



1411 Cliffwood Drive  
Greensboro, NC 27406  
(336) 370-1222

# Enrollment Application

**Section I.**

**Application for Enrollment**  
**Please circle the program you are applying for:**

**Daycare****E-Learning****Afterschool**

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

Application date \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Full Name: \_\_\_\_\_  
                                     Last                                      First                                      Middle                                      Nickname

Child's Physical address: \_\_\_\_\_

**Family Information:**

Father /Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_

Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian's Last Name \_\_\_\_\_ First \_\_\_\_\_

Phone \_\_\_\_\_

Address (If different from child's) \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Contacts:**

Children will be released only to the parents, guardians listed above. The child can also be released to the following Individuals as authorized by the person who signs this application. In the event of an emergency, if the parent/guardian cannot be reached, the facility has permission to contact the following.

Name	Relationship	Address	Phone Number
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**FINANCIAL AGREEMENT**

**Fee Schedule – Full-time**

The \$50.00 **non-refundable** registration fee and the first week's tuition are due before the child's first day of enrollment. Weekly tuition rates are as follows:

- |  |          |
|--|----------|
| • Infants (ages 0 – 2 years old)           | \$250.00 |
| • Toddlers (age 3 years old)               | \$190.00 |
| • Preschool (ages 4 – 5 years old)         | \$145.00 |
| • After School (ages Pre-K - 12 years old) | \$60.00  |
| • Summer Academy (ages 6 - 12 years old)   | \$160.00 |

**Financial Notifications:**

1. Weekly invoices will be sent by email and due by the Friday preceding the week of attendance.

2. Weekly payments may be remitted via cash, check, or debit/credit card using the email link in the invoice. A valid email address must be provided at the time of enrollment to ensure receipt of invoices.
3. There will be no reduction in weekly tuition for absenteeism.
4. There will be no vacation weeks provided.
5. If an account is behind, a “late payment” fee of \$10 will be automatically assessed on Mondays. If accounts are two or more weeks delinquent, the Center has the right to discontinue services. All unpaid accounts may be turned over to collections.
6. Returned Check Fees: A thirty-dollar (\$30) service charge is automatically billed to the account for each returned check. When the Center receives three returned checks from a payor, we will no longer accept checks as a method of payment from the payor. Returned checks must be paid with a money order.
7. Late Pick-up Surcharge: If your child is not picked up by 6:00pm, the fees\* are as follows:
 

6:01pm - 6:10pm	\$20.00
6:11pm - until	\$1.00 every minute until child is picked up.

\*These fees will be added to the next billing cycle.

**\*\*In the event of three late pickups, VLC reserves the right to dismiss the child from our program.  
No fees or payments are refundable.**

8. Withdrawal Policy: A minimum of one month or thirty (30) days’ notice must be given in writing to the Director when withdrawing a child. If the required notice is not given, I understand I will be billed for the months’ notice. All balances must be paid on full by the end of the enrollment. Any unpaid balances will be sent to collections.

By signing this form, I acknowledge that I have read, understand, and agree with the stated provisions. I accept full responsibility for my child’s financial account. I also certify that I have received a copy of the financial agreement.

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print Name)

\_\_\_\_\_  
Date

## Billing Contact Information

Please complete form for person responsible for payment of childcare account. The person below will receive the year-end tax statement.

**Please print clearly.**

Child's Last Name: \_\_\_\_\_ First \_\_\_\_\_

Enrollment Class \_\_\_\_\_ (ex. 2-3yr old's)      Date of Birth \_\_\_\_\_

First Day of Attendance: Month \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ First \_\_\_\_\_

Parent's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Financial Responsible Party / Last Name \_\_\_\_\_ First \_\_\_\_\_

**Year End Tax Statement Mailing Address:**

Street: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Email Address for Weekly Invoices and Periodic Account Statements:**

Email: \_\_\_\_\_

Best Phone Number for Billing Questions: \_\_\_\_\_

## Section II.

### Child's Medical Report

(This form must be completed and returned to the administrator's office before your child is accepted)

Name of Child: \_\_\_\_\_

Birth Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

#### Medical History (May be completed by parent)

1. Is child allergic to anything? No\_\_\_ Yes \_\_\_

if yes, what? \_\_\_\_\_

2. Is child 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 what? \_\_\_\_\_

5. Any history of recurrent illness? No\_\_\_ Yes\_\_\_

Diabetes? No\_\_\_ Yes\_\_\_ Convulsions? No\_\_\_ Yes\_\_\_

Heart trouble? No\_\_\_ Yes\_\_\_

If others, what/when? \_\_\_\_\_

6. Does the child have physical disabilities? No\_\_\_ Yes \_\_\_

If yes, please describe \_\_\_\_\_

Any mental or developmental disabilities? No\_\_\_ Yes\_\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

**Notice: VICTORY LEARNING CENTER IS A SMOKE AND TOBACCO FREE FACILITY.**

**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 DEHNR standards for EPSDT program.

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_

Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ ABD/GU \_\_\_\_\_

Ext \_\_\_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

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

Should activities be limited? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any other recommendations \_\_\_\_\_

Signature/title \_\_\_\_\_

Date of Examination: \_\_\_\_\_

## Immunization History

The health provider must enter the date immunization was received in the space below or attach a copy of the immunization record. It is a requirement for all Daycare facilities to have this information on file.

The parent, guardian or responsible person shall have the immunizations in the day the child starts at the Center. It is the responsibility of the Parent or Guardian to give updates on immunizations of the child to the administration for their files.

### Enter date of each dose-Month/Day/Year

Vaccine	#1	#2	#3	#4	#5
*DPT/OT (circle which)					
*Polio					
**Hib					
*Hepatitis B					
*MMR (combined doses)					
*** Chicken Pox					
Other					
Other					
Other					
Other					

\*Required by state law.

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

\*\*\*Chicken Pox required by state law, for children born on or after 4-1-01



## Health Care Needs

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes \_\_\_No \_\_\_

List any allergies and the symptoms, and type of response required for allergic reactions.

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Health care needs or concerns, the symptoms, and type of response for these health care needs or concerns.

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List any particular fears, or unique behavior characteristics of the child the Center needs to be aware of.

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List any types of medication taken. (Please be advised, the Center does not administer medications).

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

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## **Emergency Medical Care Information:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

I, as the Parent/Guardian, authorize the Center to obtain medical attention for my child in an emergency.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the Operator do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent/guardian or full -time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

### Section III.

## DISCIPLINE POLICY

### 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 adult and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

#### We DO:

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

#### We DO NOT:

- Spank, shake, bite, pinch push, pull, slap, or otherwise physically punish the children.
- Ridicule, yell at, threaten, make sarcastic remarks, use profanity, or otherwise verbally abuse the children.
- Shame or punish the children when bathroom accidents occur.
- Deny food or rest as punishment.
- Relate discipline to eating, resting, or sleeping.
- Leave the children alone, unattended, or without supervision.
- Place the children in locked rooms, closets, or boxes as punishment.
- Allow discipline of children by children.
- Criticize, ridicule, or otherwise belittle children's parents, families, or ethnic groups.

**Any changes to the discipline policy will be given 14 days prior to implementation.**

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 the facility's Director/Operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **“Time Out”**

“Time-out” is the removal of a child for a short period of time (3 to 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 classroom activity but within the teacher’s sight. During “time-out” the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval or 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 shown the other children

Adapted from original, prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

**Section IV.****PARENTAL PERMISSION FORMS****TRANSPORTATION FORM**

(BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN)

Today's Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I, \_\_\_\_\_ (Parent's name) give permission for

\_\_\_\_\_ (Child's name) to be transported to

\_\_\_\_\_ (Where)

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Method of Travel \_\_\_\_\_

Transportation Provider(s) \_\_\_\_\_

Other Important Information

\_\_\_\_\_

\_\_\_\_\_

**Permission to transport is valid beginning \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)****\*\*Valid for 12 Months\*\***

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Photo/Video Release Form

We take pictures and videos of children on a regular basis as a way of documenting your child's learning process. These pictures are used in your child's portfolio and as materials for marketing and advertising the Center. Pictures are always used and shared with respect.

As a Parent/Guardian of a child/children at Victor Learning Center and Victory Summer Camp I agree to the following:

- I understand that my child/children whose name(s) are listed below may be photographed at Victory Learning Center and/or Victory Summer Camp during normal operating hours, field trips, and activities.
- I understand that these photographs may be used in the newsletter or mounted on the Victory Learning Center's or Victory Summer Camp's website, Facebook, and for emergency information file that must be on the van for transportation. (When names are added, only first names will be used.)
- I understand that I have the right to request in writing to have a photo removed from the website, Facebook within 30 business days.

The following are the names of my child/children attending Victory Learning Center and/or Victory Summer Camp.

\_\_\_\_\_

\_\_\_\_\_

( ) Yes, I confirm that I have read and understood the above, and agree to have my child(ren)'s photos mounted on the Victory Learning Center and/or Victory Summer Camp website, Facebook page, newsletters or any other publication.

( ) No, I do not wish to have my child(ren)'s photographs published

Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

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

**Permission for Child/Children to be Outside of the Fenced Area**

I \_\_\_\_\_ (Parent/Guardian name) give permission for

\_\_\_\_\_ (Child/children) to be outside the fenced area.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

**Receipt of Summary of Child Care Law**

This is to confirm that I, \_\_\_\_\_ (Parent or Guardian) have received the North Carolina Child Care Law and Rules.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_