

AMA-AFTER SCHOOL DAYCARE, LLC CHILD'S APPLICATION FOR CHILD CARE

Application Date: _____

Date of Enrollment: _____

Name of Elementary School: _____

Child 1 Name _____ DOB _____
(first) (MI) (last)

Child 2 Name _____ DOB _____
(first) (MI) (last)

Address: _____
(Street) (City) (State) (Zip)

E-mail Address: _____

E-mail Address: _____

INFORMATION ABOUT THE FAMILY

Father/Guardian's Name _____ Work Phone _____
Address _____ Cell Phone _____
Where Employed _____ Home Phone _____

Mother/Guardian's Name _____ Work Phone _____
Address _____ Cell Phone _____
Where Employed _____ Home Phone _____

In the case of an Emergency please contact the following people in order:

1. Name _____ Relation _____ Phone _____
2. Name _____ Relation _____ Phone _____
3. Name _____ Relation _____ Phone _____

Persons authorized to have your child released to in addition to Mother or Father above:

1. Name _____ Relation _____
2. Name _____ Relation _____
3. Name _____ Relation _____

INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies? No _____ Yes _____, If Yes, Explain:

Is your child currently under a doctor’s care? No _____ Yes _____, If yes, Explain:

Is your child on any continuous medication? No _____ Yes _____, If yes, Explain:

Any previous hospitalizations or operations? No _____ Yes _____, If yes, Explain:

Any history of significant previous diseases or recurrent illness? No _____ Yes _____, If yes, Explain:

Diabetes? No _____, Yes _____

Convulsions? No _____, Yes _____

Heart Trouble? No _____, Yes _____

If others, what/when? _____

Does the child have any physical disabilities? No _____, Yes _____, If yes, Explain:

Any mental disabilities? No _____, Yes _____, If yes, Explain:

Medical Insurance Carrier _____ Policy # _____

TRAVEL AUTHORIZATION

By checking box to the left I give permission for all given activities, inside and outside the fenced in area. And any transported activities.

I, _____ parent/guardian of _____ give my permission to the AMA After School Daycare, LLC for my child to participate in off site activities. In addition I give my permission to allow the AMA After School Daycare, LLC to transport above child or children in vans or automobiles from our facility to local attractions and parks.

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

Signature _____ Date _____

This Authorization is valid from _____ to _____

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 DEHNR standards for EPSDT program.

Height _____ % Nose _____ Abd/GU _____
Weight _____ % Teeth _____ Ext _____
Head _____ Throat _____ Neurological System: _____
Eyes _____ Neck _____ _____
Ears _____ Chest _____ Skin _____

Results of Tuberculin Test, if given:

Type _____ Date _____ Normal _____ Abnormal _____

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

Any other recommendations?

Date of Examination: _____

Signature of authorized examiner/title _____

Phone # _____

EMERGENCY TREATMENT AND TRANSPORTATION

I hereby give permission to AMA After School Daycare, LLC, licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature of Parent or Guardian _____ Date _____

I agree that the Academy of Martial Arts & Fitness, Inc. Director or lead teachers may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Signature of Parent/Guardian _____ Date _____

IMMUNIZATION HISTORY

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G. S. 130A-155(b) requires all childcare facilities to have this information on file.

Enter the date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (Circle which)					
*Polio					
**Hib					
***Hepatitis B					
*MMR (combined doses)					
****Chicken Pox					
OTHER					
OTHER					

*Required by State Law

**Required by State Law for children born after 10/1/88

***Required by State Law for children born after 7/1/94

****Required by State Law for children born after 4/1/01

Records Updated by: _____ Date Updated: _____
 Records Updated by: _____ Date Updated: _____
 Records Updated by: _____ Date Updated: _____
 Records Updated by: _____ Date Updated: _____
 Records Updated by: _____ Date Updated: _____

MEDICAL CONSENT FORM

My child: Will _____, Will NOT _____, need to be administered medications while in AMA-After School daycare, LLC.

Listed below is the medication and the Doctor’s instructions:

Medication/s: _____ Time Given: _____
 Dosage: _____ Storage Needs: _____

Physician’s Signature: _____ Date: _____
 (Not needed for over the counter medications)

Parent/Guardian Signature: _____ Date: _____

Name of Child’s Doctor _____ Office Phone _____
 Name of Child’s Dentist _____ Office Phone _____
 Hospital Preference _____

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Adopted 1/1/03

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 at 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-outs".
12. Do use punishment appropriate to the violation.
13. 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 children alone, unattended, or without supervision.
7. Do NOT place 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/guardian of _____, do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the AMA After School Care, LLC. director/owner has discussed the AMA After School Care, LLC. Discipline and Behavior Management Policy with me.

Signature of parent or Guardian _____ Date _____

PAYMENT AUTHORIZATION

- Option A = Monthly beginning _____
- Option B = Semi-monthly beginning _____ and _____
- Option C = Bi-weekly beginning _____

This is my authorization to the AMA After School Daycare, LLC to automatically debit my

Name on Card _____

Bank Name _____

VISA Card # _____ Exp. Date (mm, yy) _____

I understand that this authorization for the total amount of \$_____ will be divide as initialed above in the payment options. This agreement is in effect until the above "Father" or "Mother" notifies the Academy of Martial Arts, in writing, of their intentions to cancel the membership. This notification must be given at least 30 days in advance of any automatic drafts. Further, I have the right to make adjustments to increase the amount of the draft NO LESS THAN 48 HOURS in advance of the scheduled draft. This adjustment must be mutually agreed upon by the Academy of Martial Arts and myself. If the draft is returned to the Academy of Martial Arts for any reason other then an error on the part of the Academy, a \$25 fee will be charged my account. In that same regard, if a draft is returned to the Academy of Martial Arts for Non-sufficient funds, a \$25 fee will be assessed to my account as well.

THIS AUTHORIZATION IN NON-NEGOTIABLE AND NON-TRANSFERABLE.

Authorized Signature

Date

PRINTED NAME

I _____ (please print name) have read and received the welcome packet for AMA After School Daycare, LLC. I understand the rules and regulations regarding food and personal items, medications, safety, wellness and health issues, and Taekwon-Do class. I will follow them to the best of my ability.

Signature _____ Date _____

RELEASE AND ASSUMPTION OF RISK AGREEMENT

[Read carefully before signing]

I, _____, hereby acknowledge that I have voluntarily applied to participate in a certain martial arts class or classes and to participate in certain other activities, including aerobic classes and Afterschool care and summer camp (collectively, such activities being herein collectively referred to as the “Activities”), offered by the AMA After School Daycare, LLC (the “Sponsor”).

I understand that the Activities do involve certain risks and dangers. I am fully cognizant of such risks and dangers associated with the Activities. I and my family, including any minor children, are fully capable of participating in the Activities and I willingly assume the risk of injury as my responsibility.

I understand and agree that any bodily injury or death suffered as a result of my negligence or the negligence of any member of my family participating in the Activities are my full responsibility.

In consideration of and as a part payment for the right to participate in the Activities offered by the Sponsor, I agree that I and my family are in good health with no physical defects that might be injurious to us and that I and my family are able to handle the risks and dangers associated with the Activities.

As lawful consideration for being permitted by the Sponsor to participate in the Activities, I release from any legal liability the Academy of martial Arts & Fitness, Inc. And all of its officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns from any and all injury or death caused by or resulting from my participation in the Activities provided by the Sponsor, whether or not such injury or death was caused by their negligence or any other cause.

I further agree not to sue, claim against or in anyway attach the property of the Sponsor, its owners, officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns thereof for any injury or death caused by or resulting from my participation in the Activities.

I agree to defend, indemnify and hold harmless the Sponsor and its officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns for any injury or death caused by or resulting from my or my family’s participation in the Activities.

This Contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives.

I have carefully read this Agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I may otherwise have and I enter into this Contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT OR DO NOT AGREE WITH ITS TERMS.

Date: _____
Parent or Guardian if Participant is under age 18

Date: _____
Parent or Guardian if Participant is under age 18