



# New Pisgah Day Care Center

## Enrollment Form

Date of App. \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
♂Male ♀Female

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Telephone (    ) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Please give the day and hours day care service is needed:

\_\_\_\_\_

### Emergency Contact:

Name	Address	Phone
Relationship		

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Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

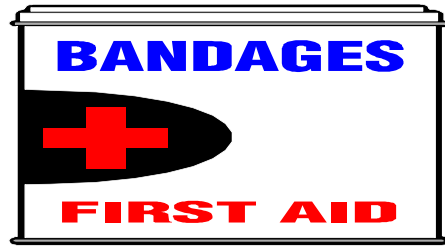
***Disease History Dates:*** *A copy of the child's current immunization is required before your child can be enrolled at New Pisgah Day Care Center:*

Measles \_\_\_\_ Chicken Pox \_\_\_\_ Mumps \_\_\_\_ Whooping Cough \_\_\_\_  
 German Measles \_\_\_\_ Ear Infection \_\_\_\_  
 Allergies \_\_\_\_\_

( Please list all food and medical alerts )

Date of Enrollment\_\_\_\_\_

Date Discharged\_\_\_\_\_



# New Pisgah Day Care Center Consent for Emergency Medical Care

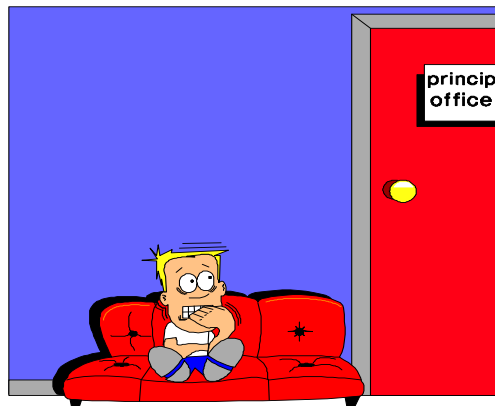
I \_\_\_\_\_ Parent of \_\_\_\_\_  
(Parent/Guardian) (Child's Name)

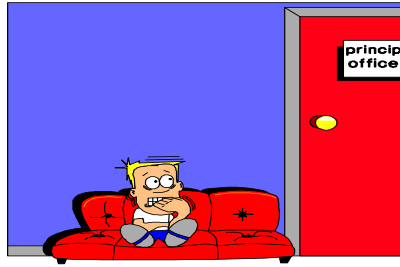
hereby request and give consent to the Director of the New Pisgah Day Care center or their duly appointed representative, for said child to receive such medical or surgical aid as necessary by a licensed or recognized physician or hospital , if parents can not be reached in a medical emergency.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date





## New Pisgah Day Care Center Discipline Policy

New Pisgah Day care Center's policy with regard to discipline is such that every effort will be made to provide an atmosphere to foster a feeling of security and adequacy for each of our children at New Pisgah Day Care Center. We feel that through the use of positive reinforcement a child's behavior can be molded so that a problem does not arise.

In such cases as there is a need for discipline, each child will not be allowed to participate in ongoing activity for a maximum of three minutes. At that time the teacher will discuss the undesirable behavior and an alternative behavior will be discussed privately. Under no circumstances whatsoever will any physical punishment or verbal abuse will be used.

I have read and understand the discipline policy of New Pisgah Day Care Center. During my employment at New Pisgah Day Care Center, I will adhere to the methods as described above.

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Staff Signature

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Parent Signature

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Date