

**Apostolic Christian Academy Pre-School
Registration Information**

Child's full name _____

What does your child like to be called? _____

Date of admission _____

Child's birth date _____

Social Security # _____ - _____ - _____

Parent Information

Mother's Name _____ Home Phone _____ Cell _____

Address _____ Zip _____ e-mail _____

Employer _____ Work Phone _____ Work hours _____

Father's Name _____ Home Phone _____ Cell _____

Address _____ Zip _____ Cell _____

Employer _____ Work Phone _____ Work hours _____

Transportation Plan

To insure the safety of your child, please list other adults to whom your child may be released or who is authorized to provide transportation for your child.

To assure that we do not release your child in error, please make a personal code that can be given on the phone should you need to call. If this code is not given when you call us, we will not release the child to anyone other than the people on the list.

Personal Code _____

Emergency Information

Select a person, other than guardians, authorized to act for parent in an emergency

Name _____

Address _____ Zip _____ Home Phone _____

Cell Phone _____ Employer _____ Work Phone _____

Work Address _____ Work Hours _____

Name of Physician _____ Address _____

Telephone # _____

Background Information

Other children in family

Birth date

School

Experiences with others

Has your child been in a day care before? _____

Is the entire family together for any time during the day? _____

What are some of the ways in which your child plays at home?

Does he play with children from other families? _____ How? _____

Does he usually get his own way with other children? _____

If not, how does he react? _____

Eating Habits

At what time does your child eat breakfast? _____ Dinner? _____ Supper _____

Between-meal snacks? _____ Does he feed himself? _____

What is his general attitude toward eating? _____

If he refuses to eat, how is this handled and by whom? _____

Favorite foods _____ Foods disliked _____

Food allergies _____

Sleep Habits

Has room alone _____ Shares with other children _____ Rooms with parents _____

Bedtime is from _____ to _____ Sleeps an average of _____ hours

Naptime is from _____ to _____ Sleeps an average of _____ hours

Attitude toward going to bed _____ If difficult, how is this handled?

Routine associated with going to bed _____

Does he wet the bed at night? _____ At nap time? _____ If so, how is this problem handled? _____

Toilet Habits

Does your child take himself to the bathroom? _____ Time he is taken _____

Time of bowel movement? _____ Regular? _____ Constipated? _____

Does he go to the bathroom willingly? _____ Can he manage his clothing himself? _____

What word does he use for urination? _____ What word does he use for BM? _____

SPEECH AND PHYSICAL GROWTH

Does he talk well? _____ Fairly well? _____ Not very well? _____ Not at all? _____

Does anyone read to him? _____ How often? _____

Would you describe him as active or quiet? _____ Average weight or heavy? _____

Tall, short, or average height? _____ Friendly or unfriendly? _____

Give any other information you think we should have about your child.

I have received a summary of licensing requirements. I do hereby authorize emergency medical care.

Signature of Parent (s)

NOTE: ACA does not discriminate enrollment based on race, nationality, origin, religion or handicap.

Weekly Fees \$ _____ Date child was enrolled _____

Date child is withdrawn _____ Reason for withdrawal _____

Pre-Registration visit _____ Staff initials _____

APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL
RECEIPT OF POLICY STATEMENT AND LICENSING REQUIREMENTS

I have received a copy of the Policy Statement, a copy of "Summary of Licensing Requirements for Child Care Center" and Apostolic Christian Academy Day Care Handbook.

Name of Child

Social Security Number

Name of Parent/Guardian (please print)

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Signature of Parent/Guardian

Signature of Staff Member

Date _____

How did you hear about Apostolic Christian Academy Pre-School?: _____

APPENDIX 6-D

Child's Health History Checklist

Child's Name

Birth Date

Parents/Guardian's Name

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we were unable to reach you right away. Please circle the right answer. We will go over checklist with you when you have finished.

Pregnancy or Birth

Yes No 1) Were there any problems with pregnancy or your child's birth?

Yes No 2) Was his/ her birth weight under 5 ½ pounds?

Yes No 3) Did the baby have any problems in the hospital?

Medical Problems

Yes No 4) Has your child ever been in the hospital overnight?

Yes No 5) Is your child taking any medicine?

Yes No 6) Any allergies or reactions to medicine, DTP or other shots, or insects?

Yes No 7) Has your child had asthma or wheezing?

Yes No 8) Does your child have speech or hearing problems?

Yes No 9) Has your child had more than two ear infections in a year?

Yes No 10) Has your child had tonsillitis?

Yes No 11) Does your child have trouble with his/her eyes or seeing?

Yes No 12) Has your child had a bladder or kidney infection?

Yes No 13) Does he/ she have burning when urinating?

Yes No 14) Does he/she have seizures, fits or shaking spells?

Yes No 15) Have you every been told your child has a heart murmur?

Yes No 16) Is your child able to play as hard as other children?

Yes No 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?

Yes No 18) Has your child ever been with anyone having TB?

Yes No 19) Has your child ever had worms?

Yes No 20) Does your child scratch his/her genital area?

Yes No 21) Is his/her bottom or genitals red or sore?

Yes No 22) Is your child a hemophilic (free bleeder)?

Yes No 23) Is your child on a heart monitor?

Yes No 24) Does your child have tubes in his/her ears?

Older Girls

_____ 25) How old was your daughter when she had her first period?

Yes No 26) Does she have any problems with her period?

General Development

Yes No 27) Is your child in a special education class in school?

Yes No 28) Does your child get along with other children

Yes No 29) Is he/she usually happy?

Yes No 30) Does your child have any special problems not indicated above?

Yes No 31) When did your child last see a doctor? _____

Month

Year

Dear Parents,

Apostolic Christian Academy Daycare will be participating in a new texting system to better serve you. This texting system will provide you with alerts on upcoming events, weather closing and much more. We would ask that you complete the following form and turn it back into the Daycare office as soon as possible.



Please complete form and turn into the daycare office

Primary Contact 1#

Name _____ Number _____

Wireless Carrier _____

Primary Contact 2#

Name _____ Number _____

Wireless Carrier _____

Tennessee
Department of
Human Services
(TDHS)



Form HS-1949
Revised
May 2011

Child and Adult Care Food Program (CACFP)
INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTER PARTICIPANT(S)

PART 1A – NAME OF CHILD CARE CENTER (Enter the name of the child care center):

Apostolic Christian Academy

PART 1B – PARTICIPANT(S) SERVED BY CENTER (Enter the information below for all children from your household that are enrolled for care at the child care center):

Name	Age	Check if Foster Child
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART 2A – HOUSEHOLDS WHICH ARE CURRENTLY RECEIVING BENEFITS THROUGH THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR FAMILIES FIRST (FF) CASH ASSISTANCE OR FAMILIES FIRST (FF) CHILD CARE ASSISTANCE (If your household is now receiving benefits under one or more of these programs, complete this part, and sign the statement in Part 4 – Do not complete Part 2B.): ACCENT Case No. for SNAP or FF Cash Assistance: _____ OR FF Child Care Assistance Case No.:

PART 2B – ALL OTHER HOUSEHOLD MEMBERS (If no information is entered in Part 2A above, complete this part for all household members not identified in Part 1B above and sign the statement in Part 4. Attach additional sheets as necessary)

Names of All Other Household Members	Earnings from Work (Before Deductions)	Child Support, Alimony or Other Income	Payments Received from Pensions, Retirement, & Social Security
1.	\$ _____ per year	\$ _____ per year	\$ _____ per year
2.	\$ _____ per year	\$ _____ per year	\$ _____ per year
3.	\$ _____ per year	\$ _____ per year	\$ _____ per year
4.	\$ _____ per year	\$ _____ per year	\$ _____ per year

Total Number of Household Members: ____ Total Yearly Income for Household from All Sources: \$ _____ Yearly income is calculated as follows: Multiply Weekly income by 52, Bi-weekly income (received every two weeks) by 26, Semi-monthly income (received twice a month) by 24, and Monthly income by 12. Do not round up any numbers.

PART 3 – Medicaid and State Children's Health Insurance Programs – Please check if you do **not** want the information in this application to be shared with the Medicaid and State Children's Health Insurance Programs: ____ **DO NOT WANT APPLICATION INFORMATION TO BE SHARED WITH THE MEDICAID AND STATE CHILDREN'S HEALTH INSURANCE PROGRAMS.**

PART 4 – SIGNATURE (An adult household member must sign the application.) **PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of Federal Funds; that institution officials may verify the information on the statement; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Printed Name of Adult: _____ Signature of Adult: _____ Social Security Number (only last four digits): _____

Street: _____ City: _____ State and Zip Code: _____ Home Telephone: _____

PART 5 – ETHNIC/RACIAL IDENTITY (You are not required to answer this question.): For Ethnicity, please check one of the following: ____ Hispanic or Latino ____ Not Hispanic or Latino. For Race, please check one or more of the following: ____ American Indian or Alaskan Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White. Please see the definitions of Ethnicity and Race on the back of this application.

FOR INSTITUTION USE ONLY: To identify the eligibility classification of the enrolled children identified above, please circle: Free, Reduced-Price or Paid. To identify the basis for classification, please circle: Categorically Eligible or Income Eligible

Determining Official Signature: _____

Date: _____

Our Daily Bread Of Tennessee Inc.
ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE

Apostolic Christian Academy / Donita Jeter

Name of Child Care Facility / Director Name

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued on September 1, 2004, by the U.S. Department of Agriculture. The Addendum will be valid for one calendar year from the date of the parent or guardian's signature.

Participant Name:

Enrollment Date:

Special Needs Child

Normal Days of Care (Circle as Appropriate)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Normal Hours of Care during School Year:

_____ to _____

to

_____ to _____

Normal Hours of Care during Summer:

_____ to _____

to

_____ to _____

Participant Meals (Circle as Appropriate):

Breakfast

AM Supplement

Lunch

PM Supplement

Supper

Evening Supplement

Parent/Guardian Name:

Parent/Guardian Daytime Telephone Number (with Area Code):

Signature of Parent/Guardian

Date of Signature

APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL POLICY STATEMENT

Your child's teacher: _____

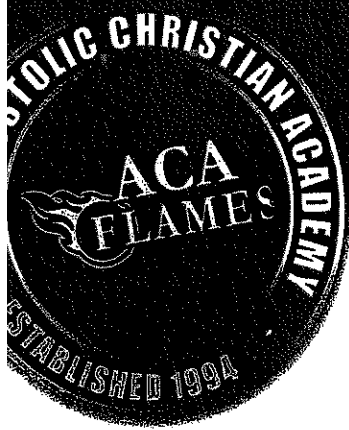
1. APOSTOLIC CHRISTIAN ACADEMY will be open from 6:30 a.m. to 6:00 p.m. Monday-Friday for the K2-K4 classes. Infant & Toddler classes will be open 7:30 a.m. to 5:30 p.m. Children cannot be accepted earlier or kept later.
2. Parents are expected to bring their child into APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL and remain with him until a brief health check is completed. A child may not remain at the center if he is thought to be ill.
3. The following must accompany the child upon admission: Completion of all enrollment forms and a current immunizations record signed by a health care provider. Each child must receive all immunizations at entry unless there is a medical reason certified by a health care provider why these immunizations should not be made.
4. Annual health examinations may be required and are the responsibility of the parent.
5. If a child becomes ill during the day, his parents will be called to come and take him home. Sick children cannot be cared for at APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL.
6. If a child must be given medications by ACA staff, the director must be informed. Each bottle must be clearly labeled with the child's name and instructions. A written note from the child's physician must accompany the medication. **NO OVER-THE-COUNTER MEDICATION WILL BE GIVEN BY APOSTOLIC CHRISTIAN ACADEMY STAFF.**
7. Parents will be promptly notified of the occurrence of a communicable disease around the center's children.
8. Parents must fill out an authorization form that gives persons other than the parents' permission to pick up children.
9. Parents are asked to see that children do not bring food, money or toys to the center.
10. ACA staff will not release a child to anyone who may be in a hostile state of mind. If our staff has reason to believe that the person picking up a child may be intoxicated, we will call the local law enforcement authorities.
11. Each child must have a change of clothing, clearly labeled with his name, to be left at the center for emergencies.
12. Outdoor play is an important part of our program. Please see that your child is suitably dressed to play outside except in bad weather. Please do not ask that your child remain inside when his class goes outside.
13. Parents are to notify the ACA office of change in work, cell or home phone numbers in order to reach you in an emergency.
14. ACA has an Emergency Management Disaster Plan in case of an emergency. ACA Staff has been trained and is prepared in case an emergency arises. We have regular scheduled fire drills and tornado drills
15. APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL will provide the following additional services:
 - a. Breakfast is available for an additional fee. Children must arrive no later than 7:00 a.m. to participate in the breakfast program
 - b. Hot lunches
 - c. Morning and afternoon snacks
 - d. Holding fee up to 2 weeks will be charged when a child does not attend APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL. (does not apply to infant and toddler classes) Please note: After 2

weeks of being absent without notifying the office, the child's name will be removed from the roll.

e. Kindermusik class (no additional fee).

16. Our childcare fee is \$ _____ per week and shall be paid in advance each Friday for the following week.
17. APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL will be closed for the following holidays:

New Year's Day	Thanksgiving Day and next day
Memorial Day	Christmas Eve
Fourth of July	Christmas Day
Labor Day	New Year's Eve
18. Infant and Toddler class will allow one week for vacation after the child has attended for one year. After your one year anniversary, you will be eligible for one week's vacation that you will not have to pay normal fees. Otherwise, all fees are weekly and must be paid by Tuesday by 6:00 p.m. to avoid any late charges.
19. APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL uses Neosporin Ointment. We will use this when children need first aid for minor scrapes and cuts.
20. APOSTOLIC CHRISTIAN ACADEMY PRE-SCHOOL uses sunscreen on each child when the children are outside to play. The sunscreen will be 15 SPF or higher and will be a sunscreen of our choice.
21. **All children are required to wear tennis shoes at all times.** Please do not send your child in sandals or open toe or open back shoes.
22. Aca reserves the right to dismiss any child/children that we deem necessary for the safety of all students.
23. ACA does not discriminate enrollment based on race, nationality, origin, religion or handicap.
24. Please do not ask any staff member of ACA to spank your child. We maintain a hands-off-policy. Time-out is used to redirect attention based upon one minute per year according to the age of a child.



1723 William Blount Drive • Maryville, Tennessee 37801 | 865.982.4901

Dear Infant & Toddler Parents,

Thank you for the opportunity of serving you and your family. We are honored that you have chosen Apostolic Christian Academy and it is our desire to provide you with the best possible environment to care for your children.

In an effort to serve your children to the best of our ability and for sanitary reasons, we are requesting that all items sent for your child be labeled with their name or initials (bottle, cups, pacifies, spoons, ect.) We will rinse the bottle, cups and eating utensils and send them home daily for you to wash and sanitize. We will be using your baby wipes after lunch on your child. If you would prefer for us to use a wash cloth, please send a clean one daily in a plastic baggie. Please keep a change of clothes in a plastic bag and be sure your bag is restocked daily with items needed for your child.

If your child eats baby food, you will need to provide the spoons and bowls if needed. Once your child is eating off of the menu and no longer eating baby food, we will provide the eating utensils with the meal. When your child is drinking from a cup, we are requesting that you send a spill-proof sippy cup each day. We will not provide sippy cups for the children. We request that you do not send breakfast with your child once they are eating of the menu.

When your child is 24 months old, we will start to help you with potty training. At this time, we require all children to wear pull-ups with the Velcro side openings until potty trained. Please continue to send wipes along with the pull-ups until they are completely potty trained.

If you have any question, please feel free to see your child's teacher or Sister Jeter. Thank you for your support and cooperation.

APOSTOLIC CHRISTIAN ACADEMY DAY CARE



- Parents shall be informed of movie showings and video/computer games and their ratings.
- Computers, if used, shall be located in view of a caregiver for monitoring purposes.
- An opportunity for outdoor play shall be extended to children of all ages who are in care more than three (3) daylight hours; when the temperature range, after adjustment for wind chill and heat index, is between thirty-two (32) degrees and ninety-five (95) degrees Fahrenheit and not raining.
- A reclining rest period of at least one (1) hour shall be provided for all preschool children in care for six (6) hours or more.
- Each child shall be allowed to form his own patterns of sleep.

B. Behavior Management and Guidance.

- Spanking or any other type of corporal punishment is prohibited. ("Corporal punishment" is the infliction of bodily pain as a penalty for behavior of which the punisher disapproves.)
- Praise and encouragement of good behavior shall be used.
- When a child is engaging in unacceptable behavior the caregiver shall, prior to disciplining the child, first distract the child's attention and substitute a desirable activity.
- Attention spans and skills of children shall be considered so that caregivers do not require children to engage in developmentally inappropriate behavior.
- Toilet training shall never be started until a child has been in the program long enough to feel comfortable and is able to communicate a need to use the bathroom.

C. Educational Activities

- A daily program shall provide opportunities for learning, self-expression, and participation in a variety of creative activities such as art, music, literature, dramatic play, science, and health.
- Indoor physical activities, requiring children to use both large and small muscles, shall be provided for children of each age group.
- For ages three (3) through school-age, the curriculum shall include instruction in personal safety as needed but at least once a year.

D. Nighttime Care

- If children receive night care, caretakers must provide a calm, nurturing environment and a routine hygiene plan must be in place.

6. Health and Safety, Chapter Section 0520-12-01-.10

A. Children's Health

- Children's health records shall be maintained as directed under subchapter 0520-12-01-.05.
- Each child shall be immunized according to the current Department of Health guidelines unless exempted pursuant to subchapter 0520-12-01-.05(8). Programs serving non-school-age children shall maintain written policies for dis-enrollment of children who fail to comply with Department of Health immunization guidelines in a timely manner.
- Parents of every child enrolled shall be notified immediately if any communicable disease has been introduced into the program:
- Parents must be notified if their child is hurt and becomes ill.
- Medications must be labeled with instructions and must be kept under lock.
- Documentation of administration and side effects of any medication given must be kept.
- Smoking is not permitted in the presence of children.
- The diapering area must be appropriate, near hand washing lavatory and cleaned after each diaper change.

B. Staff Health

- Staff must have documentation that the staff person is capable of safely and appropriately providing care for children in a group setting. The documentation shall be on file within ten (10) calendar days of employment or starting to work.
- A statement of mental or emotional health shall be obtained from a psychiatrist or clinical psychologist when deemed necessary by the Department.
- Physicals are required every 3 years.

C. Safety

- There shall be a staff member present at all times who has current certification in CPR and first aid training.
- A first aid kit must be on the premises as well as a first aid chart.