



Ms. Dee Dee's After School

A safe, fun, and educational place for kids

Diana & Mark DeTomaso, Owner/Director

6810 Creft Circle, Indian Trail, NC 28079

Phone: 704-882-9386 || 704-361-6502 || Fax: 704-882-1147

ENROLLMENT APPLICATION

Please fill in application completely

Date of application: _____

Child's name: (last) _____ (first) _____ (middle) _____

Child's address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____ Sex: Male ___ Female ___

Circle which days your child will be attending: Mon. Tues. Wed. Thurs. Fri.

Departure Time: _____ School child is attending: _____

Parent Information

Enrolling Parent/Guardian: _____

Relationship to child: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Wk#: _____ Cell: _____ Hm: _____

Work address: _____ City: _____ State: _____ Zip: _____

In contacting you, which number would you like us to try first? Cell Wk Hm Emg. Cont.

May we communicate with you via email? Email address: _____

Secondary Parent/Guardian: _____

Relationship to child: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Wk#: _____ Cell: _____ Hm: _____

Work address: _____ City: _____ State: _____ Zip: _____

In contacting you, which number would you like us to try first? Cell Wk Hm Emg. Cont.

May we communicate with you via email? Email address: _____

Primary residence: Mother Father Both Guardian

Parents marital status: Married Single Divorced Remarried

If divorced, who has legal custody? _____ May the non-custodial parent pick the child up? Yes No

If **yes**, include in release section below. If **no**, documentation for the courts may be required.

Emergency contact other than parents:

Name: _____ Phone: _____ Relationship: _____

The child will be released only to the people on this application and the following persons:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Information

Child's physician: _____ Address: _____ Phone#: _____

Child's dentist: _____ Address: _____ Phone#: _____

Any allergies or special needs: _____

Hospital preference: _____ Address: _____

Insurance co.: _____ Group#: _____ Policy#: _____

Parent Agreement

I understand that I am responsible for payments of weekly fees due on Monday of each week. A late fee will be assessed for payments received after Wednesday. I also understand that in the event of any absences during program hours and activities, I will be responsible for time reserved not actual time spent at the program. I agree to pay a one time registration fee at the time of enrollment. This enrollment fee is **non refundable**. I give Ms. Dee Dee's permission to transport my children to and from school and activities and do not hold the owners or their employees liable for any injuries incurred.

Signature of Parent or Guardian: _____ Date: _____



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Date: _____

Re: Image/Voice/Musical Recordings of _____

I give permission to have my child's image/voice/musical recordings used by Ms. Dee Dee's After School and Summer Care. I understand that these recordings will be primarily used to ensure the safety of my child while at Ms. Dee Dee's After School Care. I also accept the use of these recordings for promotional purpose in illustration and explanation of the fun and educational activities practiced at Ms. Dee Dee's After School and Summer Care.

Name: _____

Address: _____

Signature of Parent/Guardian: _____



Ms. DeeDee's After School Discipline and Behavior Management Policy

Praise and positive reinforcement are effective method 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, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward and encourage the children
2. DO reason with and set limits for the children
3. DO model appropriate behavior for the children.
4. DO modify the classroom environments to attempt to prevent problems before they occur
5. DO listen to the children
6. DO provide alternatives for inappropriate behavior to the children
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO Ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-outs"
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.
2. DO NOT make fun of, yell at, or threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave the children alone unattended or without supervision.
7. DO NOT leave the children in locked rooms, closets or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of _____ do hereby state that I have read
(Child's full name)
received a copy of the facility's Discipline and Behavior Management Policy and that the facility's direct/coordinator (or other designed staff member) had discussed the facility's Discipline and Behaviors 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 had a chance 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 shown the other children.

TRAVEL AND ACTIVITY AUTHORIZATION

10 NCAC 3U0604(I)
G.S. 110-91(6)
REV 8/92

- Blanket permission for this activity
- Special one-time permission only
- Blanket permission for all given activities

I, _____ parent/guardian of
Name of Parent/Guardian
_____ give my permission to
Name of Child
_____ for my child to
Name of Facility

participate in the following activities.

Trips in the van/automobile (facility or parent-owned)

Explain planned activity, where and when

Field trips away from the facility

Explain planned activity, where and when

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____ / ____ / ____ to ____ / ____ / ____

In addition, if the facility has planned activities outside the fenced area of the facility,

_____ I will allow my child to play outside the fenced area; or

_____ I will not allow my child to play outside the fenced area.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____ / ____ / ____ to ____ / ____ / ____