

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 changes occur and at least annually

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

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 Number

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 action 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 _____

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 # _____

Emergency Information

Child's Name: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Father's Name: _____

Mother's Name: _____

Important Phone Numbers (check best number to contact in emergency)

Parent/Guardian: home: _____ work: _____ cell: _____ email: _____

Parent/Guardian: home: _____ work: _____ cell: _____ email: _____

Alternate Emergency Contact Person(s)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Others: _____

NC CACFP PARENT/GUARDIAN HOUSEHOLD LETTER

Dear Parent/Guardian:

Your day care provider participates in the Child and Adult Care Food Program (CACFP) funded by the U.S. Department of Agriculture and administered by the North Carolina Department of Health and Human Services. Please help us comply with the CACFP requirements by completing, signing, and returning the attached Eligibility Application to the address provided. This information is necessary so that your day care provider is paid for the meals served to the children in their care. All children in our program receive their meals free of charge, but the income eligibility category determines the amount of funding your day care provider will receive. The information you provide on this form will be confidential and will **NOT** be shared with your day care provider or anyone else without your permission.

Complete the application as follows:

- **HOUSEHOLD MEMBERS:** List the name of the enrolled child(ren), and the child’s parent(s) or guardian, and any other dependent children who live in the household.
- **SNAP, TANF/WORK FIRST, FDPIR, WIC, FREE/REDUCED PRICE SCHOOL LUNCH:** If a household member is currently receiving benefits from any of these programs, provide the program case/identification number as requested. Do not complete Part 2B.
- **CURRENT INCOME:** List the amount of income each person earned **last** month before deductions for taxes, social security, etc.), the frequency of income, and where it is from, such as wages, retirement, or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.
- **SIGNATURE:** An adult household member must sign the income eligibility application.
- **Last Four Digits of the Social Security Number:** List the last four digits of the social security number of the adult who signs the income eligibility statement. If that adult does not have a social security number, print “None”

REDUCED GUIDELINES EFFECTIVE JULY 1, 2022 - JUNE 30, 2023*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
For each additional family member add:	\$8,732	\$728	\$364	\$336	\$168

Households with income less than or equal to these levels are eligible for free or reduced-price meals.

Monthly Income Conversion: Weekly X 4.33 Every 2 Weeks X 2.15 Twice a Month X 2

You may submit a program Income Eligibility Application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family’s income during the period of unemployment to be within the eligibility standards for those meals.

North Carolina Department of Health and Human Services
 Division of Child and Family Well-Being, Community Nutrition Services Section
 Child and Adult Care Food Program
INFANT AND CHILD INCOME ELIGIBILITY APPLICATION



INSTITUTION

NAME: Child Care Resources, Inc

FACILITY

NAME: Harris Learning Academy 24

AGREEMENT #: 7461

1. PARTICIPANT'S NAME & DATE OF BIRTH:

First Name	Last Name	Date of Birth	First Name	Last Name	Date of Birth
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2. SNAP, TANF or FDIPIR case number:

SNAP# _____ TANF#: _____ FDIPIR # _____

If you have provided the case number: DO NOT complete #3 and #4. Skip to complete #5 and #6.

3. Is this application for a:

Foster Infant/Child? Yes No Homeless Infant/Child? Yes No Infant/Child from a migrant family? Yes No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members	Monthly Wages / Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one).

Hispanic or Latino Not Hispanic or Latino

RACE (Check one or more):
 White Black or African American American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required)	Date	Check if no SSN <input type="checkbox"/>
Printed Name	Home Telephone #	Work Telephone #
Address	City	Zip Code

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program.

To be completed by Institution/Sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: Free Reduced-Price Denied
 Reason for denial: Income too high Incomplete application Other: _____
 Withdrew on (Date): _____

For state use only:
 Verified by: _____ Date: _____
 Verified classification:
 Free Reduced-Price Denied
 Reason for classification change: _____

Signature of Eligibility Official (Individual at the Institution Level) - Required

Date - Required

North Carolina Department of Health and Human Services
 Division of Child and Family Well-Being, Community Nutrition Services Section
 Child and Adult Care Food Program
Infant and Child Enrollment Form



INSTITUTION

FACILITY

NAME: Child Care Resources, Inc

NAME: Harris Learning Academy 24

AGREEMENT#: 7461

Dear Parent/Guardian,

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all infants and children. Please complete the table below for each infant and/or child in your family enrolled at this center/program. Be sure to sign and date in the space below.

The information below should be completed by the parent or guardian.

Infant/Child's First Name	Infant/Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM

Normal/Typical Hours of Care: Write in each infant/child's usual arrival and departure time. Indicate a.m. or p.m.

Normal Days of Care: Circle the days of the week each infant/child is usually in attendance at the facility.

(M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday; Sat-Saturday; Sun-Sunday)

Meals Normally Eaten - Circle the meals each infant/child usually eats at the facility.

(B-Breakfast; AM-AM Snack; L-Lunch; PM-PM Snack; S-Supper; LPM-Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

For Facility/Provider Use Only:	
Signature of Facility Representative/Provider: _____	Date: _____
Date each infant/child withdrew: _____	

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____

This institution is an equal opportunity provider.

NC CACFP Infant and Child Enrollment Form (05/2022)

SAMPLE Policy

Belief Statement

We, HLA (name of facility) 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:
 - o Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - o Call the parents/guardians.
 - o 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: _____

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.
- Other _____
- Other _____

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



SAMPLE Policy

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:

Parent web resources

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/at-home/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/>
- Other _____

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&=+>
- 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
- Other _____



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-baby-syndrome/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-and-advice/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 acknowledgement
- 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.

Effective Date _____

This policy was reviewed and approved by:

Owner/Director (recommended)

Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates



SAMPLE Policy

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



Name of Facility: Harris Learning Academy

Discipline and Behavior Management Policy

Date Adopted _____

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 facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of time-out sparingly.
12. DO stay consistent in our behavior management program.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun 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 read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____

Date _____

Distribution: one copy to parent(s) signed copy in child's facility record

TRAVEL AND ACTIVITY AUTHORIZATION

HR/CAC 217 (8/26/11)
G.S. 110-57(c)
REV 1/97

SAMPLE FORM

- Blanket permission for this activity
- Special 1-time permission only
- Blanket permission for all given activities

I, _____ parent/guardian of _____
name of parent/guardian give my permission to
Harris Learning Academy name of child for my child to participate in the
_____ name of following activities
Trips in the van/automobile (facility or parent-owned)

Explain planned activity - when and where

Field trips away from the facility

Explain planned activity - when and where

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

Parent/Guardian Signature

Date Signed

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

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

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

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

Parent/Guardian Signature

Date Signed

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

File in child's folder

valid for up to 12 months

Off-Premise Activity
Permission

A. Parent and Child Information

Name of Parent	<input type="checkbox"/> Emergency Contact	Telephone Number - Primary
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
------	------------------

C. Authorized Destination and Departure and Return Times

Location of off premise activity	Departure Time	Return Time
----------------------------------	----------------	-------------

D. Parent Signature and Date

Permission to participate is valid from [give date] to [give date].		
From	To (up to 12 months)	
Signature of Parent or Guardian	Date	

A. Parent and Child Information		
Name of Parent	Telephone Number - Primary	
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary
B. Emergency Contact Information (non-parent)		
Name	Telephone Number	
C. Departure and Return Times		
Departure Time	Arrival Time	Return Time
D. Authorized Destinations		
Child transported from	Child transported to	
E. Parent Signature and Other		
Person receiving child, if applicable <input type="checkbox"/> On application	Method of Travel	
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider	
Signature of Parent or Guardian	Date	

Photo Release Form for Minors (if under 18)

By signing I verify that Harris Learning Academy, LLC. has my permission to use my or my child's photograph publicly to promote the center. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____



Harris Learning Academy, LLC.

6141 Statesville Road

Charlotte, NC 28269

704-921-1153/704-921-1966

Parent Handbook Signature page

I have received, read & signed all documents listed below and have no questions.

----- HLA policies & procedures/ parent handbook and understand all aspect of the policies & procedures and all questions or concerns have been addressed.

----- HLA infant/toddler safe sleep policy or (does not apply) -----

----- Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy or (does not apply) -----

----- HLA Disciplinary Policy

----- The overview of North Carolina Division of Child Development & Early Education operating law

Owner/Director Signature

Parent signature

Date

Kest



Harris Learning Academy, LLC.
6141 Statesville Road Charlotte, NC 28269
704-921-1153

October 7, 2022

Dear Parents,

We offer a structured, age-appropriate environment for optimal learning and to ensure all children are happy and safe. Regrettably, we are experiencing a significant number of behavioral issues with some children. Children are refusing to listen, follow directions, and are hitting and kicking teachers. It is imperative we see immediate improvement with these behavioral problems.

As with many local businesses, we are experiencing a staff shortage. We pride ourselves on employing quality staff members to care for your young children. We will not have teachers leaving our center because of behavioral problems. We will hold parents accountable for their child(ren)'s actions. We must see immediate improvement in children with whom parents have been previously made aware of such behavioral problems. Your child(ren) will be terminated unless we see immediate improvement.

As a friendly reminder, three-year old children must be potty trained before they can transition to the three-year old classroom. The classroom does not have the ability to change diapers and/or pull-ups. We must see immediate progress with potty training children.

The NC Division of Child Development best practice states a child should not be in daycare for more than 10 hours per day. Parents who are dropping their child(ren) off between 7:00 am and 7:30 am must pick up their child(ren) between 4:30 pm and 5:00 pm. As always, your cooperation with improving these areas of concern is truly appreciated.

Sincerely,

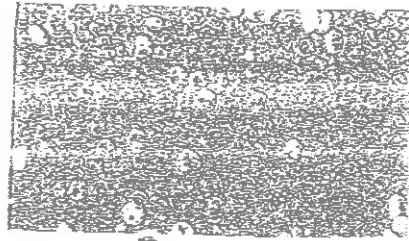
Laura Harris
Director

Keep

Safe Arrival and Departure Procedures

10A NCAC 09 .0604(i) Each center shall establish safe procedures for pick-up and delivery of children. These procedures shall be communicated to parents, and a copy shall be posted in the center where they can be seen by the parents.

- Upon arrival, all children must be accompanied inside the facility by an adult.
- Staff must be notified of the child's arrival.
- Upon the child's departure, an adult must come inside the facility and notify staff that the child is leaving.
- Children will only be released to persons listed on the child's application as authorized by the parent/guardian. Staff will request to view a driver's license to verify identity of persons other than known parent/guardian.
- Authorization from parent/guardian is required in writing when anyone other than the designated person(s) as listed on the child's application arrives to pick up the child.
- When a child is transported by the facility to the child's home, an adult must be available to receive the child from the bus or van.
- Sign children in and out according to the program's policies. Daily arrival and departure times must be recorded/
- Children must never be left unattended.



~~Image~~ 3 Types Of Floor Spinning Beads

BEADS WILL NO LONGER BE ALLOWED on the premises. Licensing states that this is a major choking hazardous and will no longer be accepted. If your child comes in with beads in his/her head, you will be asked to remove them immediately in order for your child to enter in his/her classroom. **THERE WILL BE NO EXCEPTIONS**



Harris Learning Academy policies and NC health and safety codes require that students wear shoes which fully enclose the foot at all times when they are in the building. Students are not allowed to wear sandals, flip-flops, slippers or any other type of open-toe or heel shoe without encased straps. Student arriving at HLA wearing inappropriate footwear will be given the option to go home and change or call home have someone bring them proper shoes.

Thank you for understanding,

Laura Harris

Director

Keep



Harris Learning Academy, LLC.
6141 Statesville Road Charlotte, NC 28269
704-921-1153

2023 Holiday Schedule

Harris Learning Academy will be closed for the following holidays.

Martin Luther King Jr Day	Monday, January 16, 2023
President's Day	Monday, February 20, 2023
Easter Holiday	Close @ 2:00 pm. - Thursday, April 6, 2023 Friday, April 7, 2023 Monday, April 10, 2023 Center will re-open Tuesday, April 11, 2023
Memorial Day	Monday, May 29, 2023
Juneteenth Holiday	Monday, June 19, 2023
Independence Holiday	Tuesday, July 4, 2023
Labor Day	Monday, September 4, 2023
Thanksgiving Holiday	Close @ 2:00 pm - Wednesday, November 22, 2023 Thursday, November 23, 2023 Friday, November 24, 2023 Center will re-open Monday, November 27, 2023
Christmas Holiday	December 25-29, 2023
New Year	January 1, 2024 Center will re-open Tuesday, January 2, 2024

Thank you for your continued support of our program.

