



Albemarle Preschool

"Inspiring excellence and character in a nurturing environment."



2021-2022 Enrollment Contract

In consideration of having your child enrolled in Albemarle Preschool and other valuable considerations, the undersigned jointly and severally promise to pay Albemarle Preschool the sum hereinafter stated.

Preschool Programs

\$130.00 per week. Tuition is due every Monday (first day of the week).

Annual Enrollment and Materials Fee: \$100.00

The Annual Enrollment and Materials Fee is charged at the time of enrollment and renewed on the first day of the new school year annually.

*Albemarle Preschool does not offer part-time care. Tuition will not be prorated for absences or facility closings. The only exception is a public health closure such as COVID-19. If the school closes for public health reasons, tuition will not be charged. The child's spot will be held until we reopen again but your balance must be up to date and paid and full in order to maintain the child's enrollment. Tuition is not prorated for weather closings or holidays. A calendar of holiday closings is provided to parents upon enrollment. Our parent handbook has further information about financial responsibilities. We do charge extra fees for late pickups and late payments.

Name of Child: _____ Date of Birth: _____

Printed Name of Parent/Guardian Parent Social Security # Parent Date of Birth

Mailing Address City State Zip Code

Home Phone # Cell Phone # Email Address

Albemarle Preschool is able to provide meals and snacks for students because of the Cape Fear Program. Parents are required to complete Cape Fear enrollment forms.

By signing below, I am agreeing to pay weekly tuition payments of \$130.00 per week with the first payment being due on the first day of attendance. Each payment thereafter is due on the first day of the week until the child is withdrawn by submitting a written two-week notice of withdrawal or the school session ends. Payments not received by Friday of that week will be assessed a \$20.00 late fee for EACH week the payment is late. Monthly payments are also acceptable and should be made at the beginning of each month. Accounts past due over 3 weeks will be subject to dismissal. Re-enrollment will only be allowed if space is available and financial obligations have been met. Accounts in default of payment are subject to collection action. If you are signed up for automatic payments, and the above amount is different than the amount we are already charging you each week, we reserve the right to change the automatic payment amount to reflect the most up to date contract.

Parent Signature: _____ Date: _____



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Application for Enrollment

Please do not leave any line blank. Put "NA" if there is no response.

Child Information:

Full name: _____

Last

First

Middle

Nickname

Child's Physical Address: _____

Family Information: Child Lives with: _____

Mother/Guardian's Name: _____ Cell Phone: _____

Address (If different from Child's): _____ Zip Code: _____

Place of Employment: _____ Work Number: _____

Email Address: _____

Father/Guardian's Name: _____ Cell Phone: _____

Address (If different from Child's): _____ Zip Code: _____

Place of Employment: _____ Work Number: _____

Email Address: _____

Contacts: Child will only be released to the parents/guardians 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 Number

Name	Relationship	Address	Phone Number

Name	Relationship	Address	Phone Number



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Application for Enrollment

Please do not leave any line blank. Put "NA" if there is no response.

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 that occur, and type of response needed for these health care needs or concerns:

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

List any types of medications 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 an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator: _____ Date: _____



Albemarle Preschool Discipline and Behavior Management Policy

Praise and positive reinforcement are highly effective methods of behavior management with young 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 will:	We will NOT:
<ul style="list-style-type: none"> • 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 • Provide alternatives for the inappropriate behavior to the children • Provide the children with natural and logical consequences to their behaviors • Treat the children as people 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 	<ul style="list-style-type: none"> • Spank, shake, bite, pinch, pull, slap, or otherwise physically punish the children • Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children • Shame or punish 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, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

"Time out" is the removal of a child for a short period of time (1 minute for each year of the child's age) from a situation in which the child is misbehaving and has not responded to other discipline techniques. This "time out" space, usually a chair, is located away from the 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 while they attempt to calm their body and mind. After that brief time, 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 to other children.



Albemarle Preschool Photo Release

I understand that my child may be photographed and/or videotaped while at Preschool. These photos/video clips can be used for placing photos of children within the classroom or in arts and crafts to be hung on doors, in the hallways, etc. I also give my permission for Albemarle Preschool and their associates to use photographs/videos of my child for the purpose of:

Please check all that apply:

- Promotional purposes, on our preschool website, on flyers.
- On our Albemarle School Facebook page.
- To create a video collage or DVD for families of enrolled children (end of the year remembrance video).
- For school grants and grant requests.
- For newsletters to be dispersed to currently enrolled families.

I also understand that if I change my mind, I must request to fill out another photo release form.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____



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Albemarle Preschool Acknowledgment of Receipt of Policies and Information

Name of Child: _____

I, the parent or guardian of the child named above, confirm by my signature that the following documents have been provided to me and reviewed with me (an electronic copy is acceptable). I understand that I will receive notice at least 14 days before changes made to these documents go into effect. Please initial beside each item below.

____ Parent Handbook

____ Summary of NC Child Care Law

____ Discipline Policy

____ Policy for Shaken Baby Syndrome and Abusive Head Trauma (up to 5 years old)

____ I am aware that my child may be transported by personal vehicle of an employee in the case of an extreme emergency. I will not hold Albemarle School or the driver(s) of the vehicle responsible for any damage or injuries, which may occur as the result of any unforeseen accident.

____ I am aware that smoking, the use of tobacco products, or other products such as e-cigarettes is prohibited on the premises, which includes cars in the parking lot.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

We sometimes offer activities that require leaving the fenced-in play area. Examples include taking a nature walk around the premises, visiting a fire truck in the parking lot, and drawing with chalk in the courtyard. During this time, we maintain close supervision and required staff/child ratios at all times.

*Please note that during fire and other emergency drills, or real emergency situations, we are required to safely evacuate children outside of the fenced area.

____ I will allow my child, listed above, to participate in activities outside of the fenced play area.

OR

____ I will not allow my child, listed above, to participate in activities outside of the fenced play area.

Signature: _____ Date: _____

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical 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: _____

Signature of Parent or Guardian _____ Date _____

B. 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.
Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:
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Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQuad					
Varicella/Chicken Pox	Var	Varivax	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prenvar 13, Pneumovax***						

*Required by state law for children born on or after 7/1/2015.
 **3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.
 ***PPSV23 or Pneumovax is a different vaccine than Prenvar 13 and may be seen in high risk children over age 2. These children would also have received Prenvar 13.
 Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.
 Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

Note: For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.



Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, Albemarle Preschool and Child Care Center, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will³:
- Call 911 immediately upon suspecting SBS/AHT and inform the director. ○
- Call the parents/guardians.
- If the child has stopped breathing, trained staff will begin pediatric CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: (252) 338-2126

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies⁵:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age.

Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-ecd/

Resources

List resources such as a staff person designated to provide support or a local county/community resource:

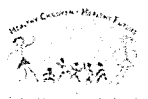
- The Director, Cheyanne Walters, will provide support to staff and families when needed.

Parent web resources

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/athome/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>

Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-babysyndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-andadvice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

Communication

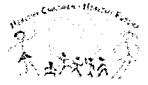
Staff

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the SBS/AHT parent acknowledgement form in the child's file.

* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

7/12/21

Effective Date

This policy was reviewed and approved by:

Chyan Walker

7/12/21

Owner/Director (recommended)

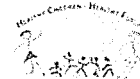
Date

DCDEE Child Care Consultant (recommended)
Date

Date

Child Care Health Consultant (recommended)

Annual Review Dates



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of

Child's name

Acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

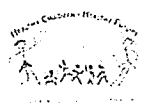
Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date



Albemarle Preschool 2021-22 Schedule

2021

April 2nd and April 5th- Easter Holiday, closed

May 31st- Memorial Day, closed

June 1st thru August 5th- summer session

July 5th- Independence Day holiday, closed

August 6th- Teacher Work Day, closed

August 9th- First Day, open at 6:30

September 6th- Labor Day, closed

October 11th- Columbus Day, closed

November 11th- Veteran's Day, closed

November 24th- close at 11:30

November 25th and November 26th- Thanksgiving, closed

December 23rd, 24th, and 27th - Christmas holiday, closed

December 28-30- open

December 31st- New Year's Eve, closed

2022

January 3rd- New Year's holiday, closed

January 17th- Martin Luther King Jr. holiday, closed

February 21st- President's Day, closed

April 15th- Easter holiday, closed

April 18th- Easter holiday, closed

May 27th- Teacher Work Day, closed

May 30th- Memorial Day, closed

Preschool Director: Cheyanne Walters

c.walters@thealbemarle.school.org

Preschool Office Phone Number: (252) 338 6496

Main Office & Finance Office: (252) 338 0883 (hours are 8-12 in the summer)

Remind App Codes:

Blue: @kk8dfh

Purple: @c9kgba23

Red: @a76edb

Yellow: @862hgk

Preschool Director: @328264e