Date Application Completed_____ Date of Enrollment_____

**CHILD'S APPLICATION FOR ENROLLMENT**

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

**CHILD INFORMATION**: Date of Birth:_____

Full Name_____

Last First Middle Nickname

Child's Physical Address_____ Zip_____

**FAMILY INFORMATION**: Child lives with:_____

Father/Guardian's Name_____ Home Phone_____

Address (if different from child's)_____ Zip_____

Work Phone_____ Cell Phone_____

Father's Date of Birth_____

Mother/Guardian's Name_____ Home Phone_____

Address (if different from child's)_____ Zip_____

Work Phone_____ Cell Phone_____

Mother's Date of Birth_____

**CONTACTS**:

Child 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 parents/guardians cannot be reached, the facility has permission to contact the following individuals:

| Name: | Relationship: | Address: | Phone #: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**********

**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 PLAN ATTACHED?** YES NO

List any allergies and the symptoms and type of response required for allergic reactions:_____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns:_____

List any particular fears or unique behavior characteristics the child has:_____

List any types of medication taken for health care needs:_____

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

**********

**EMERGENCY MEDICAL CARE INFORMATION**:

Name of health care professional_____ Office Phone_____

Hospital preference_____ Phone_____

- I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency:

Signature of Parent/Guardian_____ 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:

Signature of Administrator_____ Date_____

BLUE RIDGE community Action
Helping People, Changing Lives

Main Phone 828-438-6255
Toll Free 866-427-6452
Fax 828-433-5721

Alexander, Burke, Caldwell, Catawba,
Gaston, Mecklenburg, Rutherford, Stanly, Union

**PARENT HANDBOOK POLICIES AND PROCEDURES**
**CONSENT FORM**


**Child's Name:** _____ **Parent/Guardian Name:** _____

**Enrollment Date:** _____ **BRCA Staff Present:** _____

| POLICY/PROCEDURE | Initial: |
|---|---|
| **Operating Policies (pages 4-5)** | |
| I have read the Operating Policies in the Parent Policy Handbook and agree to abide by these policies. | |
| **Health, Safety, and Medication Policies (pages 6-7)** | |
| BRCA Child Development Center will not provide care for sick children. I have read and agree to abide by the BRCA Health, Safety, and Medication Policy which is in the Parent Policy Handbook. | |
| **Bad Weather Policy (page 7)** | |
| I have read and understand the Bad Weather Policy in the Parent Policy Handbook. | |
| **Attendance Policy (page 7)** | |
| I have read and understand the Attendance Policy in the Parent Policy Handbook. | |
| **Behavior Management Policy/Exclusion Policy (pages 8-9)** | |
| I have read and received a copy of the Behavior Management Policy and Exclusion Policy that are in the Parent Policy Handbook. I agree to abide by these policies. | |
| **Drug and Alcohol Policy and Dress Code Policy (page 10)** | |
| I have read and understand BRCA's Drug and Alcohol Policy and Dress Code Policy and agree to abide by these policies. | |
| **School Readiness Plan (pages 11-13)** | |
| I have received a copy of the BRCA School Readiness Plan that is in the Parent Policy Handbook. | |
| **Reporting Suspected Abuse and Neglect (page 14)** | |
| I have read and understand BRCA's policy for reporting suspected abuse and neglect. | |
| **Prevention of Shaken Baby Syndrome and Abusive Head Trauma (pages 16-18)** | |
| I have read and received a copy of the facility's Shaken Baby Syndrome and Abusive Head Trauma Policy in the Parent Policy Handbook. The policy was explained to me by BRCA staff. | |

**PARENT HANDBOOK POLICIES AND PROCEDURES**
**CONSENT FORM**


**Child's Name:** _____ **Parent/Guardian Name:** _____

**Enrollment Date:** _____ **BRCA Staff Present:** _____

| POLICY/PROCEDURE | Initial: |
|---|---|
| **Infant/Toddler Safe Sleep Policy (page 19)** | |
| I have read and understand the Infant/Toddler Safe Sleep Policy in the Parent Policy Handbook and discussed it with a BRCA representative. | |
| **Parent Handbook Receipt and Day Care Laws** | |
| I have received a copy of the BRCA Parent Handbook, that includes a Summary of the NC Child Care Law and Rule for Child Care Centers, and agree to follow all policies and procedures in the Handbook. I will contact the BRCA center director if I have questions or need clarification of the policies. | |

**For the following items, please initial yes or no:**

| **Allergy and Anaphylaxis Plan (separate document)** | **YES** | **NO** |
|---|---|---|
| My child has a serious allergy and/or anaphylaxis that requires an Emergency Plan. (If yes, complete Allergy and Anaphylaxis Emergency Plan document.) | | |
| **Outside Play (page 7)** | | |
| I hereby give permission to Blue Ridge Community Action, Inc., for my child to participate in a walking trip and/or play outside the fenced area. | | |
| **Permission to Transport (page 7)** | | |
| I give permission for my child to ride in a staff vehicle for health services or in the case of an emergency such as illness or accident at the center, bad weather, or in the event of an off-site emergency evacuation. | | |
| **Permission to Use Pictures/Videos (page 7)** | | |
| I give my permission for pictures of my child to be used in displays, newspapers, bulletin boards, publications, social media, and publicity materials. Pictures/videos of children cannot be posted by parents on social media. Parents agree to only post pictures of their own children on social media. | | |

I acknowledge that I have read and understand all policies in the Parent Policy Handbook and that I am **consenting** to abide by all policies. I will discuss any questions or concerns with the center director.

Parent Signature: _____ Date: _____

BRCA Staff/Witness: _____ Date: _____

**********

Do you have any emergency needs in the following area(s)? Food, Housing, Clothing, or Utilities ☐ Yes ☐ No
If YES, please circle the area(s) of emergency need. Center Director will make a referral to Community Service.

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# CONSENT FOR RELEASE OF CLIENT INFORMATION

Child's Name: _____ Date of Birth: _____

I hereby authorize _____
Physician's Name/Medical Center

_____
Address

to release specified information in my client record to:

Fax to: Caldwell County: Northside CLC – Rhodda Medley, 828.759.0288

Burke County: Generations – Cheryl Leonhardt, 828.433.5721

Circle of Friends - Tina Kyes, 828.433.5721

This data may include: well child check; immunizations; lead screen/results; physical; vision screen; hearing screen; or other medical information as outlined below.

I understand this information is required for Early Head Start, Head Start, and NCPK enrollment.

Other information: _____

_____

The doctrine of informed consent has been explained to me, and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

_____
BRCA Staff Person Signature

_____
Date

_____
Parent Signature

_____
Address

_____
City, State, Zip

_____
Date

800 North Green Street
Morganton, NC 28655

Internet www.brcainc.org
Email info@brcainc.org

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

**Child's name:** _____ **Date of plan:** _____

**Date of birth:** ____/____/_____ **Age** _____ **Weight:** _____kg

Attach child's photo

**Child has allergy to** _____

Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)
Child has had anaphylaxis. ☐ Yes ☐ No
Child may carry medicine. ☐ Yes ☐ No
Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

**IMPORTANT REMINDER**
**Anaphylaxis is a potentially life-threating, severe allergic reaction. If in doubt, give epinephrine.**

## For Severe Allergy and Anaphylaxis
## What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION**: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

## Give epinephrine!
## What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
   - Ask for ambulance with epinephrine.
   - Tell rescue squad when epinephrine was given.
3. Stay with child and:
   - Call parents and child's doctor.
   - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
   - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
   - Antihistamine
   - Inhaler/bronchodilator

## For Mild Allergic Reaction
## What to look for

If child has had any mild symptoms, **monitor child.**
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

## Monitor child
## What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

**Medicines/Doses**

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.10 mg (7.5 kg to less than13 kg)*
☐ 0.15 mg (13 kg to less than 25 kg)
☐ 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): _____

_____ _____ _____ _____

**Parent/Guardian Authorization Signature** **Date** **Physician/HCP Authorization Signature** **Date**

 

## Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

**Child's name:** _____ **Date of plan:** _____

**Additional Instructions:**

## Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

**Other Emergency Contacts**

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

 

# Permission needed for your child's student account

ClassDojo

Hi parents,

This year, students will get their own student accounts on ClassDojo to document and share their classwork. I'll also use ClassDojo to message you and post announcements. It's the easiest way for you to see what your child is working on and to get in touch with me.

With their student account, your child will share what they're learning through photos, videos, and journal entries on their own digital portfolio. This portfolio can only be seen by your child, you, and me, and I will approve all posts. Your child will also be able to view their feedback from class and customize their ClassDojo monster. If your child is under 13, I need your consent to create your child's student account on their behalf - **please sign below!**

Our class goal is for every family to **fill out and return the slip as soon as possible**!

**Learn more about ClassDojo**

ClassDojo is used by teachers in 90% of K-8 US schools to create amazing classroom communities. Find out more about why we're excited to use ClassDojo student accounts for digital portfolios, and how it is safe and simple for everyone:

**Learn more**: classdojo.com/learnmore

**Privacy Policy**: classdojo.com/privacy

**Yes, I give permission for you to create a student account for my child and allow my child to use ClassDojo in the classroom and for ClassDojo to collect, use and disclose the information about my child as set forth in the ClassDojo Privacy Policy**

Student name: _____

Your name: _____

Your cell / email: _____

Your signature: _____ Date: _____

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# PARENT HANDBOOK RECEIPT AND DAY CARE LAWS

Child's Name:_____ Parent/Guardian's Name:_____

I have received a copy of the Blue Ridge Community Action Parent Handbook that includes the School Readiness Plan, Resource Guide, and Day Care Laws. I agree to follow all policies in the handbook. I will contact BRCA staff if I have any questions or need clarification of the policies.

Parent/Guardian Signature:_____ Date:_____

BRCA Staff Signature:_____ Date:_____

800 North Green Street
Morganton, NC 28655

Internet www.brcainc.org
Email info@brcainc.org