems arise. Staff will use constructive solutions to resolve any differences in values.
5. When discussing an aggressive situation with parents, staff must maintain confidentiality and not disclose the name(s) of the other children involved.
6. Accident records will be maintained when a child regularly hurts another child.
7. External professional assistance may be required to assist the aggressive child, parents, staff and other children to deal with the situation.

8. If our methods of behavior management prove inadequate, a parent/teacher conference will be scheduled where alternatives can be discussed and a plan of action jointly decided upon.
9. We reserve the right to exclude any child from our program who we feel can best be served in another type of environment.

DAMAGED PROPERTY PROCEDURES

Eliada Child Development and School-age Programs provide a wide variety of indoor and outdoor toys, games, equipment, and learning materials for all of the children in our care.

Expectations:

1. We expect all children to utilize and respect all materials in the classroom and on our playgrounds.
2. Normal wear and tear in child care is expected. However, anything a child willfully destroys or damages, their parents will be responsible for paying to replace or repair the item.

I, the undersigned parent or guardian of _____,
(Child's full name)

do hereby state that I have read and received a copy of the Eliada's 21st Century Community Learning Center program's Discipline and Behavior Management Policy.

Signature of Parent/Guardian

I, the undersigned participant do agree and understand the Eliada's 21st Century Community Learning Center program's Discipline and Behavior Management Policy.

Signature of Participant/Student