

# Baptist Education Center Preschool

## Application Packet



A Ministry of the New River Baptist Association, Inc.

2734 Commerce Road

Jacksonville, NC 28546 – 7511

Telephone: (910) 347-0704

Follow us on Facebook:

Baptist Education Center @BEC Preschool

**Baptist Education Center**

2734 Commerce Road

Jacksonville, NC 28546

910 347-0704

# Enrollment Check List

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_ have received the following information/documents/items from the director of the Baptist Education Center Preschool.  
(Check boxes as completed)

Application Packet with all required documents.

Please fill out completely; date & sign where applicable)

- Application to include emergency contact information
- Emergency Medical Care information
- Up-to-date Immunization Record (Must have to enroll)
- Medical exam (if over a year old need new, within 30 days)
- Discipline Policy
- Receipt of Center Operational Policies/Parent Agreement
- Child's Personal Profile Information
- Off Premise Authorization
- Permission to Photograph
- Opt Out Meal Form
- Meal Plan/preparing lunches
- Release of Children to *anyone* under the influence of drugs or alcohol.
- Permission to Administer Medication (If Applicable)
- Scheduled Closings (complimentary)
- Enrollment Check List
- Developmental Milestone and Screening for Young Children
- Shaken Baby Syndrome Policy (New 8/18)

Discipline and Behavior Management Policy

Parents' / Guardian Agreement

Parent Handbook

Summary of NC Child Care Laws

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

# BEC PRESCHOOL ENROLLMENT REQUIREMENTS

UPDATED 01/27/2020

- COMPLETED ENROLLMENT PACKAGE**
- UP TO DATE IMMUNIZATION RECORD
- WELL CHILD CHECK (IF OVER A YEAR NEED NEW)

\*\*\*\*\*

## **TUITION due upon Enrollment**

**FULL TIME:**           Registration Fee: \$30.00  
                          Supply Fee, Annual: \$10.00  
                          First Week's Tuition: \$100.00

**Total to start:   \$ 140.00**

***After enrollment, full time weekly = \$100.00***

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**PART TIME**           Registration Fee: \$30.00  
                          Supply Fee, Annual: \$10.00  
                          First Week's Tuition: \$90.00

**Total to start:   \$ 130.00**

***After enrollment, part time weekly = \$90.00***

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**MUTILCHILD REDUCED TUITION: 2 CHILDREN (-\$5.00 per child discount)**

***Based on full time:***

                          Registration Fee: \$ 50.00  
                          Supply Fee, Annual: \$ 20.00  
                          First Week's Tuition: \$190.00

**Total to start:   \$260.00**

***After enrollment, 2 children discount = \$190.00 weekly***

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## **FROM HOME:**

- COMPLETE CHANGE OF CLOTHES TO INCLUDE UNDERGARMENTS AND FOOTWEAR
- CHILD'S SIZE BLANKET
- SMALL TRAVEL SIZE PILLOW (OPPTIONAL)
- LUNCH/SNACK (2)



# Baptist Education Center Preschool

## ENROLLMENT APPLICATION

Child's Birthday: \_\_\_\_\_

Start Date \_\_\_\_\_

Date of Application \_\_\_\_\_

*To be completed, signed and placed on file in facility prior to enrollment and updated as needed.*

Child: \_\_\_\_\_

LAST

FIRST

MI

Nickname?

Address: \_\_\_\_\_

# STREET

CITY

STATE

ZIP

### FAMILY INFORMATION

**Mother/Guardian's name:** \_\_\_\_\_ Primary Contact # \_\_\_\_\_

Address if different from child: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Where employed? \_\_\_\_\_ Wk. PH # \_\_\_\_\_

**Father/Guardian's name:** \_\_\_\_\_ Primary Contact # \_\_\_\_\_

Address if different from child: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Where employed? \_\_\_\_\_ Wk. PH # \_\_\_\_\_

Does child live with both parents? YES \_\_\_\_ NO \_\_\_\_

*Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if parent or guardians cannot be reached, the facility has permission to contact the following individuals.*

### CONTACTS:

1 \_\_\_\_\_

Name

Relationship

Address

Primary PH #

2 \_\_\_\_\_

Name

Relationship

Address

Primary PH #

3 \_\_\_\_\_

Name

Relationship

Address

Primary PH #

Add additional contacts on back of application

**HEALTH CARE NEEDS:**

*For any child with health care needs such as allergies, asthma, or other conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes \_\_\_ No \_\_\_*

List any allergies and the symptoms and type of responses required for allergic reactions. \_\_\_\_\_

\_\_\_\_\_.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

\_\_\_\_\_

\_\_\_\_\_.

List any particular fears or unique behavior characteristics the child has. \_\_\_\_\_

\_\_\_\_\_

List any types of medication (reason) taken for health care needs. \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child. \_\_\_\_\_

\_\_\_\_\_.

***Please turn to back side of application to complete Emergency Medical Care Information, sign and date.***



**EMERGENCY MEDICAL CARE INFORMATION**

Name of Health care Professional \_\_\_\_\_ Office Ph. \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance information/carrier: \_\_\_\_\_ Pol.# \_\_\_\_\_

I, as the parent or guardian, authorize the center to provide medical attention for my child in an emergency.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an 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.

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

# Child's Personal Profile

Full Name: \_\_\_\_\_  
  First  Middle  Last

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's favorite things. (Activities, toys, blanket, stuffed animal, movie/show...) \_\_\_\_\_

Least favorite things or fears. \_\_\_\_\_

Has your child had previous preschool/day care experience? Yes \_\_\_ No \_\_\_

If yes, what type of center was it: Church, national chain, privately owned center, home childcare, government, such as Head Start, More at 4. \_\_\_\_\_

How would you describe your child's experience in that setting? \_\_\_\_\_

Is your child currently on a waiting list for another preschool program? Yes \_\_\_ No \_\_\_

How does your child handle "drop off" or departure time from mom or dad?

Confident \_\_\_ Hesitant/shy \_\_\_ May cry for short period of time \_\_\_ Kick, scream and try to run out of the door after you \_\_\_ Other \_\_\_\_\_

Is there anything about your child's behavior that concerns you (at home or at school)? Describe: \_\_\_\_\_

## EATING HABITS

What is your child's best meal of the day? Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_ Snack \_\_\_

What are some favorite foods \_\_\_\_\_

Does your child have any allergies to foods? Yes \_\_\_ No \_\_\_ If yes, to what? \_\_\_\_\_

How is it treated? \_\_\_\_\_

How many meals each day does your family eat together? \_\_\_\_\_

How would you describe your child's appetite? \_\_\_\_\_

## BEDTIME HABITS

Awakens at \_\_\_\_\_ A.M. Naps: Yes \_\_\_ No \_\_\_ Goes to bed at \_\_\_\_\_ P.M.

Does your child sleep through the night regularly? Yes \_\_\_ No \_\_\_

Does child stay dry through the night? Yes \_\_\_ No \_\_\_

What term does your child use when they have to go to the bathroom? (Ex. I have to "potty") \_\_\_\_\_

Does/ can your child verbally communicate to you the need to potty when he/she feels the urge to go? Yes \_\_\_ No \_\_\_

FAMILY MEMBERS

Siblings:	NAME:	SEX	Age/Grade
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Does your child live in a two parent or single parent household? \_\_\_\_\_

*Please note as a matter of record: Parents who are in the process of a legal separation and or a divorce must provide to the center any documentation necessary pertaining to custody rights in in the event they are ordered by the court.*

Does child have a military deployed parent? Yes \_\_\_\_\_ No \_\_\_\_\_ How long deployed? \_\_\_\_\_

PARENTING

How do you see yourself in the parenting role? (Percentage of time)

Permissive \_\_\_\_\_ Disciplinarian \_\_\_\_\_

Consistent \_\_\_\_\_ Hesitant \_\_\_\_\_

Other : \_\_\_\_\_

What method of discipline is most effective with your child? \_\_\_\_\_

What is the primary reason(s) that you wish to enroll your child at the Baptist Education Center?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you would like for us to know about your child that would help make your child's experience with us the best possible? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for helping us to understand the unique needs of your little one. We look forward to getting to know him/her and nurturing the special gifts that God has equipped him/her with. Thank you for entrusting their daily care and early learning to us. Please don't hesitate to inform us of any changes that occur in your family that may affect your child's emotional and social wellbeing. We are here to help and to support you.

Sincerely BEC Staff

# Contact and Emergency Information Update

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work# \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

Cell# \_\_\_\_\_

## Emergency Contact Information:

Contact's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

Contact's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

## Others who are allowed to pick up your child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Home# \_\_\_\_\_

Home# \_\_\_\_\_

Cell# \_\_\_\_\_

Cell# \_\_\_\_\_

Work# \_\_\_\_\_

Work# \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Home# \_\_\_\_\_

Home# \_\_\_\_\_

Cell# \_\_\_\_\_

Cell# \_\_\_\_\_

Work# \_\_\_\_\_

Work# \_\_\_\_\_



Baptist Education Center Preschool  
2734 Commerce Road  
Jacksonville, NC 28546  
910 347-0704

**Notice:**

In order to maintain the safety of your child(ren), we will not release your child(ren) to anyone who appears to be under the influence of alcohol or drugs. This policy is in effect for anyone picking up the child(ren), including parent/guardian.

We will contact your next available emergency contact on your list to transport your child home safely.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date



## **Baptist Education Center**

### **Shaken Baby Syndrome (Abusive Head Trauma) Prevention Policy**

This policy is designed to inform and assist parents and caregivers in recognizing the signs and symptoms of Shaken Baby Syndrome and to aide in preventing the possibility of abusive head trauma during care. Abusive head trauma (also referred to as Shaken Baby Syndrome) occurs in infants and young children, whose neck muscles are not well-developed and whose heads are larger relative to their bodies. As a result, they are especially susceptible to head trauma caused by any type of forceful or sudden shaking, with or without blunt impact. Damage can occur in as little as 5 seconds.

Abusive head trauma can occur in children up to 5 years of age; however, infants less than one year are at greater risk of injury. Shaken baby syndrome can lead to serious conditions including:

- Brain damage, problems with memory and attention, cerebral palsy;
- Blindness or hearing loss;
- Intellectual, speech or learning disabilities; and
- Developmental delays.

### **Signs and Symptoms**

The signs and symptoms of shaken baby syndrome or head trauma include:

- Seizures
- Bruises which may be found on the upper arms, rib cage or head resulting from gripping or hitting the head
- Lack of appetite, vomiting, or difficulty sucking or swallowing
- Lack of smiling or vocalizing
- Rigidity, inability to lift the head
- Difficulty staying awake, altered consciousness
- Difficulty breathing, blue color due to lack of oxygen
- Unequal pupil size, inability to focus the eyes or track movement
- Irritability and/or high pitched crying

### **Injury Prevention**

Infant crying is normal behavior, which improves as a child ages. Caregivers should develop proactive strategies to manage stress levels and appropriate responses to a crying child. This includes being self-aware and noticing when the caregiver may become frustrated or angry. Parents/guardians, caregivers and coworkers should discuss what calming strategies are successful with a particular child at home or in the center.



## **Baptist Education Center**

### **Emergency Response**

If a child presents any of the above symptoms or it is suspected that a child has suffered abusive head trauma:

- Call 911, call the parent/guardian and inform your director and regional manager.
- Report to the appropriate child protective services agency (or law enforcement, if applicable) within 24 hours or less as required by law. See Child Abuse/Neglect and Mandated Reporting Policy and Procedure for further information.
- See Medical Emergencies - Calling 911 for additional information.

### **Strategies for Caregivers and Parents**

A child is usually shaken out of frustration, often when the child is persistently crying or irritable. The following strategies may work some of the time; but sometimes nothing will comfort a crying child. A teacher should seek support from a coworker or center management. If a child is inconsolable on a regular basis, the director and regional manager should be notified and determine if the right supports are in place for the child and for staff.

#### **Do:**

- Hand the child to another caregiver.
- Place the child somewhere safe in the classroom (or home) and call the office (or a neighbor) for support; take deep breaths and count to 10.
- Check to see if the baby's diaper needs changing.
- Give the baby a bottle. If baby readily takes bottle, feed slowly stopping to burp often. Do not force the baby to eat.
- Check for signs of illness and call the parent if you suspect the child is sick.
- Give baby a pacifier.
- Hold the baby close against your body and breathe calmly and slowly.
- Gently rock the baby using slow, rhythmic movements.
- Sing to the baby or play soft, soothing music.
- Use "white noise" or rhythmic sounds that mimic the constant whir of noise in the womb
- Hold the baby on its side or stomach position to help with digestion. Babies should always be placed on their backs to sleep.
- Take the baby for a walk indoors or outside for a ride in the stroller.
- Be patient: let the baby cry it out if necessary.



**Baptist Education Center**

#### **Never:**

- Shake a child.
- Drop a child.
- Throw a child into the air or into a crib, chair, or car seat.
- Push a child into any object including walls, doors, and furniture.
- Strike a child's head, directly or indirectly.

#### **Resources**

In addition to any required state training, the following resources are available to parents/guardians and staff:

**Websites: Abusive Head Trauma-How to Protect Your Baby** <https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-TraumaShaken-Baby-Syndrome.aspx>

**National Center on Shaken Baby Syndrome** <https://www.dontshake.org/>

*Growing World of Toddlers*

**<https://mybrightweb.brighthorizons.com/EducationPortal/Supplemental%20Materials/ILMToddler%20Development.pdf>**

*Early Brain Development Research Review and Update, Exchange Magazine*

**Shaken Baby & Abusive Head Trauma Prevention Policy  
Parent or Guardian Acknowledgement Form**

I, the parent or Guardian of \_\_\_\_\_

**Child's Name**

Acknowledge that I have read and received a copy of the Baptist Education Center's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_  
**Date policy given/explained to parent/guardian**

\_\_\_\_\_  
**Date of Child's Enrollment**

\_\_\_\_\_  
**Printed Name of Parent/ Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

New Policy August 29, 2018

# OFF PREMISE ACTIVITY AUTHORIZATION

Off premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

give my permission to Baptist Education Center for my child to participate in an off premise activity.

Location of off premise activity: Chapel, big field, corner field, parking lot, gym. This is for purposes of weekly chapel, playtime when necessary in gym, special harvest events, fire safety week fire truck visit.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed

# Baptist Education Center

## Permission to photograph/video

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

Please print

*Please check one, sign and date.*

Give Baptist Education Center permission to photograph or videotape my child. I understand that images of my child could be used on the school's Face Book page or website.

In addition, images taken could/will be used inside the school for projects and/or special events held at the school.

I agree to the above statement for permission to photograph and or video my child for the school's Face Book page or inside the school for projects or special events, **however**, I prefer that any image captured of my child **not** include a **full face** image. Profiles, overhead or 'from the rear' photos are ok.

For project and event use only.

**No**, Please do not take images or video of my child.

In addition, I agree not to post images of other children that might be captured with my child's to social media without the express permission of the other child's parent

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Signature of parent

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Date

Updated 11.30.2017

## NEED HELP PAYING TUITION?

Call or visit the Onslow County Partnership for Children at [OnslowKids.org](http://OnslowKids.org) or call 910 938.0336.

## NEW APPLICANT INFORMATION:

### Documents required for Child Care Subsidy Applicants:

- A **Work Hours Form** for all adult applicants in the household. All working parents must have this form filled out by their employers and returned at the time of application before any subsidized care can begin.
- An entire month's worth of the **paystubs** for all working parents within the household. The pay stub should be from the **month prior** to the application. For example, if you apply in August, you should bring in July's pay stubs.
- A **school schedule** (If applicable)
- **Proof of any other income you receive besides wages**, including alimony and child support, Veteran's (VA) Benefits, Social Security Benefits, pensions, Unemployment Benefits, Worker Compensation, etc.
- **Self-Employment Form**, along with income expense verifications, i.e. receipts, ledgers, etc. (If applicable)
- A **picture ID for the adults and social security cards** for all members of the family.

**Note: The last applicant will be seen at 3:50pm to allow time for interview and processing.**

***Note: Recipients must recertify for services annually unless notified otherwise.***

**For Downloadable Documents: See Onslow County Partnership for Children at [OnslowKids.org](http://OnslowKids.org) or call 910 938.0336. The Partnership is located at 900 Dennis Rd. Jacksonville, NC 28546 off Western Blvd. Extension, between the Splash & Dash and NAPA Auto Parts.**

**Call 910 347-0704 to enroll your child at Baptist Education Center Preschool  
Enrolling children 2 ½ and potty-trained to preK 5 Yr. olds. \$85 full week, \$75 Part time.**

## Parents' / Guardians' Agreement

The following conditions involved in the care of \_\_\_\_\_  
(Name of Child)

are understood and agreed on between the Baptist Education Center and

\_\_\_\_\_  
(Parent/Guardians of child)

### Responsibilities of the School

1. In return for the sum that the parents/guardians agree to pay, the school will give regular care to the above-named child for the agreed upon days per week.
2. The director or a teacher will examine the children daily for the symptoms of contagious diseases or illnesses before they are admitted for the day. A written notice will be given in the event of any exposure to a contagious disease. If a child has a fever of 100\*+, that child will not be admitted until he or she IS FREE OF A FEVER FOR 24 HOURS. Children with diarrhea or vomiting DURING PREVIOUS 24 HOUR PERIOD will not be admitted.
3. In the case of an accident, emergency or illness to the child, prompt and reasonable measures in the best exercise of judgment will be taken in the best interest of the child. The school will exercise reasonable care and judgment in all matters related to the welfare and safety of the child. Parents/Guardians will be notified as soon as possible.
4. In addition to physical care, opportunities for emotional, social, mental, moral/spiritual growth will be provided.
5. The school will not release the child to anyone other than the parents/guardians and those persons listed by the parents/guardians on the application under the CONTACT section. The school will require a photo ID of all persons picking up children.
6. The school will provide resources in sufficient quantity to allow for a variety of learning activities during the day.

### Responsibilities of the Parents/Guardians

1. **Payment:** Payment may be made in any way listed below:  
**Weekly:** Parents/guardians will pay the school in advance on MONDAY of each week. The parents/guardians who sign the agreement form are responsible for payment on time. If payment is not received by WEDNESDAY of the same week. A late charge of \$5.00 will be added on Thursday. Written notices will be given. If payment is not received by the following MONDAY (or next school day), enrollment will be suspended until full payment is made, including the current week. After efforts have been exhausted to collect payment without response from parents/guardians, enrollment will be terminated and legal measures will be taken.  
**Monthly:** Parents/guardians may pay monthly within the first 5 days of the month for a full month. Check your calendar for 5 week months. Every two wks. is also an option but must be paid on Monday of the first week.  
**Registration Fee:** A registration fee is charged at enrollment *and* each time re-enrollment occurs. If you choose to withdraw your child from the program, regardless of the amount of time withdrawn, a re-enrollment



fee will be charged.

*Parents/Guardians Agreement continued...*

**Supply Fee:** A supply fee is charged at enrollment and again annually in September for all enrolled children. See BEC Preschool Enrollment Requirements for current rates.

Parents should drop payment in a payment envelop (available in the front office). Fill out the front of envelop with your name, payment amount and week to which payment should be applied. You may drop payment in lock box in the hall or give directly to the director. Please do not give tuition payments to teachers/staff. A receipt for payment will be made for you.

**Late Pick up:** BEC closes at 5:30 P.M. If parent/guardian arrive for a child after the contracted time for care has expired the following *late fee* will apply. After 5:30 P.M. a late fee of \$2.00 per minute will be charged. Late fees may be paid upon arrival for child or the amount owed will be charged to your account. P/G will be required to initial pick-up time as will staff on duty. If Parents/guardians have not arrived after one hour and if emergency contacts cannot be located, the Sheriff's Department will be notified.

2. **Medication:** Parent/Guardians accept the policies related to medicine as written in this Application package and as it appears in the Parent Handbook.
3. **Illness:** Parents/Guardians accept the policies related to illness as written in this Application package and as it appears in the Parent Handbook.
4. **Emergencies:** In all emergencies, the school has permission to take such reasonable measures as are, in the judgement of the administration, necessary for the welfare and safety of the child. Parents/Guardians MUST provide the school with current emergency information as well as the name and telephone number(s) of an emergency contact person.
5. **Theft:** The school is not responsible for lost or stolen items. *Please clearly mark your child's belongings.* Please discourage your child from bringing toys from home, with the exception of 'show-n-tell' day.
6. **Accident:** The school is not liable for accidents or illnesses occurring to the child while he/she is in its care, unless proof is presented that the accident or illness was the direct result of the worker's negligence.
7. **Withdrawals:** The parents/guardians will fill out a prior *one-week* notice when the child is to be withdrawn. (A withdrawal slip can be obtained from the director.)

Responsibilities of the School and the Parents/Guardians

1. This agreement is a binding contract for the school and parents/guardians.
2. The contract may be terminated by either the parents/guardians or the school with notification of intent at least one week in advance, or at any time by mutual agreement of the school and parents/guardians. (A copy of this signed agreement is in the child's record at the school.)

DATE: \_\_\_\_\_  
\_\_\_\_\_  
(Parents/Guardians Signature)

DATE: \_\_\_\_\_  
\_\_\_\_\_  
(Signature BEC Director)



# 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 #** \_\_\_\_\_