

Aviation AllStars - SOAR Academy

2022 Registration/Application

114 Michael Dr. | Forest City, NC 28043 | 704.477.7090 | www.aviationallstars.com



Currently Enrolled Not currently enrolled

Child's Legal Name:

Preferred Name:

Birthdate:

Male Female

Race:

Address:

Zip Code:

Father/Guardian's Name _____ Home Phone _____
Cell _____ Employer _____
Work Phone _____ Email Address _____

Mother/Guardian's Name _____ Home Phone _____
Cell _____ Employer _____
Work Phone _____ EmailAddress _____

Which parent should we contact first if child needs to go home due to an illness?

Names and current ages of any siblings applying to MMO

EMERGENCY CARE INFORMATION: COMPLETE IN FULL

Child's Doctor _____ City _____
Phone _____ Child's Dentist _____
City _____ Phone _____ Insurance Carrier _____
Group # _____ Policy# _____ Name of
Policy Holder _____ Are
your child's immunizations current per CDC requirements? Yes _____ No _____

Does your child have allergies, special conditions or disabilities? Yes _____ No _____

If yes, please specify:

I agree that the director/coordinator/appointee 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 _____

***We accept children regardless of race, creed, or religion.**

CLASS OPTIONS: Place a #1 and a #2 beside your first and second choices.

ALL CHILDREN ENROLLING IN THE FOLLOWING CLASSES MUST BE AGE ELIGIBLE BY AUGUST 31st.

_____ Birth through Two Year Olds (Three Days)

_____ Birth through Two Year Olds (Four Days)

Cost per Month T/W/TH \$180 M/T/W/TH \$210

_____ Three & Four Year Olds (Three Days)

_____ Three & Four Year Olds (Four Days)

Cost per Month T/W/TH \$175 M/T/W/TH \$205

Application Fees: \$50 for the first child; \$25 for each additional sibling. Tuition \$10 discount for second sibling. Please note, this fee is NON-REFUNDABLE for those children who are offered admission.

Make checks payable to "Aviation AllStars SOAR Academy" - "Your child's name" in the memo line.

For Office Use Only: Date _____ App fee amount _____ Check # _____ Age _____
Days _____ Monthly Tuition _____ Class _____ Wait List _____

Child's Name: _____ (first) (middle) (last)

Birthdate: ____/____/____ Male ___ Female ____

Family & Social Information

Marital status of parents: Married Separated Divorced Widowed

Who has legal custody? _____ With whom does the student live? _____

Please list other children in the family:

Name _____ Age _____

School _____

Name _____ Age _____

School _____

Name _____ Age _____

School _____

Has the child been cared for by others besides his/her parents? Y N In home or other?

How does your child get along with other children?

School/Play Experiences

Has your child had previous preschool experience? Y N

When? _____ Where? _____ How long?

Does your child enjoy being read to? _____ Listening to music?

He/she has experience with (please circle):

Bike/Trike Swings Slides Sand Scissors Clay Painting Puzzles Blocks Books

Water Play Musical Instruments Live Animals (what kind):

_____ Does your child prefer to play alone or

with others? _____

Favorite toys and activities

Please write a brief evaluation of your child's personality:

Does your child have language difficulties or any special problems?

Does your child have any fears or anxieties?

Does your child have any special words to describe his/her needs (ex. a word for toileting)?

Father/Guardian

Name: _____

Employer: _____

Occupation/Job Title: _____

Mother/Guardian

Name: _____

Employer: _____

Occupation/Job Title: _____

Child's Name: _____
(first) (last)

Date Submitted: ____ / ____ / ____

Authorization List

Password for verbal authorization additions or student information:
_____ Emergency Contacts (all names in call
order)

Name Relationship to Child Address Phone Number

1.
Parent/Guardian

2.

3.

4.

Persons(s) Authorized to Pick-up Child other than emergency contacts

Name

Phone Number

In addition to parent(s)/guardian(s), the following individual(s) have access to my child's school records and information:

_____ Name _____ Relationship to child

_____ Name _____ Relationship to child

_____ Name _____ Relationship to child

I agree to the above authorizations for my child.

_____ Signature of Parent/Guardian

Aviation AllStars - SOAR Academy

Registration/Application Forms

Please check and initial each line to denote that you have read and understood the MMO Policies. Then fill in the SIGN and DATE box at the bottom.

_____ Check _____ Initial

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

I have read and understand the facility's Discipline and Behavior Management Policy, which is on Page 11 of this application, and the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me, if requested

_____ Check _____ Initial

DIRECTOR DISCRETION REGARDING CONTINUED ENROLLMENT

I have read and understand the Director Discretion Regarding Continued Enrollment Policy on Page 13 of this application. I do hereby state that my child is in good health and is physically able to participate in all activities at SOAR Academy.

_____ Check _____ Initial

PHOTO & VIDEO RELEASE POLICY

I have read and understood the Photo Release Policy in the SOAR Academy MMO Handbook. I DO HEREBY GRANT MY Initial CONSENT.

_____ Check _____ Initial

NUT FREE POLICY

I have read the Nut Free Policy on Page 13 of this application and understand that Aviation AllStars SOAR Academy is a Nut Free facility.

CONTRACT OF ENROLLMENT

Aviation AllStars - SOAR Academy

Registration/Application Forms

To be completed upon enrollment. Signing this agreement does not guarantee admission or continued enrollment in the program.

1. The Enrollment Fee of \$50 is to be paid at time of enrollment. This fee is not credited to tuition. The Enrollment Fee is NOT refundable.
2. Payments may be made using cash or check.
3. Students are expected to be enrolled for the entire school year, from September through May. Therefore, you will be responsible for the tuition for that same time period.
4. Should you have to withdraw your student for any reason during the school year, a written notice to the Business Office is required at least 2 weeks prior to the withdrawal date. You will be responsible for 2 weeks from the date the Business Office receives notification. For example, if you need to withdraw your child by October 15th, the Business Office would need to be notified in writing by October 1st. You will be responsible for the 2 weeks tuition from the date the Business Office is notified.

If you choose to withdraw your child during the school year and plan to re-enroll him/her at a later date within the same year, and we have the availability to accept them back into the program, there will be a \$50 re-enrollment fee if we are able to accept your child back into the program.

5. A student will not be permitted to enter or continue in our program if any of his/her tuition, daycare fees or other charges are delinquent as determined by the business office.
6. Sick Days/Holidays/Snow Days/Unexpected Closures. We cannot give credit for days your child misses due to illness; we do not give credit for holidays when the center is closed - we do not give credit given for snow/inclement weather days when the center closes early, or when the center closes for an entire day, nor do we give credit if the center is closed due to circumstances beyond our control (i.e. water main breaks, etc.)
7. The school is not responsible for damages to or loss of any personal items.
8. All charges shall be due and payable in accordance with the terms of this agreement without regard to absence.

_____ a. I will pay full annual tuition by January 1 of the current school year.

_____ b. I will pay MMO tuition fees in 9 monthly installments beginning January 1 of the current school year. Subsequent payments will be due on the 5th day of each month thereafter.

I agree that:

A. The selected payment plan and associated terms of payment as indicated have been fully disclosed.

B. Failure to fulfill the attached agreement or make payments when due will constitute default. Any fees incurred by the school in the collection of amounts due will be the responsibility of the parents/guardian responsible for submitting this Contract.

PRINT NAME Clearly

Signature of Parent (or Legal Guardian) Date

Accepted By – Signature of Executive Director Date

In order for this application to be complete, all fields must be filled in, and you must sign, date, and initial where indicated on pages 1-9. Please turn in this application to the office as per directions of the director or registrar.

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of behavior management. 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 playschool will practice the following discipline policy:

We DO...

1. praise, reward, and encourage the children.
2. reason with and set 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 to the children.
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 misbehavior.
10. explain things to the children on their levels.
11. use short supervised periods of "time-out".
12. stay consistent in our behavior management program.

We DO NOT...

1. spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the 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 locked rooms, closets, or boxes as punishment.
8. allow discipline of children by children.
9. criticize, make fun, or otherwise belittle children's parents, families, or ethnic groups.

Time-Out

Time Out "Time-Out " is the removal of a child for a short period of time (1 minute per year of age) 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 the opportunity to think about the misbehavior that led to his/her removal from the group. After a brief interval, 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 to the other children. For example, a two year old would have approximately two minutes for time out.

Director Discretion Involving Continued Enrollment

Once your child has been in attendance in our program for one month he or she will be assessed by our director and staff to determine if SOAR is the best fit for your child and his/her individual needs. At the conclusion of this assessment, the director shall have the right to determine whether continued enrollment at SOAR is appropriate for your child. In the event the director determines that SOAR is not the appropriate program for your child, she will recommend other options or placements for your child and the contract of enrollment will be terminated. The decision to terminate enrollment shall be at the sole discretion of the director and will be communicated to you.

The director also reserves the right to deny admittance or to revoke or suspend enrollment of a child, at her discretion, for reasons including, but not limited to, the following:

- Non-payment of tuition;
- Lack of immunizations;
- Child's repeated disruptive behavior;
- Child's repeated violent behavior;
- Lack of cooperation with center staff by student or parents;
- Developmental or health needs of the child which, in the discretion of the director, cannot be met at SOAR Academy within its existing structure or procedures;
- Temporary health needs, conditions or periods of recuperation that the director determines would require a leave of absence until resolved.

Nut Free Policy

Aviation AllStars SOAR Academy is a nut free childcare center. Some of our children are allergic to nuts and if in the presence of nuts they could have a life threatening allergic reaction. In order to provide the safest possible environment for all of our children, we will ask that students bring no foods that contain peanuts into the school.

This is an issue that must be taken very seriously when the population we serve cannot yet self-advocate or read packaging. For this reason, we feel that this is a necessary step to be taken for the protection of the children.

While we cannot absolutely ensure that our school will be 100% nut free, we will drastically diminish the possibility of a child having an allergic reaction due to coming in contact with nuts. We understand that the "no nut at school" policy will be difficult for some of our children and families. We are very hopeful that through activities in our classrooms and discussions at home as a family about nut allergies, that our children will begin to understand the importance of going nut free. This is a chance for our children to learn more about being inclusive to others needs, and their role in supporting neighbors in the community.

We thank all of our families and staff for their cooperation in upholding this policy.

Bite Policy • Biting in the Daycare Setting

Biting is a natural developmental stage that many children go through. It is usually a temporary condition that is most common between thirteen and twenty-four months of age. The safety of your child is of primary concern to the staff at SOAR. Our biting policy addresses the actions the staff will take if a biting incident occurs here. We ask that you read over the policy and discuss any concerns that you might have with the director before you enroll your child.

Developmental:

Toddlers bite other toddlers for many different reasons. A child might be teething or overly tired and frustrated. He or she might be experimenting or trying to get the attention of the teacher or his peers. Toddlers have poor verbal skills and are impulsive without a lot of self-control. Sometimes biting occurs for no apparent reason. We will establish a rule at our center that "we never bite people." We will encourage the children to "use their words" if they become angry or frustrated. We will maintain a close and constant supervision of the children at all times.

The following steps will be taken if a biting incident occurs at our center. · The biting will be interrupted with a firm "No We don't bite people!" · We will stay calm and will not overreact.

- The bitten child will be comforted.
- We will remove the biter from the situation. The biter will be given something to do that is satisfying.
- The wound of the bitten child will be assessed and cleansed with soap and water.
- The parents of both children will be notified of the biting incident. Appropriate forms will be filled out. · Confidentiality of all children involved will be maintained.

A Bite that Involves a Blood Exposure:

A human bite will rarely transmit a bacterial infection if proper first aid is given. Hepatitis B, Hepatitis C, and HIV can potentially be transmitted during a human bite if the skin is broken and a blood exchange occurs.

If the skin is broken during a biting incident and an exchange of blood has occurred, the Center will follow the guidelines set forth by the State of NC for a body fluid exposure. It is the law in North Carolina that both children should be tested for HIV, Hepatitis B, and Hepatitis C in a biting incident where a blood exchange has occurred. The following steps may be taken:

- Assess the bitten area.
- Clean the area with soap and water.
- Make sure child's immunizations are up to date. · Notify the parents immediately.

We suggest:

- Both children are tested for HIV, Hepatitis B, and Hepatitis C by their private physician or the County Health Department. · The Director will give the names of each child to the parents/guardians.
- Physicians may exchange test results and contact their own patients.
- Confidentiality will be maintained at all times.

Exclusion of the child who bites:

Some children will continue to bite other children in spite of interventions by staff and parents. These biting incidents can become very disruptive to staff and children in the classroom. The staff will make every effort to reduce the number of biting incidents in the center. We will continue to "shadow" that child, if additional staff is available, or stay close to him to discourage biting. We will continue to use a firm, positive approach. However, if the biting continues on a regular basis, then exclusion of the child from the playschool must be considered.

A child will be excluded from the playschool if the biting behavior exhibited by that child poses an increased risk to the children or adults with whom the child has close contact. Exclusion of the child must also be considered if the biting behavior becomes so disruptive that the daily activities of the classroom are affected. The parents will be asked to remove the child from the center until the biting behavior has passed. Sometimes a child who bites will benefit from being in a home setting. The Director will assist the parents in determining when the child should return.

Every child is unique and special. Subsequently, every biting situation will be handled on an individual basis. Staff and Administration at the playschool will stay in close contact with parents and every effort will be made to guide the child through this developmental stage.