



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.

Please visit our website, jellybeanisland.com, to download the enrollment forms. **This completed enrollment packet and an enrollment fee is the only way to ensure that your child is enrolled.** The enrollment fee is **\$150.00 for preschool and \$50 for the before and afterschool programs.** We take all applications on a first come, first serve basis, so please respond quickly!!

Please include the non-refundable 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 turn your application in ASAP!! If those spots have been filled before we receive your application, we will return your registration fee. However, your child will remain on the waiting list, and if a spot does become available, we will contact you to resubmit your registration fee.

You may: Email the enrollment packet to JBI@Jellybeanisland.com
Mail the enrollment packet to P. O. Box 461 Benson, NC 27504
Bring the enrollment packet to 301 S. Walton Drive Benson, North Carolina

Enrollment fee may be paid via check, cash or Paypal. If paying via Paypal there is an additional \$10 surcharge that must be added to fee.

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 email us if you have any questions. We 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.



Physical Address:
301 S Walton Dr Benson NC 27504
Mailing Address:
PO Box 461 Benson NC 27504
(919) 894-2101
Jellybeanisland.com

ENROLLMENT APPLICATION

There is a \$150 non-refundable enrollment fee for preschool and \$50 non-refundable fee for before & after school . There will not be a supply list for the year. Donations are always welcome. First month tuition is due by June 1. Both paperwork & fee are required to secure spot. Please complete enrollment packet and make check payable to Jellybean Island Inc. You may mail enrollment packet to PO BOX 461 Benson NC 27504 or email jbi@jellybeanisland.com

Year _____ - _____

___ 2-Day Class / Mother's Morning Out (18 mo – 2 yrs old)

Circle which school

___ 3-Day Class (3 years old)*

___ Before School (K-4 @ BES, BMS, Meadow & Brookside)

___ 5-Day Class (4 years old)**

___ After School (K-4 @ BES, BMS, Meadow & Brookside)

*We highly prefer 3 Day class to be potty trained. **5 Day class MUST be potty trained. Cut off date for each age is Aug 31

Name of child _____
First Middle Last

Name that you want your child to learn to write and be called _____

Child's Birth Date ___/___/___ Age _____ Gender Male / Female

Mailing Address _____

Mother's Name _____ Occupation _____

Mobile Phone _____ Business Phone _____

Father's Name _____ Occupation _____

Mobile Phone _____ Business Phone _____

E-Mail Address _____

Names of other persons to whom your child can be released to or can be contacted in case of an emergency, if parents cannot be reached

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

For Office Use Only Received on _____ By _____ Fee Received _____ Cash/Chk _____ Receipt Sent _____ Entered _____

Tuition Rates

Preschool Tuition

5 Day Class \$300/mo

3 Day Class \$250/mo

2 Day Class \$200/mo

Before School

All Schools \$70/mo

After School

Brookside \$250/ mo

Public School \$200/mo

Monthly payments due on 1st of month. \$10 late fee beginning on 5th day of the month. Weekly payment plans are available at an additional fee to cover admin cost.

Sibling Discount: 1st child regular price, \$10 discount per sibling

After school, my child will be: Picked Up / Need Transportation to (Fee) : _____

Circle one

Potty Trained Yes No _____

Allergies or Illnesses _____

Special Needs/ Concerns _____

How did you hear about us? Family Friend Google Search Other _____

To the best of my knowledge, the above information is correct and accurate at the date of enrollment. It is my responsibility to inform the childcare center in writing about any changes to the above information.

Parent Signature _____ Date _____

EMERGENCY CARE INFORMATION

Name of child _____
First Middle Last

AGE _____ BIRTHDAY _____ GENDER MALE / FEMALE
Circle one

NAME OF FATHER _____

NAME OF MOTHER _____

ADDRESS _____

HOME PHONE _____

FATHER MOBILE PHONE _____ WORK PHONE _____

MOTHER MOBILE PHONE _____ WORK PHONE _____

INSURANCE CARRIER _____

POLICY #: _____

CHILD'S DOCTOR: _____ PHONE # _____

ADDRESS _____

CHILD'S DENTIST: _____ PHONE # _____

ADDRESS _____

HOSPITAL PREFERENCE _____ PHONE # _____

ALLERGIES OR ILLNESSES: _____

If no known allergies or illnesses please indicate so

ANY OTHER IMPORTANT MEDICAL INFORMATION: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event 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.

Parent Signature _____ Date _____

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.

Parent Signature _____ Date _____

If you do not give permission, please write 'Do not give permission' above and sign above

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.

Parent 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	HepB, 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 Prevnar and may be seen in high risk children.
 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 (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 Fluorix 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