

EARLY CHILDHOOD CENTER
West Market Street United Methodist Church

312 W. Friendly Avenue • Greensboro, NC 27401 • (336) 378-6093



Dear Parent:

Welcome to the Early Childhood Center. We look forward to getting to know your child and your family. Enclosed please find your child's enrollment package for our center. In order to meet state license requirements and to protect your child's safety we require all paperwork including the Physician's Medical Form & Immunization Record to be turned in no later than one week prior to your child's first day of attendance.

If we can assist you with the enrollment package please contact us.

Phone: (336) 378-6093

Fax: (336) 378-0483

Website: www.eccgreensboro.org

Email:

Director: Teri Smith – tsmith@eccgreensboro.org

Assistant Director: Marian Dotts – mdotts@eccgreensboro.org

Staff Coordinator: Monique Staley – mstaley@eccgreensboro.org

Sincerely,

Teri Smith
ECC Director



Child Enrollment Form

OFFICE USE ONLY:
 Program: Half Day Full Day After school
 First Day of Attendance: _____
 Classroom assignment: _____

Child's Name: _____
(First) (Middle) (Last) (Name used by parent)_

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Age: _____ () Male () Female
(Month, Day, Year)

FAMILY INFORMATION:

1. Parent # 1 _____
 Address _____
(Street) (City) (State) (Zip Code)

Home Phone # () _____ Cell Phone # () _____ Pager # () _____

Email Address: _____ Home ___ Work ___

Employer _____ Work Phone # () _____

2. Parent #2 _____
 Address _____
(Street) (City) (State) (Zip Code)

Home Phone # () _____ Cell Phone # () _____ Pager # () _____

Email Address: _____ Home ___ Work ___

Employer _____ Work Phone # _____

3. Which parent should be listed on tax statements, payment receipts, and financial reports?
 Parent #1 or Parent #2

4. ECC emails invoices and payment receipts. Printed copies are available upon request to the front desk.
 Please list the email address to send you these forms: Email Address: _____

5. Who has legal custody of the child for whom application is being made? _____ It is the parent's responsibility to notify the school of any custody changes and to provide documentation while the child is enrolled at Early Childhood Center.

6. Is either parent a member of West Market Street United Methodist Church? Yes No

7. Are any grandparents of this child members of West Market Street United Methodist Church? Yes No

8. Do you have any other children currently enrolled at Early Childhood Center? ___yes ___no
If yes, List by names _____

9. Have you had children enrolled in the past? ___yes ___no If yes, list by name _____

10. Please list names and ages of brothers and/or sisters: _____

11. How did you find out about the Early Childhood Center? _____

12. Why do you want to enroll your child at the Early Childhood Center? _____

EMERGENCY INFORMATION:

Does your child have any known allergies? () Yes () No

Children with serious allergies must have an allergy action form on file. Please see the director for the form to be completed by the child's physician prior to your child's first day.

For mild allergies, please describe the allergy and your child's reaction: _____

Child's Doctor _____
(Name) (Address) (Phone Number)

Child's Dentist _____
(Name) (Address) (Phone Number)

Hospital Preference (Required): _____ Medical Insurance Carrier _____ Policy Number: _____

In an emergency every effort is made to contact the child's parents (guardians) first. In an emergency when neither parent nor guardian can be contacted NC Child Care Rules require parents to list a minimum of 2 individuals who live in the Greensboro area and have a local phone number to be contacted (parents cannot be included). We cannot list contact numerically.

Name _____ Relationship _____ Home # _____ Work # _____ Cell: _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell: _____

Individuals to whom your child can be released other than emergency contacts

A form is available to add or remove individuals as needed.

Name _____ Relationship _____ Home # _____ Work # _____ Cell: _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell: _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell: _____

Name _____ Relationship _____ Home # _____ Work # _____ Cell: _____



Family Enrollment Agreement

So that each parent understands Center policies, we ask that you read the following information and sign this form indicating your agreement and understanding of the policies set forth.

1. Upon enrollment, a handbook will be furnished to each parent that will include general regulations and procedures of the Child Care program. I understand any policy changes will be given to me in writing.
2. I understand the Early Childhood Center voluntarily follows enhanced licensing requirements through our center policies and classroom practices, staff education requirements and reduced staff to child ratios in our classrooms.
3. I understand that I am responsible for keeping the information in my child's file up-to-date and in no way will hold the Early Childhood Center responsible for failure to notify me in case of emergency because of incorrect or out-of-date information.
4. I hereby agree that the Center and staff are released from liabilities arising from illnesses that may be contracted by my child while on the premises of the Early Childhood Center. I fully realize that my child will be subjected to communicable diseases.
5. I give permission to the Early Childhood Center to take my child on field trips and places of interest. Announcements regarding field trips are normally posted one week prior to the date of the trip.
6. I agree that my child may be outside the fenced area on occasions such as nature walks. Infants and toddlers may take rides outside the fenced area in a Bye Bye Baby Buggy.
7. I understand that children in the 3 year old and older classrooms participate in Chapel Time as described in the parent handbook. **My child has permission to participate ___Yes ___No.**
I understand alternative care will be provided during Chapel Time for my child if I choose for my child to not participate.
8. I understand The Early Childhood Center participates in community awareness activities and that individuals and/or community professional may come into my child's classroom. My child may be photographed and/or video taped and newspapers, television stations, church newsletters, colleges and universities may use those images. If I choose for my child not to participate in these activities I will provide a written statement to the director.
9. I understand The Early Childhood Center staff will take photographs of my child to be displayed in the center. If I do not wish for my child to be photographed I will provide a written statement to the director.
10. The Center is not responsible for the loss of personal property whether the loss occurs by theft, fire, or any other cause.
11. The Early Childhood Center admits children of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children at the Center. It does not discriminate in the administration of its personnel or educational policies, admission policies, or other programs.
12. As parents, we agree to bring any and all questions and criticisms to the person most directly involved. If we have concerns regarding the care or program provided to our child, we agree to make these concerns known to the teacher. If a satisfactory conclusion is not reached, then we will contact the Child Care Director.
13. I understand my child may be withdrawn if my tuition is not paid in full by the 10th of the month and I have not made a financial arrangement with the director or the assistant director.
14. **Occasionally families ask to get in touch with their child's classmates, please check yes if you will allow us to share your families information with other families in our program. Check no if you do not wish to be included. ___Yes ___No**
15. I have read and understand ECC Wellness Policy as explained in the Parent Handbook.
16. I understand a copy of the Summary of NC Child Care Law is in the Parent Handbook.
17. I understand I will be charged a late arrival fee of \$1.00 per minute when I arrive after my child's program closes. Additional Fees will be charged after the first 2 events. Full Day closes at 6:00PM, Half Day closes at 1:00PM.

I have read the enrollment agreement. By signing this agreement I am indicating my support and agreement to the policies as stated in this agreement and the Parent Handbook. I understand I will any policy changes in writing.

Parent #1's signature

Parent #2's signature

Date



Family Financial Agreement

I agree to pay The Early Childhood Center the monthly tuition amount as stated on the tuition rate sheet. I understand that tuition is due on the 1st of each month and is past due at 6:00PM on the 5th. If the 5th falls on a Saturday or Sunday then tuition is past due on the next Monday at 6:00PM. I understand I will be charged a late fee of \$20.00 for any unpaid balance. If my tuition has not been paid in full by the 10th of the month and I have not made a financial agreement with the director or assistant director my child may be withdrawn. Invoices and payment receipts are sent via email. Printed copies are available upon request to the front desk.

I understand I pay full tuition each month during my child's enrollment, with no exceptions.

This includes the following holidays when the center is closed:

- | | |
|------------------------|--|
| NEW YEAR'S DAY | THANKSGIVING |
| MARTIN LUTHER KING DAY | FRIDAY AFTER THANKSGIVING |
| GOOD FRIDAY | CHRISTMAS EVE |
| MEMORIAL DAY | CHRISTMAS DAY |
| JULY 4TH | THE DAY AFTER CHRISTMAS (if it falls on a weekday) |
| LABOR DAY | TEACHER WORKDAYS (ANNOUNCED ANNUALLY) |

I understand that during severe inclement weather I will be expected to pay for a full month even if the Center has to be closed.

I understand that I will be charged an annual fee. Annual/Registration fees are as follows.

- Full Program registration fee is \$75.00 per child.
- Half Day Program registration fee is \$50.00 per child
- Half Day Summer registration fee is \$25.00 per child
- Full Day Summer School Age registration fee is \$25.00 per child.

I understand that I will be charged a late pick-up fee any time I arrive after my child's program closes. The fee is explained in the Parent Handbook. The full day program closes each day at 6:00 PM and the half-day program closes each day at 1:00 PM. Parents should arrive in time to pick up their children and vacate the premises in a timely manner.

I understand I will be charged a return check fee of \$30.00 for any checks that are returned by the bank. I understand if I have three checks returned in one year I will be required to pay by cash or money order for the next 12 months.

I understand security keys are required for entrance to the building. There is a \$10.00 fee for each key, payment must accompany the security key request form located in the enrollment package.

I understand that failure to keep fees current is just cause for loss of my child's placement at the Early Childhood Center.

I understand fees are set by the Child Care Board and are subject to change.

I understand I must give 30 day notice in writing of withdrawal to the Director, or I will be expected to pay for one month's tuition.

By signing this form I acknowledge that I have read, understand and agree with its provisions. By signing I accept responsibility for my Child's Financial Account

Parent #1's signature

Parent #2's signature

Date



Discipline Guideline CHILD'S FILE COPY

As adopted April 1990

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, this Center will practice the following discipline and behavior management policy. Parents are encouraged to follow the same discipline 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 environment to attempt to prevent problems before they occur.
5. **Do** listen to the children.
6. **Do** provide alternatives to the children for inappropriate behavior.
7. **Do** provide the children with natural and logical consequences.
8. **Do** treat the children as people and respect their needs, desires, and feelings.
9. **Do** ignore minor misbehavior.
10. **Do** explain things to the children on their level of understanding.
11. **Do** use short supervised periods of "Time Out".
12. **Do** stay consistent in our behavior management program.

WE DO NOT:

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

I, the undersigned parent or guardian of _____ (child's full name) do hereby state that I have received and read a copy of the Center's Discipline & Behavior Management Policy and that the Center director/coordinator (or other designated staff member) has discussed the Center's Discipline & Behavior Management Policy with me.

Signature: _____ Date: _____



Discipline Guideline PARENT'S COPY

As adopted April 1990

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, this Center will practice the following discipline and behavior management policy. Parents are encouraged to follow the same discipline management policy:

WE:

13. **Do** praise, reward and encourage the children.
14. **Do** reason with and set limits for the children.
15. **Do** model appropriate behavior for the children.
16. **Do** modify the classroom environment to attempt to prevent problems before they occur.
17. **Do** listen to the children.
18. **Do** provide alternatives to the children for inappropriate behavior.
19. **Do** provide the children with natural and logical consequences.
20. **Do** treat the children as people and respect their needs, desires, and feelings.
21. **Do** ignore minor misbehavior.
22. **Do** explain things to the children on their level of understanding.
23. **Do** use short supervised periods of "Time Out".
24. **Do** stay consistent in our behavior management program.

WE DO NOT:

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

I, the undersigned parent or guardian of _____ (child's full name) do hereby state that I have received and read a copy of the Center's Discipline & Behavior Management Policy and that the Center director/coordinator (or other designated staff member) has discussed the Center's Discipline & Behavior Management Policy with me.

Signature: _____ Date: _____



Child's Medical Form

Name of child _____ Birth Date _____
 Name of Parent _____
 Address of Parent _____

Medial History (May be completed by parent)
1. Is child allergic to anything: No ___ Yes ___ If yes, what? _____
2. Is child currently 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 for what? _____
5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___; Diabetes No ___ Yes ___; Convulsions No ___ Yes ___; Heart trouble No ___ Yes ___; Asthma No ___ Yes ___ If others, what/when? _____
6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____
Any mental disabilities? No ___ Yes ___ If yes, please describe: _____
I give permission for the director or his designee to talk with my child's physician concerning health care related to his enrollment at The Early Childhood Center.
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Parent or Guardian's signature Date </div>

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 DHHS standards for EPSDT program.
Weight _____% Height _____%
Heart _____ Chest _____ Throat _____ Neck _____ Abdomen _____
Abd/GU _____ Ext. _____ Neurological System _____
Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____ Nose _____ Vision _____ Hearing _____
Should activities be limited? _____ Yes _____ No If yes, explain _____
Recommendations: _____
Has this child been screened for lead at 12 and 24 months of age, or once before the age of six? ___ yes ___ no
Results of TB Test, if given: Type _____ Date _____ Normal _____ Abnormal _____ followup _____
Developmental Evaluation: _____ Delayed _____ Age appropriate
If delay, note significance and special care needed: _____
Any other recommendations? _____
Date of Examination _____
Signature of authorized examiner/title _____ Phone # _____



Immunization History

Must be completed by a medical professional or attach a copy of the physician's record.

Child's Name: _____ Date of Birth: _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
**MMR (combined dose)					
****Chicken Pox					
Prevnar					
Other					
Other					

- *Required by State Law
- **Required by State Law for children born on or after 10/1/88
- ***Required by State Law for children born on or after 7/1/94
- ****Required by State Law for children born on or after 4/1/01

RECORDS UPDATED:	DATE UPDATED:

A physician's copy of your child's immunization record is acceptable to replace this form.



Security Key Identification & Request Form

ECC utilizes a security key system to gain entrance to our facility. Every family enrolled is required to use a security key. We ask that parents not permit individuals they do not know to enter the building. When the buzzer rings an administrator can see and or speak to the individual to determine whether to permit them entrance to the building. You will need to buzz in until your keys are made. This is generally done within a few days of enrollment.

Every family enrolled is required to have a minimum of one (1) security key. You will need to complete the information below and attached payment to order your security keys. Please order keys for those individuals who will bring or pick up your child on a regular basis.

Families who habitually buzz the door to gain entrance will have a new key issued and will be expected to pay for the key. It is not an option for parents or caregivers to not use their key to enter the building.

Please complete the following information to order your security door key(s). Keys are \$10.00 each. PAYMENT MUST BE ATTACHED TO THIS FORM.

Parent's name: _____ Date: _____
(Please print first and last name)

Child's name: _____

The initial key is to be issued to: _____
(Please print first and last name)

To request additional keys we must have the information listed below for each key.

Please **print** the name of the individuals who will use these keys. A different name for each key is required.

1. _____
2. _____
3. _____
4. _____

Office use only: First Day: _____ Class Assignment: _____ Key(s) made: _____ Key(s) invoices: _____

Parent Appreciation Committee (PAC)



Hello parents-

Welcome to the new school year at ECC! I am excited to be serving you this year as your chair of the Parent Appreciation Committee (PAC). I look forward to meeting you this year and welcome your suggestions and questions. Please don't hesitate to contact me.

What is PAC?

The Parent Appreciation Committee exists to support and appreciate the teachers, assist in classroom and facility enhancements, and promote parent outreach advocacy.

Because ECC is a non-profit organization and a ministry of West Market Street United Methodist Church, funds are limited, and the funds that are left over are invested back into ECC. PAC works throughout the year to raise additional funds to fulfill its mission and support the programs of ECC.

What are the fundraisers?

- Attraction Books (September)
- Pizza/Chick-Fil-A Lunches (September – May)
- Harris Teeter VIC-card Program (year-round)*
- Basket Raffle (April)
- Greensboro Grasshoppers Parking (June – September)
- Campbell's Soup Labels (year-round)*

What does the money go toward?

The funds raised go toward supporting the teachers of ECC who are extremely dedicated to the nurture and growth of our children. We are blessed to have teachers with high levels of education and training as well as strong passion for loving and caring for our children. With your help, we are able to provide:

- Teacher Appreciation breakfasts/desserts/lunches, once a month
- End-of-the-year Luncheon for teachers
- Bonuses for the teachers at Christmas and at end of the school year
- Allowances for additional classrooms supplies or equipment for special projects

How can you help?

We would love to know you and hope that you'll get involved with the PAC activities. There are two ways you can be involved. First, we welcome you at the PAC monthly meetings on the 1st Thursday of each month at 12:15 pm. These meetings are held in the Resource Room of ECC and feel free to bring your lunch.

Secondly, you can assist with our fundraisers. Those fundraisers with an asterisk (*) take minimal effort on your part. The other fundraisers take only 1 – 2 hours of your time. Please consider how you can share your time and talents on the behalf of ECC. Take a moment to read more details about each fundraiser and fill out the attached sheet. You can give it to your teacher, drop it by the front desk or email me.

If you have any other questions, concerns, new ideas, please let me know. I look forward to a great year!

Kimberly Kramer
Kramerkimberly@hotmail.com



PAC Activities 2010-2011

Harris Teeter

ECC proudly joins Harris Teeter's Together In Education program to help raise funds for our school. It's easy and it's FREE. You only have to link your VIC card once each school year. If you participated in the past, please be sure re-link your VIC card for the 2009-2010 school year. You can link your VIC card by:

1. Giving the cashier at the time of check-out, our school code (**4776**), and your VIC card the next time you are shopping at Harris Teeter.
2. Go to www.harristeeter.com and look for the Together In Education section to link your VIC card online, using our school code (**4776**).
3. Look for a PAC member at the Open Houses and they will collect your information for you and enter it online in order to assist you.

Once your VIC card is linked, ECC will receive a percentage of your Harris Teeter brand purchases (Harris Teeter, Premier Selection, H.T. Traders, Harris Teeter Naturals, Your Pet, Hunter Farms, Highland Crest, and More Value). Please keep these brands in mind when making your selections. This program does not interfere with your VIC card savings or cost you any money. Last year, 30 families (of approximately 100 families at ECC) participated and almost \$400 was raised for ECC. Our goal this year is to have 75 families participating and \$800 raised.

Campbell's Labels

The Campbell's Labels for Education program is a great way to get FREE merchandise for our classrooms. Participating in the program is easy – simply save the UPC bar code along with the "Labels for Education" symbol from each participating Campbell product. Place them in the collection box at the PAC Information Station in the Atrium at ECC. For each label, points are earned and the teachers get to browse the merchandise catalog for items for ECC. Please see the attached flyer for a listing of all the labels that qualify.

Pizza/Chick-Fil-A Lunches

Another fundraiser that benefits everyone is providing lunch for the children approximately once a week. Kids get a cool lunch, parents have to pack lunch one day less a week, and ECC raises funds. Lunch consists of either CiCi's Pizza or Chick-Fil-A nuggets along with a fruit and a vegetable. Please pick up an order form from your teacher, at the front desk, at Open House, or at the PAC Information Station in the Atrium. Please be mindful of the deadline to sign up. This is our largest fundraiser bringing in over \$4000 last year.

Attractions Books: Dining and Value Guide

This is our first fall fundraiser and it's so easy! Your child will receive a book in his/her folder early in September (you are under no obligation to purchase the book). You can keep the book and submit a check for \$25. After purchasing a book for your family, pick up some extra books at the front desk and take them to work, church, or family gatherings and sell them. For every book sold, ECC gets \$10. This is another good fundraiser for ECC - \$2200 was raised last fall. Our goal for this fall is \$3000.

Basket Raffle

PAC hosts a basket raffle each spring, typically during the Week of the Young Child celebration. Each classroom is assigned a theme basket and parents are asked to either donate items to fill

the baskets or solicit donations from local businesses. Past basket themes have been Parents' Night Out, Princess, Super-Hero, Family Night Out, Summer Fun, and many more. Last year, \$2100 was raised; our goal for this year is \$3000.

Greensboro Grasshopper Baseball Parking

During the baseball season West Market Street United Methodist Church generously gives ECC the opportunity to collect parking fees for several Grasshopper games. For each game two volunteers are needed and it only takes 90 minutes of your time. For the 2009 baseball season, close to \$1000 has been raised. Our goal for the 2010 baseball season is \$1500.

Teacher Appreciation Breakfasts/Desserts/Snacks

Each month, September – May, PAC sponsors either a breakfast or afternoon snack for the ECC staff. Every classroom is assigned a date to bring goodies for these special treats. The sign up sheet will be placed in your classroom at least a week prior to the event. Please sign up to bring an item. This is an easy way to express our gratitude for the ECC teachers and staff.

Room Representatives

We'd love to have 2 parents serve as Room Representatives for each class. Room Representatives serve as liaisons between the teachers, PAC and parents, often assisting with communication. They will also coordinate any efforts that require parent participation.

PAC Activities Sign Up

Thank you for your time and for being a part of ECC.

Name: _____

Child's Name: _____

Child's Class: _____

Email address: _____

Day phone: _____ Evening phone: _____

I would like to assist with the following:

- ____ Room Representative
- ____ Teacher Appreciation
- ____ Breakfast/snack
- ____ End-of-the-Year Luncheon
- ____ Assist in serving a pizza/Chick-Fil-A lunch
- ____ Basket Raffle
- ____ Coordinator
- ____ Solicit an item from a business/organization
- ____ Assemble baskets
- ____ Grasshopper Baseball Parking
- ____ Coordinator
- ____ Work the parking lot for a game

Do you have a special talent that you'd like to offer or teach children (photography, gardening, a foreign language, etc)?

Do you have professional skills that could be shared (marketing, graphic design, etc.)
