



Transitional Kindergarten Application

(Please Print)

Name of Child: _____ Date of Birth: _____
(Last) (First) (MI) (Nickname)

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

FAMILY INFORMATION:

Father/Guardian's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Where Employed: _____ Business Phone: _____
Email: _____ NC Driver's License #: _____

Mother/Guardian's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Where Employed: _____ Business Phone: _____
Email: _____ NC Driver's License #: _____

Names and ages of other children: _____

CHILD INFORMATION:

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

Learning difficulties? / IFSP? No _____ Yes _____
Explain: _____

Please give any information concerning your child, which will be helpful in his/her experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor: _____ Office phone: _____
Address: _____
Name of child's dentist: _____ Office phone: _____
Address: _____
Hospital preference: _____ Phone: _____
Insurance carrier: _____ Policy #: _____

EMERGENCY CONTACT:

If a parent cannot be contacted, the following person(s) may be contacted in the event of an emergency. The following person(s) also have permission to pick up.

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

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I agree that the director may authorize the physician of her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately. I agree that the director or other authorized employee may provide transportation for my child to an appropriate medical resource in the event of an emergency.

(Signature of Parent/Guardian)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource or call 911 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. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Director)

(Date)

POLICIES AND GUIDELINES

*Please read the following policies and sign below to indicate your understanding of these policies.

WAIVERS/PERMISSION

- I permit my child to participate in activities LWTB conducts outside physical space of the learning center.
- I permit LWTB to use images of my child as a LWTB program participant in internal and external promotional material. This includes any printed material, broadcast, and print advertising, promotional videos and the LWTB website.
- I permit LWTB and/or the media to use images of my child in broadcast and print media news coverage of LWTB. I understand that my child's name will not be published unless permission is first obtained.

PAYMENT POLICIES

- Tuition - Payments are due by the 1st of each month and are considered LATE after the 5th. A \$20 late fee will be assessed if payment has not been received. I may not register my child for a new month until outstanding balances due on past programs are paid. Tuition is continuous throughout the year (taking into account the days the School is closed) and guarantees a reservation for your child at the School for the 9-month School Year designated on the School Calendar. No credit will be given for holidays or student absences for illness. No credit/refund will be owed if the School must close because of emergency or inclement weather. Rates are subject to change over time. As much notice as possible will be given.
- Insufficient Funds - If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check. I will need to send cash, money order or a certified check within 10 business days after I receive notification letter from LWTB. At this point, personal checks will not be accepted. Payment in full, including associated fees, is required before my child can continue to participate in LWTB programs.
- Refunds - I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted unless deemed appropriate by LWTB.

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- Late Pick Up - Pick up at is 1:00 in the afternoon. In the event that you occasionally arrive late, you are given a 5 minute grade period. Late pick ups will be charged \$1 per minute thereafter and you will be required to sign out in the LATE PICK UP JOURNAL. Payment is due at the time you pick up late. If you are delayed by an emergency, please CALL to notify us of the delay.

MEDICAL TREATMENT POLICIES

- Accident Insurance - Participants are responsible for their own accident insurance when using LTWB and when participating in LTWB activities.
- Medication - LWTB does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and LWTB may take appropriate action in the best interest of the child.
- Blood Borne Pathogen Exposure - I understand that, while my child is in the care of LTWB, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, LWTB will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician on the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, LWTB will provide the name and telephone number of the child's attending physician to the staff member.

* I have read and agree with the statement and specifically authorize LWTB to release the name and telephone number of my child's attending physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

ADDITIONAL POLICIES

- Inclement Weather - I understand that programs are not available when school is closed due to inclement weather unless arrangements are made with LWTB. LWTB will make every attempt to contact parents should this situation arise.
- Birthdays - If you would like your child to celebrate their birthday at school, please talk to the teacher at least one week in advance to schedule the celebration. ALL ITEMS BROUGHT TO SCHOOL MUST BE STORE BOUGHT AND NOT PREPARED AT HOME. If you want to provide a goody bag for each child, please make certain that they are sealed and the teacher will distribute these to the children at the end of class.
- Holidays - There will be no school during nationally recognized holidays and county recognized holidays (this does not include teacher workdays or early release). A school calendar will be provided to apprise parents of school holidays and vacations.
- Lunch - Parents are asked to provide lunch and a drink each day. Please pack lunch in child friendly containers and leave items that must be sliced at home. Suggested items for lunch include: sandwiches, fruit, pasta salad, tuna or chicken salad, pieces of their favorite meat, yogurt, cheese, raisins, granola bars, bagels, soup or pasta in a thermos, etc. Foods to be omitted would include: hot dogs and grapes (choking hazards), foods high in sugar, candy, and potato chips.
- LWTB gives our best faith effort to educate your child to the best of our abilities.

* I have read and understand all the policies stated above.

Signature of Parent/Guardian

(Date)

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CHILD INFORMATION FORM:

Name: _____ Age _____

*** ALL CHILDREN PARTICIPATING IN THIS PROGRAM MUST BE INDEPENDENT WITH TOILETING.**

PLEASE INITIAL TO VERIFY THAT YOUR CHILD IS INDEPENDENT IN THIS AREA _____

Activities my child enjoys: (please list and explain)

Items/Activities your child DOES NOT enjoy: (please list and explain)

- Activity/Attention Level: (check all that apply):
- _____ Has typical attention span for age
 - _____ Very short attention span
 - _____ Less active, needs motivation
 - _____ Overactive
 - _____ Requires constant one-on-one supervision at all times
 - _____ Other - Please specify below

Has your child previously attended any type of school setting? (please list and explain)

Is there any other information you would like to share with us?

Other details:

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LEARN WITH THE BEST has my permission to use photographs, video, and sound from my child for the purposes of, but not limited to, display in teacher made books, bulletin boards, art projects, child portfolios, website, advertising/marketing and prospective parent viewing.

I understand that these materials are the property of LEARN WITH THE BEST and may be displayed at any location at any time. I hereby release and discharge Learn with the Best from any and all claims arising out of the use of these materials.

Internal use (school only):

External use (website, advertising/marketing):

_____ I agree.

_____ I agree.

_____ I do not agree.

_____ I do not agree.

Child's name: _____

Parent name: _____

Parent signature: _____

This authorization is valid from ____/____/____ until the end of enrollment.

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CHILD'S MEDICAL REPORT

MEDICAL HISTORY: (to be completed by parent)

Name of Child: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

1. Is your child allergic to anything? No _____ Yes _____
If yes, what? _____

2. Is your child currently under a doctor's care? No _____ Yes _____
If yes, why? _____

3. Is your child on any continuous medication? No _____ Yes _____
If yes, what? _____

4. Any previous hospitalizations or operations? No _____ Yes _____
If yes, when and why? _____

5. Any history of significant previous diseases or recurrent illness? No _____ Yes _____
Diabetes? No _____ Yes _____
Convulsions? No _____ Yes _____
Diabetes? No _____ Yes _____
Heart trouble? No _____ Yes _____

Other (please explain what and when): _____

6. Does your child have any physical disabilities? No _____ Yes _____
If yes, please describe: _____

7. Does your child have any mental disabilities? No _____ Yes _____
If yes, please describe: _____

Additional information:

Signature of Parent/Guardian

Date

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CHILD'S MEDICAL REPORT

PHYSICAL EXAMINATION:

(This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from another state), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.)

Name of Child: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

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

Results of Tuberculin Test, if given: Type: _____ Date: _____ Normal _____ Abnormal _____

Should activities be limited? No _____ Yes _____

If yes, please explain: _____

Any other recommendations: _____

IMMUNIZATION HISTORY: (attach a copy of the immunization record).

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

Additional information: _____

Physician Name

Signature of Physician

Date



First Day of School

Last Day of School

H/V Holiday / Required Vacation Day

July 2011						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2011						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11 H	12	13
14	15	16	17	18	19	20
21	22	23	24	25 V	26 H	27 H
28	29 ★	30	31			

September 2011						
S	M	T	W	T	F	S
				1	2	3
4	5 H	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2011						
S	M	T	W	T	F	S
						2
2	3	4	5	6	7	9
9	10	11	12	13	14	16
16	17	18	19	20	21	23
23	24	25	26	27	28	30
30	31					

November 2011						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11 H	12
13	14	15	16	17	18	19
20	21 H/V	22 H/V	23 H/V	24 H/V	25 H/V	26
27	28	29	30			

December 2011						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 H/V	20 H/V	21 H/V	22 H/V	23 H/V	24
25	26 H/V	27 H/V	28 H/V	29 H/V	30 H/V	31

January 2012						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 H	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2012						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March 2012						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2012						
S	M	T	W	T	F	S
1	2 H/V	3 H/V	4 H/V	5 H/V	6 H/V	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 H	29	30	31		

June 2012						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
11	12	13	14	15	16	
17	18	19	20	21	22	23
24	25	26	27	28	29 ★	30