



**Jellybean Island at Crossroads Benson, Inc.  
301 South Walton Drive  
Benson, North Carolina 27504  
(919) 894-2101**

Thank you for your interest in Jellybean Island. We are so excited that you have inquired about one of the exciting programs that we offer at Jellybean Island.

Enclosed is an information packet about Jellybean Island, as well as the enrollment forms that will need to be completed and returned to Jellybean Island to proceed with enrollment. **This completed enrollment packet is the only way to insure that your child is enrolled or on the waiting list.** We take all applications on a first come, first serve basis, so please respond quickly!!

If you have been told that there are no openings in the class that you are inquiring about, **do not** send the registration fee at this time. If an opening becomes available, we will contact you and you will pay the \$40.00 registration fee at that time. Otherwise, please include the \$40.00 registration fee along with your application. We will contact you within a few weeks to confirm that your child is enrolled. In some classes, there may only be 1 – 2 spots available, so get your application in ASAP!! If those spots have been filled before we receive your application, we will return your registration fee. Once we have received your child's application, your child will remain on the waiting list until we have a spot available or until you tell us to take them off.

**NOTE:** The medical forms **do not** have to be returned to hold your child's spot in the class. These forms generally take a while to get back from your doctor and may cause you to lose your child's spot in the class if you wait for them.

Please review the information packet that we have provided and feel free to call me if you have any questions. I will be happy to answer any questions you may have or we can set up an appointment for a discussion.

Thank you again for contacting Jellybean Island at Crossroads Benson, Inc. We look forward to working with you and your child.

Thank you,

**Laura Johnson**



# **EMERGENCY CARE INFORMATION**

NAME OF CHILD \_\_\_\_\_  
FIRST MIDDLE LAST

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

NAME OF PARENTS \_\_\_\_\_ (FATHER)

\_\_\_\_\_ (MOTHER)

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

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**INSURANCE CARRIER** \_\_\_\_\_

POLICY #: \_\_\_\_\_

**CHILD'S DOCTOR:** \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CHILD'S DENTIST:** \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

**HOSPITAL PREFERENCE** \_\_\_\_\_ PHONE \_\_\_\_\_

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ALLERGIES OR ILLNESSES: \_\_\_\_\_

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I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL PERMISSION RELEASE**

I, \_\_\_\_\_, hereby give my permission to Jellybean Island at Crossroads, Benson Inc. to secure emergency medical and or emergency surgical treatment for my child while in the care of this center. Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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**FIELD TRIP /OUTSIDE PLAY PERMISSION RELEASE**

I, \_\_\_\_\_, hereby give my permission for my child to participate in a walking trip or be transported in a vehicle for field trips or for the transportation to and from the child care center if such transportation is necessary and requested.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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**PHOTO RELEASE FORM**

As the parent of \_\_\_\_\_ at Jellybean Island at Crossroads Benson, Inc., I agree to the following:

- I understand that my child whose name is listed above may be photographed at Jellybean Island at Crossroads Benson, Inc. during normal daycare hours, field trips, or activities.
- I understand and give my permission that these photographs may be used in church or school videos, newspaper articles, mounted on the Jellybean Island at Crossroads Benson, Inc Facebook site, website or any other Jellybean Island at Crossroads Benson, Inc. publication.
- I understand that I have the right to request, in writing, to have a photo removed from social media within 30 workdays.

- (     ) Yes, I confirm that I have read and understood the above and I grant my permission  
(     ) No, I do not wish to have my child photographs published.

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

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Instructions:** Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record. G. S. 130A-155(b) requires child care facilities to file this information. Please refer to page 2 for the Minimum State Vaccine Requirements for Child Care Entry and the additional Vaccines Recommended by the Advisory Committee on Immunization Practices.

Vaccine Type	Vaccine Abbreviation	Trade Name	Combination Vaccines	1	2	3	4	5
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax HIB **	Pentacel					
Hepatitis B	HeppB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prenar, Pneumovax***						

**Legend:**  
 \*Required by state law for children born on or after 7/1/2015.  
 \*\* 3 shots of Pedvax Hib are equivalent to 4 Hib doses, 4 doses are required if a child receives more than one brand of Hib shots.  
 \*\*\*Pneumovax is a different vaccine than Prenar and may be seen in high risk children.  
**Note:** Children beyond their 5<sup>th</sup> 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 (and in kindergarten)	5 DTap	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV			2 Var	

### Vaccines Recommended by the Advisory Committee on Immunization Practices (ACIP), But NOT Required

Vaccine Type	Vaccine Abbreviation	Trade Name	Recommended Schedule	1	2	3	4	5
Rotavirus	RV Rota	Roteteq Rotarix	2 months, 4 months, 6 months					
Hepatitis A	Hep A	Havrix Vaqta	12-23 months, then another dose within 6-18 months					
Influenza	Flu	Fluzone Fluarix FLULaval FLUvirin FluMist Afluria	Annually after 6 months of age					

Name of Center: \_\_\_\_\_

## 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"
12. DO stay consistent in our behavior management program.

**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/coordinator (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



## **“Time-Out”**

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from 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. After a brief interval of no more than 5 minutes, 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 the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College