Wayne
Christian School

1201 Patetown Road • Goldsboro, NC 27530 • 919-735-5605 • www.waynechristian.org

Administrator
Lynn Mooring

Administration

Dean of Students
(K5 - 6th grade)
Kathy Sanders

Dean of Students
(7th grade-12th grade)
Reggie Kingsley

Dean of Academics
Barbara Sheldon

Athletics
Roger Longwell

Childcare / Preschool
Martha O'Hara

Fine Arts
Rick Moore

Support Staff

College/Career
Advisor
Susan Ford

Financial Manager
Linda Peacock

Hayley Burt
Registrar

Dear Prospective Parent,

Thank you for the interest you have shown in Wayne Christian School.

As a Christ-centered community school, we recognize that the primary responsibility for nurturing and training children falls upon the parents. Wayne Christian School is dedicated to providing a quality educational program that will support parents as they seek to "train up a child in the way he should go …", Proverbs 22:6.

Wayne Christian School is committed to developing in its students a proficiency in each subject while establishing a Biblical worldview that teaches students how to pursue and maintain a personal relationship with Jesus Christ.

We believe that each child is a unique creation of God and that each one has been endowed by Him with value, gifts, and talents. We also believe that students have their own unique styles of learning. Wayne Christian School seeks to provide a wide variety of learning experiences that are consistent with those individual learning styles and capabilities.

Wayne Christian School exists to complement the teaching in the home and church. Together we will strive to develop moral character, encourage spiritual growth, and provide opportunities for academic excellence. We encourage family involvement in the process through conferences, programs, social events, and other family ministries.

Thank you, again, for your interest in Wayne Christian School. Please prayerfully consider making it your family's school. Start by completing the student application packet and returning it to Martha O'Hara, Childcare/Preschool Director.

Developing Champions for Christ,

Lynn Mooring, Administrator

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NEW STUDENT APPLICATION PROCESS
4 YEAR OLD KINDERGARTEN

☐ **Step One:** All sections of the student application must be completed, signed in all appropriate places (both parents or guardians required in some sections), and returned with the registration fee of $100.00. This fee is non-refundable.

☐ **Step Two:** An interview for the student(s) and the parents will be scheduled with the Childcare/Preschool Director.

☐ **Step Three:** A Medical Form must be completed and returned within two weeks of the application. The medical form includes a physical form and an immunization record which is a North Carolina requirement.

☐ **Step Four:** A copy of student's birth certificate must be included.

☐ **Step Five:** A Pastor Reference Form will need to be completed and returned within one week to WCS.

☐ **Step Six:** Read the N.C. Childcare Law and Rules information sheet. Sign the acknowledgment form indicating understanding of the N.C. Childcare Law and Rules information sheet.

☐ **Step Seven:** Read and sign the Discipline and Behavior Management Policy.

☐ **Step Eight:** Sign the Field Trip Form granting permission for the children to leave their building for activities.

☐ **Step Nine:** A tuition installment plan (TIP) form must be completed and returned to the Childcare/Preschool Director.

(An application cannot be processed if all information is not complete.)

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STUDENT APPLICATION

General Information

OFFICE USE ONLY
Amt of Check: $_____ Ck# _____
Date of Application: _____
Date of Enrollment: _____
Test Date: _____
Date of Interview: _____
Acceptance Date: _____
Principal's Approval: _____

Last Name: _____ **First:** _____ **Middle:** _____

Preferred Name: _____ **Birth: M __ __D __ __Y __ __ __ __**

Student Social Security Number __ __ __ - __ __ - __ __ __ __

Sex: _____Male _____Female **Grade Applying to:** _____

Street Address:
_____

City: _____ **County:** _____ **Zip:**_____

Medical Information: (allergies, allergic to medications etc.)_____

Parent/Guardian and Family Information

Marital Status: ( )Married ( )Widower ( )Separated ( )Divorced ( )Remarried

Custodial Status: ( )NA ( )Sole ( )Joint w/ _____

Father's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (__ __ __) __ __ __ - __ __ __ __

E-Mail Address: _____

Employer's Name: _____

Occupation: _____

Business Phone: (__ __ __) __ __ __ - __ __ __ __

Cell Phone: (__ __ __) __ __ __ - __ __ __ __

Lives w/Student (Y/N) ___ Receives Mail (Y/N) ___ Receives Bill (Y/N) ____

Marital Status: ( )Married ( )Widower ( )Separated ( )Divorced ( )Remarried

Custodial Status: ( )NA ( )Sole ( )Joint w/ _____

Mother's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (__ __ __) __ __ __ - __ __ __ __

E-Mail Address: _____

Employer's Name: _____

Occupation: _____

Business Phone: (__ __ __) __ __ __ - __ __ __ __

Cell Phone: (__ __ __) __ __ __ - __ __ __ __

Lives w/Student (Y/N) __ Receives Mail (Y/N) ___ Receives Bill (Y/N) ___

Paternal Grandparents

Grandparent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: **(__ __ __) __ __ __ - __ __ __ __** E-Mail: _____

Maternal Grandparents

Grandparent(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: **(__ __ __) __ __ __ - __ __ __ __** E-Mail: _____

Emergency Contact Information

Name of Contact: _____

Phone Number: (__ __ __) __ __ __ - __ __ __ __
Contact's Relation to Student:
( )Relative-Relationship: _____
( )Friend ( )Guardian ( )Other _____

Name of Contact: _____

Phone Number: (__ __ __) __ __ __ - __ __ __ __
Contact's Relation to Student:
( )Relative-Relationship: _____
( )Friend ( )Guardian ( )Other _____

Student's Doctor: _____ **Doctor's Phone:** _____

Student's Dentist: _____ **Dentist's Phone:** _____

Complete the following information for all children in your family:

1._____ Age: _____ Grade: _____ School: _____

2._____ Age: _____ Grade: _____ School: _____

3._____ Age: _____ Grade: _____ School: _____

Church Attending: _____ Pastor's Name: _____

Church Member: ( ) Yes ( ) No Attendance: ( ) Regular ( ) Seldom ( )Never

Family Information

To be completed by a parent or guardian:

1. Who recommended WCS to you? _____
2. What are your goals for your children?

   _____

   _____

   _____
3. Share your reasons for applying to Wayne Christian School.

   _____

   _____

   _____
4. Does your child have any health problems?

   _____

   _____
5. Other schools your child has attended:

   _____

   _____

   _____
6. Has your child ever repeated a grade? _____ If yes, describe which grade and why.

   _____

   _____
7. If your child ever had modifications made in the classroom? _____
8. Has your child ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder?_____ If yes, please provide dates and documentation.

With my signature below, I certify that I have answered the above questions honestly and completely.

Signature of parent: _____

Date: _____

WCS STATEMENT OF COOPERATION

PARENTAL COMMITMENT:

We understand our child(ren) is accepted on a general probationary status for the first quarter. We agree that we will in no case complain to other parents, but will register only necessary complaints with the teacher or administration following the Matthew 18 principle. We understand our responsibility to read the student handbook and agree to abide by its established policies. We are to support the school with our prayers and positive attitude. We understand that if at any time the school determines, in its sole discretion, that our actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of our child(ren). We understand the school reserves the right to dismiss our student for lack of cooperation on the part of the student, parent and/or guardian.

Therefore, the parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of 1 Corinthians 6: 1-8, Matthew 5:23 & 24, and Matthew 18: 15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the enrollment relationship, including statutory claims, shall be settled by Biblically based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. Each part to the agreement shall have the right to select one arbitrator. The two arbitrators selected by the parties shall jointly select the neutral arbitrator. If there is an impasse in the selection of the third arbitrator, the Association of Christian Conciliation Services shall be asked to provide the name of a qualified person that will serve in that capacity. The arbitration shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Association of Christian Conciliation Services. (406-256-1583)

FINANCES:

I will make timely payments of my financial obligations. Further, I understand and agree to the following:

- Tuition rates are established by the WCS school board and are distributed through the Childcare/Preschool Director.
- Accounts are to be paid on Monday morning in advance for the week the child attends childcare/preschool.
- Payments that are over 10 days will be subject to a $30.00 late fee.
- Monthly payments are due by the 5th of each month, or a $30.00 late fee will be assessed. Monthly payments are based on the number of Mondays in each month (4 or 5).
- If an account is 30 days past due, the school board will be notified, and the child will not be able to return until the account has been paid in full.
- Wayne Christian Childcare/Preschool reserves the right to cancel the enrollment of a child at any time due to non-payment or excessive late payments.
- Returned checks will be subject to a $30.00 fee. After two returned checks, the account will be placed on a cash only basis.
- Each family will receive one week of vacation per year for each child after the child has attended Wayne Christian Childcare/Preschool for six months.
- A two week notice must be given before a child is withdrawn from childcare/preschool..

PICTURES:

I authorize Wayne Christian School, or anyone authorized by Wayne Christian School, to use and reproduce all audio tapes and video tapes and photographs which Wayne Christian School takes of our child(ren) or any family member. Such reproductions will be used for school literature, advertisements, and promotional purposes without further compensation. All copies, masters, negatives, pictures and proofs shall constitute Wayne Christian School property, solely and completely.

□ Yes, I give authorization to WCS. □ No, I do not give authorization to WCS.

ACTIVITIES:

We give permission for our child(ren) to take part in any and all school activities, class field trips, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to us or our child at school or during any school activity. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has my permission to make whatever arrangements deemed necessary for our child(ren)'s treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability. This statement of cooperation will serve as a blanket permission slip from August 1, 2011 to July 30, 2012.

□ Yes, I give permission to WCS. □ No, I do not give permission to WCS.

I have read all the Statement of Cooperation and marked my intentions for the school year 2011-2012.

_____ _____

Parent or Guardian Signature Date

WCS STATEMENT OF FAITH

- *The BIBLE is the ONLY verbally inspired Word of God*, inerrant in the original writings and the final authority in faith and life.

- GOD is one God, eternally existing in three persons: Father, Son, and the Holy Spirit.

- JESUS CHRIST is the unique Son of the Father, virgin born, sinless, died an atoning death, physically resurrected, ascended, exalted, presently the believer's High Priest, coming to receive His own, the church, and coming again literally and personally to establish the millennial kingdom.

- The HOLY SPIRIT indwells every believer, and instructs, corrects, and guides them in all truth and the Christian life. It is His *office* work not to direct attention to Himself, but to the Lord Jesus Christ. He fills, controls, and empowers those yielded to Jesus Christ as Lord of their lives, the evidence being the fruit of the Spirit.

- MAN is sinful through and through and everlastingly separated from God apart from personal faith in the gospel of Jesus Christ for salvation.

- The CHURCH is the Body of Christ that manifests itself locally through believers united for mutual edification and propagation of the gospel while awaiting God's Son from heaven. There are two ordinances: baptism and the Lord's Table. The Lord's Table is celebrated as a memorial until He comes, and baptism by immersion is a public confession of the believer's identification with Jesus Christ.

- SALVATION provided through the gospel of Jesus Christ as a gift is by grace through faith. All who receive Jesus Christ as Savior are born again into the family of God, sealed by the Holy Spirit and thereby possess eternal life.

- The RESURRECTION of the body will be physical: the saved unto eternal fellowship with God and the unsaved unto everlasting punishment and separation from God in the lake of fire.

I have read the Statement of Faith and I am willing for my child to receive training in these historic doctrines, and will support the school in its endeavors to encourage and to guide my child in applying these doctrines to life.

_____ _____

Parent or Guardian Signature Date

Wayne Christian School admits students of any race, color or national or ethnic origin and makes available to them all rights, privileges, programs, and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic or other school administered programs.

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Confidential Pastor Reference Form

To the Pastor:
The student named below is a candidate for Wayne Christian School. Please complete this form and return within one week to the address above (Admission Office), or Fax to (919)735-5229.

Name of applicant_____ **Candidate for grade** _____

How would you evaluate the parents in the following areas:	**Poor**	**Average**	**Good**	**Excellent**
1. Their church relationship, attendance and loyalty				
2. Their personal relationship to Jesus Christ				
3 Their interest in having their child know and walk with the Lord				
4. Their command for respect and obedience from their children				
5. Their support of their children's spiritual development				
6. Their level of involvement in your church				

7. How well do you know the family? _____

8. Are you currently their pastor or associate pastor?_____

9. To your knowledge, has this applicant accepted Jesus Christ as Savior?_____

10. What are the first words that come to mind to describe this applicant?_____

11. I recommend this student: ❑ without reservation ❑ with reservation ❑could not recommend

12. Please use this space to give any additional information from above questions or other information which is pertinent.

_____

_____

_____

_____

Church (full name and affiliation):	
Church Telephone:	Home Telephone:
Signature:	Date:
If there is further information you feel we should know but would prefer not to give in writing, please indicate the number and time to call you.	☐ Church ☐ Home Time of day:

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Student Medical Form

Name of Student: _____ Birth Date: _____

Name of Parent or Guardian: _____

Address_____ City _____State_____ Zip_____

A. Medical History: (To be completed by the parent)

a. Is your child allergic to anything? _____Yes _____No If yes, what?
_____

b. Is your child under a doctor's care? _____Yes _____No If yes, why?
_____

c. Any previous hospitalizations or operations? _____Yes _____No If yes, what?
_____

d. Is your child on any continuous medication? _____Yes _____No If yes, what?
_____

e. Any history of diseases or recurrent illness? _____Yes _____No If yes, what are they (diabetes, convulsions, heart trouble, etc.)? _____

f. Does your child have any physical disabilities? _____Yes _____No If yes, please describe:
_____

g. Does your child have any mental disabilities? _____Yes _____No If yes, please describe:
_____

B. Physical Examination: (To be completed b a licensed physician, a certified nurse practitioner, or a public health nurse)

Height _____% Weight _____% Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____ Skin _____

Neurological System _____ Should activities be limited? _____Yes _____No If yes, please explain:
_____

Results of Tuberculin Test, if given: Type _____ Date _____ Normal _____ Abnormal _____

Any other recommendations?
_____

Examiner's signature/title
_____Date_____

C. Immunization History: A copy of the student's immunization record must be attached.

WCS has permission to seek medical care if necessary.

Parent Signature:_____ Date:_____

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Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the 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, our employees use the following guidelines for discipline.

We:

1. Do praise, reward, and encourage the children.
2. Do reason and set limits for the children.
3. Do model appropriate behavior for the children.
4. Do modify the classroom environment to attempt to prevent problems before they occur.
5. Do listen to the children.
6. Do provide the children with positive alternative choices of behavior.
7. Do provide the children with natural and logical consequences of their behavior.
8. Do respect the children's needs, desires, and feelings.
9. Do ignore minor behavior.
10. Do explain to children on their level.
11. Do use short supervised periods of "time-out". (Time out is described below.)
12. Do stay consistent in our behavior management program.
13. Do not use any form of corporal punishment.

Time Out

"Time Out" is the removal of a child for a short period of time (3-5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time out" space, usually a chair, is located away from the classroom activity but within the teacher's sight. During "time out", the child has time to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect show to the other children.

I, the undersigned parent or guardian of _____(child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

_____ _____
Signature of Parent or Guardian Date

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.

Records

Centers and homes 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. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

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 shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all family child care homes and centers. Religious-sponsored programs which notify the Division of Child Development 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 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. 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.net*. For more information on the law and rules, contact the Division of Child Development at 919-662-4499 or 1-800-859-0829, or visit our homepage at: *http://www.ncchildcare.net.*

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 work hours;
- requested via the Division's web site at www.ncchildcare.net; or,
- requested by contacting the Division at 1-800-859-0829.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development 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 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 described in this pamphlet, or if you have questions, please call the Division of Child Development at 919-662-4499 or 1-800-859-0829.

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 at 919-662-4499 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. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.

Summary:

North Carolina Child Care Law and Rules

Division of Child Development
North Carolina Department of
Health and Human Services
319 Chapanoke Road
Raleigh, NC 27603

May 2009

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.

2,000 copies of this document were printed at a cost of $179.64 or $0.09 per copy.

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. 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, and can include three additional school-age children. This includes preschoolers living in the home but the provider's own school-age children are not counted (Individuals caring for one or two children are exempt from being licensed.) 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 who are present in family child care homes when children are in care must also undergo a criminal records background check. As of December 2008, criminal records rechecks are done every three years.
- All family child care home providers must have current certification in CPR and first aid and complete an ITS-SIDS training every three years. 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.

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, and CPR and first aid training. All staff must also undergo a criminal records background check. As of December 2008, criminal records rechecks are 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

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

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 developmentally appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

The Division of Child Development does not promote or require any specific curriculum over another unless programs are using curriculum to get a quality point for the star-rated license. 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,and indoor and outdoor 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.

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Letter of Acknowledgment and Understanding of the N.C. Child Care Law and Rules

I, _____ have received a copy of the North Carolina Child Care Law and Rules from Wayne Christian School. I understand the information enclosed in the above brochure to the best of my knowledge. If I should have questions regarding any of the information, I am aware that I can call the Division of Child Development. I understand that I have the right to receive a copy of this agreement for my records.

Signature of Parent or Guardian:_____

Date Signed:_____

Signature of Facility Representative:_____

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Field Trip Form

My child, _____, has my permission to attend Wayne Christian School activities on the school grounds.

Parent's Signature _____ Date_____

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Preschool (4 year old Kindergarten)
2011 – 2012 RATES

Tuition

$140 / week *Lunch included for students

Discounts – School Tuition Only

Second Student	15%
Third Student	15%

Fees (All fees are nonrefundable)

Registration (Paid at time of registration)	$100
Books & Supply Fee (Due by July 15, 2011) **NOTE: Invoice will NOT be sent.**	$200

Policies

Tuition rates are established by the WCS school board and are distributed through the Childcare/Preschool Director.

Accounts are to be paid on Monday morning in advance for the week the child attends childcare/preschool.

Payments that are over 10 days will be subject to a $30.00 late fee.

Monthly payments are due by the 5th of each month, or a $30.00 late fee will be assessed. Monthly payments are based on the number of Mondays in each month (4 or 5).

If an account is 30 days past due, the school board will be notified, and the child will not be able to return until the account has been paid in full.

Wayne Christian Childcare/Preschool reserves the right to cancel the enrollment of a child at any time due to non-payment or excessive late payments.

Returned checks will be subject to a $30.00 fee. After two returned checks, the account will be placed on a cash only basis.

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A two week notice must be given before a child is withdrawn from childcare/preschool.

Wayne
Christian School
1201 Patetown Road • Goldsboro, NC 27530 • 919-735-5605 • www.waynechristian.org

Preschool (4 year old Kindergarten)
Tuition Installment Plan (TIP)

To complete the registration process for the 2011-2012 school year, please select an Enrollment Option and Tuition Installment Plan. **Return this form with your registration packet.**

Pre-School Enrollment Option : (4 yr. old kindergarten)

- ❑ **Full Day Student – 10 month**
- ❑ **Full Day Student – 12 month**

Tuition Installment Options:

- ❑ **Monthly Installment (Paid on or Before the 5th of each month)**
- ❑ **Weekly Installments (Paid on Monday each week)**

Any account with a balance at the end of the month will be assessed a $30 late fee.

Please list all WCS students (including childcare) for discount purposes.

Student Name:	*2011-2012 Grade*

Parent or Guardian Signature:_____Date_____

Last update _____

EMERGENCY CARE INFORMATION

Child's Name_____ Date of Birth_____
Name of Parent or Guardian_____
Address of Parent or Guardian_____
_____
Home phone_____ Mom Cell_____ Dad Cell_____
Mom Employer_____ Work Phone _____
Dad Employer_____ Work Phone_____

Name of Child's Doctor_____ Phone _____
Address _____
Name of Child's Dentist_____ Phone _____
Address _____
Hospital Preference _____ Phone _____
Insurance Carrier _____
Policy Number _____

Does your child have any known allergies? No_____ Yes _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

_____
Signature of Parent 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. Provisions will be made for adequate and appropriate rest and outdoor play.

10 NCAC 3U.1000
G.S.
110-91 (13)

_____
Signature of Operator Date

If parents (or guardian) cannot be contacted, please call:

_____
Name Relationship Phone

_____
Name Relationship Phone

If you cannot pick up your child, please list all persons authorized to pick up your child.

_____
_____
_____
_____

Wayne Christian Preschool

12 Month Calendar

2011-2012

1st & Last School Days	Workday No School	Holiday No School	Annual Leave No School

JULY							AUGUST							SEPTEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6					1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30	
31																				

OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5					1	2	3
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
30	31																			

JANUARY							FEBRUARY							MARCH						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
										1	2	3	4					1	2	3
1	2	3	4	5	6	7	5	6	7	8	9	10	11	4	5	6	7	8	9	10
8	9	10	11	12	13	14	12	13	14	15	16	17	18	11	12	13	14	15	16	17
15	16	17	18	19	20	21	19	20	21	22	23	24	25	18	19	20	21	22	23	24
22	23	24	25	26	27	28	26	27	28	29				25	26	27	28	29	30	31
29	30	31																		

APRIL							MAY							JUNE						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
									1	2	3	4	5						1	2
1	2	3	4	5	6	7	6	7	8	9	10	11	12	3	4	5	6	7	8	9
8	9	10	11	12	13	14	13	14	15	16	17	18	19	10	11	12	13	14	15	16
15	16	17	18	19	20	21	20	21	22	23	24	25	26	17	18	19	20	21	22	23
22	23	24	25	26	27	28	27	28	29	30	31			24	25	26	27	28	29	30
29	30																			

Wayne Christian Preschool

10 Month Calendar

2011-2012

1st & Last School Days

Workday
No School

Holiday
No School

Annual Leave
No School

AUGUST						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

MARCH						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		