

# Wayne

## Christian School

1201 Patetown Road • Goldsboro, NC 27530 • 919-735-5605 • [www.waynechristian.org](http://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

### **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

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.) \_\_\_\_\_

#### OFFICE USE ONLY

Amt of Check: \$ \_\_\_\_\_ Ck# \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Test Date: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_

#### 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 \_\_\_\_\_

Student's Doctor: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact's Relation to Student:

Relative-Relationship: \_\_\_\_\_

Friend  Guardian  Other \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

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 5<sup>th</sup> 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, 2012 to July 30, 2013.

- 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 2012-2013.

\_\_\_\_\_  
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.

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Parent or Guardian Signature

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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.

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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 by 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: \_\_\_\_\_

### 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.

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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

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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) 2012 – 2013 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, 2012) <b>NOTE: Invoice will <u>NOT</u> be sent.</b>	\$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 5<sup>th</sup> 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.

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

To complete the registration process for the 2012-2013 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 5<sup>th</sup> 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.

<i>Student Name:</i>	<i>2012-2013 Grade</i>

Parent or Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

