

Items to Bring to Cranfield Academy:

Please put your child's name on all items for easy identification.

Non-Potty Trained children:

- A large package of diapers or Pull Ups. Your child's teacher will remind you when you are low on supply with a written note.
- Wipes. We have plenty of boxes for our wipes, and we would appreciate it if you would just bring refills of non-scented wipes. "Pop-up" wipes are appreciated, but not required.
- Blanket & pillow (no pillows for infants, please)
- Two complete changes of clothes, weather appropriate. Please put in a large Ziploc bag and clearly label with child's name.
- Sunscreen (Toddlers and older): Coppertone Water Babies in the pink bottle. All children use the same brand of sunscreen for ease of application. Parents should apply sunscreen at home in the mornings. It will be reapplied in the afternoons if necessary.
- A soothing "lovie" (a stuffed animal, pacifier, or other familiar item which soothes the child. Infant parents may find it helpful to bring a soft item that the parents have slept with for several days to impart a familiar scent to the child's crib.)
- A mobile for the infant cribs, if desired.
- Several pictures of your child and close family or friends. (These items will be used to decorate the classroom and therefore will not be returned.)
- Infant families: prepared formula and/or expressed breast milk daily in labeled bottles with your child's name and the date. If you do not already own one, a "label maker" is an exceptionally hand tool for new parents, and is great for the daily labeling of bottles. According to NC state law, all bottles must be taken home daily. Please also bring in an unopened premixed container of formula for emergencies, such as late pick ups, snow storm delays, etc.
- Jarred baby food (if appropriate). Please feel free to bring in a week's worth at a time and indicate what your baby should eat that day on their daily sheet. Rice cereal should be brought in a container that can be easily resealed, such as Tupperware, with your child's full name and type of cereal clearly labeled. Your child's teacher will remind you when you are low on food selections.

Potty Trained Children:

- One complete change of clothes, including socks and underwear.
- Blanket & Pillow
- Sunscreen, if desired. (See note above).
- A "lovie" or other soothing item for nap time, if desired. (No toys, please)
- Several pictures of your child and his close family or friends. These items will be used to decorate the classroom and therefore will not be returned.

Cranfield Academy

Administration of Medication Guidelines

Over the Counter Medicine:

1. We can ONLY administer “Over the Counter” medicine if the dosage is written on the bottle for your child’s specific age. (Weight measurements are not acceptable, as we are unable to accurately define your child’s weight).
2. We must have written permission from a doctor for each occurrence of medication administration, even over the counter, unless it meets the standards in #1. This includes “common” medicines such as Tylenol and Motrin. These notes can be faxed into our office.

Prescription Medicine:

1. ALL prescription must list: The child’s first and last name, the name of the medication, the prescribed date, the expiration date and the specific amount and time of dosage. Cranfield Academy staff cannot give any medicine that does not meet ALL of these standards.
2. For prescriptions such as eye/ear drops, which come in tiny bottles, please bring the prescription bottle, or a copy of the original signed and dated prescription detailing all of the information in #1.

All Medication:

1. Must go home each Friday, or the day the medication is no longer being taken.
2. Must be written in the classroom’s Medication Log on a DAILY or WEEKLY basis, depending on length of dosage.
3. In the Medication Log you must list the specific times to be given (ie: not just 3 times per day, but rather at 9 a.m., noon and 3 p.m.).

Special Notes for Infants & Toddlers:

We at Cranfield Academy strive to meet all of your child’s needs on a daily basis. We understand that there are “common” medications such as Mylicon drops and Anbesol that infants use on an infrequent basis, and that it would be helpful if we could store these for use “as needed”. Unfortunately, NC state law does not allow for such flexibility. You can sign in these medications as stated above for a one-week period of time (provided that the medication is needed every single day), at the end of which the medication must be taken home. However, you do NOT need a doctor’s permission slip for these two types of medication.

Any medication that is not taken home on the day it is finished being taken will be thrown away immediately. It is a violation of North Carolina state law to do otherwise. We apologize for any inconvenience this may cause.

Cranfield Academy

Child & Family Personal History Form

Child's Name _____

Telephone Number: (_____) _____ Date of Birth: _____

The purpose of securing this information about your child is to help your child's caregiver to better understand your child and to help you know what to expect from Cranfield Academy. All information is kept strictly confidential, and will not be released to anyone but your child's teacher. Some questions may not be applicable to your child at this time. Please leave them blank.

Cranfield Academy is committed to supporting families, in all their variations. We realize that not all families have two parents at home, and we will work to support whatever diverse needs your child's family may have. For the purposes of these forms we loosely define the term "parent" as the child's primary caregiver in their home at this time, whether that may be a Mother, Father, Legal Guardian, Grandparent, Custodial Caregiver or other non-traditional arrangement. We want to include all adult caregivers, and the term "parent" as used in Cranfield Academy publications is all-inclusive.

Family and Social History

Mother or Guardian: _____ Age: _____

Father or Guardian: _____ Age: _____

Marital Status of Parents:

____ Married _____ Divorced _____ Separated _____ Single Parent
____ How long? _____ How long? _____ How long? _____ Other: _____

Comments: _____

Siblings:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Other members of household (please include relationship and age) _____

Do you speak a language at home other than English? _____

Are there any cultural practices or holidays that you would like us to know about? _____

Personal History

Type of Birth: _____ Full Term _____ Premature

Age he or she began sitting: _____ Crawling: _____ Walking: _____

Age he or she began talking: _____ Does he or she speak in words _____ or sentences? _____

Does he or she have any speech problems? _____

Other language spoken: _____

Special words he or she uses to describe her needs: _____

Sleeping

What time does your child go to bed? _____ Awaken? _____

Does your child take regular naps? _____ From when to when? _____

Social Relationships

Has your child had experiences playing with other children? _____

How does your child get along with brothers or sisters? _____

Other adults? _____

With what age child does he or she prefer to play? _____

Does your child know any other children at Cranfield Academy? _____

Do you feel your child will adjust easily to this new situation? _____

What method of behavior control is used in your home? (e.g. time outs, verbal messages, etc.) _____

What is your child's usual reaction? _____

Who does most of the disciplining? _____

Has your child had experience with: _____ modeling clay _____ scissors _____ easel painting

_____ Finger painting _____ blocks _____ water/sand play _____ Playdoh

_____ Crayons _____ markers _____ glue

Eating Habits

Is child usually hungry at mealtime? _____ Between meals? _____

Does your child have any eating/digestive difficulties? _____

Any food allergies? _____

If known, if your child right handed or left handed? _____

Other dietary restrictions? _____

Toilet Habits (Toddlers and Older)

Can your child consistently indicate his or her toileting wishes? _____

What word is used for urination? _____ For bowel movements? _____

How long can you child reliably wait between trips to the toilet? _____

Is he or she frightened of the bathroom? _____ Does your child have frequent accidents? _____

If so, how does he or she react to them? _____

Does your child need help with toileting? _____ Was he or she easy or difficult to toilet train? _____

At what age was toilet training started? _____ Finished? _____

Does your child wet his or her bed at night? _____ During nap? _____

Congratulations, you just finished a very long set of questions! Please be reassured that we ask these questions only so that we can help your child cope with a new situation. If your child's primary caregiver knows his or her patterns and "typical" reactions (inasmuch as any child reacts consistently) they can best assist your child with their needs and gently introduce new concepts, foods, skills and knowledge.

Cranfield Academy

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, 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 DO:

1. praise, reward, and encourage the children.
2. reason with, and set developmentally appropriate limits for, the children.
3. model appropriate behavior for the children.
4. modify the classroom environment to attempt to prevent problems before they occur.
5. listen to the children.
6. provide alternatives for inappropriate behavior.
7. provide the children with natural and logical consequences of their behaviors.
8. treat the children as people and respect their needs, desires, and feelings.
9. ignore minor misbehaviors.
10. explain things to children on their levels.
11. use short supervised periods of "time-out" and/or redirection and shadowing.
12. consistently apply our behavior management program.

We DO NOT:

1. physically punish children.
2. verbally abuse children.
3. shame or punish the children when bathroom accidents occur.
4. deny food or rest as punishment.
5. relate discipline to eating, resting, or sleeping.
6. leave the children alone, unattended, or without supervision.
7. place the children in completely isolated areas as punishment.
8. allow discipline of children by children.
9. 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 or other designated staff member has discussed the facility's Discipline and Behavior Management Policy with me.

Signature of Parent or Guardian _____ Date _____

Cranfield Academy Acknowledgement Form

MEDICAL & TRANSPORTATION WAIVER:

I/We the undersigned parents/guardians of _____ a minor, do authorize Cranfield Academy as our agents to consent to any diagnostic procedure or medical care which is deemed advisable by, and is rendered under, the general or special supervision of any licensed physician or surgeon on the staff of **CMC Pineville Hospital** (formerly known as Mercy South Hospital) whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific need for treatment, but is given to provide authority on part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective until child withdraws from school unless sooner revoked in writing and delivered to said agent(s). Also, I waive and release any and all rights and claims for damages I may have against Cranfield Academy, its representatives, and assigns for any and all injuries suffered by my child in transit.

PERMISSION TO GO OUTSIDE FENCED AREA:

If Cranfield Academy has planned activities outside the fenced area of the facility (ie: nature walks for threes and older; professional photography only for twos and younger):

_____ I will allow my child to play outside the fenced area; or

_____ I will not allow my child to play outside the fenced area

FAMILY HANDBOOK & NC CHILD CARE LAW & RULES ACKNOWLEDGEMENT

I have received a copy of Cranfield Academy's Family Handbook. I recognize and accept my responsibility to read and become familiar with its contents. I acknowledge it is designed to provide general information relative to various policies and procedures. I also understand that the contents of this handbook may change. Further, I understand that Cranfield Academy reserves the right to add, delete, or modify the contents of the handbook at any time and for any reason. I accept the contents of the handbook and agree to abide by the information set forth. I am aware that there is a mandatory two week notice, to be provided by me in writing, required for either a change of enrollment status or a withdrawal of enrollment.

In addition, I have received a summary of the North Carolina Child Care Law & Rules, as required by the State of NC Division of Child Development.

ALLERGY NOTIFICATION:

Any known allergies (Please list specifically food and/or medication allergies) **IF NONE, WRITE "NONE"**:

Parent/Guardian Signature

Date

Cranfield Academy
Sunscreen Permission Slip:

I give Cranfield Academy my permission to apply sunscreen to my child on an as-needed basis.

Name of Child: _____

Brand of Sunscreen: (please be specific) Coppertone Water Babies

Date: _____

Signed: _____

Cranfield Academy
Diaper Cream Permission Slip

I give Cranfield Academy my permission to apply diaper cream to my child on an as-needed basis.

Name of Child: _____

Brand of Diaper Cream: (please be specific) _____

Date: _____

Signed: _____

Cranfield Academy
Allergies:

My child has the following food or medication allergies: (If none, write "none")

Signed: _____

Cranfield Academy: Child's Medical Report

CHILD'S NAME _____ DOB _____
 PARENT/GUARDIAN _____ PHONE _____

MEDICAL HISTORY (This top portion may be completed by the parent or guardian)

Is the child allergic to anything? Yes or No If yes, what? _____
 Is the child on any continuous medication? Yes or No If yes, what? _____
 Has the child had any previous hospitalizations or operations? Yes or No
 If yes, when and for what? _____
 Is there a history of significant previous diseases or recurrent illness? Yes or No
 Does the child have any physical disabilities? Yes or No
 If yes, please describe: _____
 Signature of Parent or Guardian _____

PHYSICAL EXAMINATION:

This portion of the form must be completed and signed by a licensed physician, or a physician's authorized agent.

Height (in cm)	(%)	Weight (lb/oz)
EXAMINATION AREA:	NORMAL	ABNORMAL OR COMMENTS:
Head/ENT		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/joints/back/chest		
Skin/lymph nodes		
Neurologic/tone		
Developmental (e.g. DDST)		
Screened for Hearing		
Screened for Vision		
TB Test Results, if given		

Immunization History:

VACCINE	Birth - 1 Mo	2 Mo.	4 Mo.	6 Mo.	12 - 18 Mo.	4 - 6 Yrs.	11 - 12 Yrs.
DPT							
POLIO							
HIB							
HEP B							
MMR							
VARICELLA							
PREVNAR							
OTHER							

Signature of authorized examiner / title: _____
 Date of Exam: _____ Phone: _____
 Address: _____

Cranfield Academy

Infant Withdrawal Notice Requirement

Effective August 1, 2007

Child's Name: _____

As you know, it is very difficult to find high quality infant child care in the Charlotte area. To that end, we work very hard with our potential families to provide not only the highest quality care available, but also to keep potential families informed about our care availability.

Therefore, in our Infant Program, both Younger and Older Infant rooms included, will have a mandatory four week unenrollment notice. This will allow us time to re-fill the spot in a timely and professional manner.

I have been informed that I must provide four weeks written notice in order to withdraw my infant from Cranfield Academy. I am financially responsible to pay all accrued tuition at the current rate during that withdrawal notice period.

I am aware that this Infant Withdrawal Policy will apply until my child is fully transitioned to the Toddler classroom, at which time the notice requirement is reduced to two weeks for all rooms thereafter.

Signed:

Dated:

Cranfield Academy Individual Feeding Schedule

Date: _____

Child's Name _____

Child's Birthday _____

Parent's Names: _____

and _____

Check all that apply:

When I am hungry I like:

Formula (please list brand) _____

Breast Milk _____

Jar Food _____

Table food _____

I would like to eat every _____ hours.

If I seem hungry earlier than that, please (circle one) do do not feed me.

In my crib, please lay me on my (circle one): side back tummy

(Please note, for children under 6 months of age, tummy or side sleeping positions will require a signed doctor's note.)

I (circle one) do do not have any known allergies. Please list allergies:

I (circle one) do do not enjoy a pacifier (please list brand): _____

My favorite thing to snuggle with us a: _____

Special instructions:

Completed by (please print name)

NC State Mandated Infant Safe Sleep Policy

Please note: The state legislature of North Carolina has taken away a parent's right to choose how their infant should be placed to sleep in a crib. NC Child Care Law requires child care facilities to place all infants on their backs to sleep. ONLY at the written advice of the child's physician may we be authorized to use an alternative sleep position for the child, and then only if the doctor documents medical reasons for this decision. While we strongly disagree with the legislature's decision to interfere with parental rights, we agree that there is significant scientific research to support the "back to sleep" policy, and we are legally required to enforce this law. Please carefully read the following information, sign at the bottom and return.

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on a variety of factors. Cranfield Academy is required to maintain "safe sleep" environments for babies to help lower the chances of SIDS. NC law requires that Cranfield Academy implement a safe sleep policy, share this information with parents, and have all Infant Suite staff members participate in a two hour SIDS training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care, and that parents and child care providers can work together to keep babies safer while they sleep, Cranfield Academy will practice the following "safe sleep" policy.

Safe Sleep Practices

1. All staff working in this room will receive training on our infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a notice will be posted on the infant's crib.
3. The American Academy of Pediatrics recommends that babies be placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer to sleep.
4. We will follow this AAP recommendation. However, we can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. Sleeping infants will be checked periodically by staff. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is at Cranfield Academy.
6. Steps will be taken to keep babies from getting too warm by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping babies.

Safe Sleep Environment

1. Room temperature will be kept between 68 – 72 degrees Fahrenheit.
2. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding.
3. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
4. Toys and stuffed animals will be removed from the crib when the infant is sleeping.
5. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
6. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency, or during a routine fire drill.
7. No smoking is permitted in the infant room or in the Academy building.
8. All parents and guardians of infants care for in the infant room will receive a written copy of our Safe Sleep Policy at enrollment.

I, the undersigned parents or guardian of _____ (child's full name), do hereby state that I have read and received a copy of Cranfield Academy's Safe Sleep Policy, and that the facility's management has discussed any questions that I may bring to their attention.

Date of Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

ALTERNATIVE SLEEP POSITION WAIVER

To be completed only in the event your child has a medical condition that necessitates stomach sleeping.

Cranfield Academy, #6000-1620 / Owners, Todd & Laura Pace

Child's Name: _____ Date of Birth: _____

Parent / Guardian's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

The child's primary care physician must complete the following section:

Name of Primary Care Physician: _____

Name of Practice: _____

Address: _____

Office telephone number: _____

The NC Child Care Law requires child care facilities to place all infants on their backs to sleep. At the advice of a child's physician, Cranfield Academy may be authorized to an alternative sleep position for the child due to medical reasons.

The above named child has the following medical condition that necessitates an alternative sleep position:

Please describe the appropriate sleep position for the above named child:

Effective date of waiver: _____

Physician's Signature: _____ Date: _____

"I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I have been provided with information concerning SIDS. I further authorize the child care facility and its employees to place my child in an alternative sleep position, at the recommendation of my child's primary care physician, as described above."

Parent/Guardian Signature: _____

Date: _____

Cranfield Academy SIDS Statement:

I have received the SIDS information from Cranfield Academy, and understand that my child will be placed on their back unless:

- My child is 6 months of age or younger and I have provided a written waiver from a health care provider (waiver must be attached and verified by Cranfield Academy management)

OR

- My child is 6 months of age or older and I have provided a written waiver from both parents and/or legal guardians. (waiver must be attached and verified by Cranfield Academy management.)

OR

- Please place my child on his or her back to sleep.

Child's Name: _____

Parent or Guardian Signature: _____ Date: _____

Parent of Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____

Parent of Guardian Printed Name _____

THIS FORM TO BE POSTED ABOVE CHILD'S CRIB AT ALL TIMES