



Registration Form
Date: _____

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city, state) (zip code)

child's date of birth: \_\_\_\_\_ rising grade: \_\_\_\_\_ school: \_\_\_\_\_ circle one: male female

Mother's Name: \_\_\_\_\_ cell # \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ cell # \_\_\_\_\_

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

Aside from the mother and father listed above who else is authorized to pick your child from our facility?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
cell # \_\_\_\_\_ work # \_\_\_\_\_ home # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
cell # \_\_\_\_\_ work # \_\_\_\_\_ home # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
cell # \_\_\_\_\_ work # \_\_\_\_\_ home # \_\_\_\_\_

List any allergies your child has:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medical, physical, emotional, social, or developmental concerns that your child has:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any daily medications:  
\_\_\_\_\_  
\_\_\_\_\_

Please list if there is someone who is NOT allowed to pick up your child:  
\_\_\_\_\_

Please attach a copy of your child's immunization records and insurance card for our files. **(1)**

# Permission to Secure Medical Care

Dear Parent or Guardian:

It is extremely important that Kid-Necton have on file current information for emergency use regarding your contact numbers, place of employment, secondary emergency contacts, as well as pre-existing medical conditions, and medications. Please make an effort to keep this information on your child's record up-to-date.

In the event that your child becomes seriously ill or injured while at Kid-Necton, the staff will take action as outlined below:

1. Appropriate first aid will be administered immediately when the situation calls for it.
2. In extreme emergencies, your child will be taken immediately to the hospital emergency room by ambulance or private vehicle and you will be contacted and advised of the situation. In most cases, however, efforts will be made to contact you first and to seek your advice concerning the action to be taken.
3. In the event you cannot be located or in extreme emergencies, the program officials will decide whether immediate medical treatment is needed and will act accordingly.

In order to assure that proper medical treatment can be obtained under the conditions described above, Kid-Necton requests that you complete the form below giving Kid-Necton permission to obtain medical treatment for your child and certifying that you will accept the financial responsibility for payment of any ambulance, hospital and/or physicians' bill and charges.

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I, the undersigned, give permission to the program officials of Kid-Necton to act in my behalf in my absence or in Emergency situations to obtain medical treatment for my child \_\_\_\_\_  
(Child's name)

I agree to accept full responsibility for the payment of all ambulance, hospital and physicians' bills and charges for any Services rendered. \_\_\_\_\_  
(Signature of Parent/Guardian)

Check your preference:

Davis Regional Medical Ctr \_\_\_\_\_

Iredell Memorial Hospital \_\_\_\_\_

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

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

Mobile #: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Family Physician:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Others to Contact:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Does your child have preexisting medical conditions and/or medications?      YES      NO**

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## Faith Kid-Necton Child Care Center Discipline and Behavior Policy

*We shall treat each other with respect. The following behaviors are prohibited and can be grounds for immediate dismissal from the KID-NECTION program:*

- Fighting, inciting to fight, bullying, threatening harm and/or harming another student or KID-NECTION staff member/volunteer.
- Open defiance of counselors, supervisors or directors is not allowed. To keep everyone safe, obedience to staff directions is necessary.
- Students are expected to behave in a kind manner toward each other, physically and verbally.
- Threats, profanity, name calling, or other verbally threatening action toward other children or adults will not be tolerated.
- Bringing knives, sharp instruments, guns, or weapons (real or toy), dangerous objects or toys to the program
- Possession of tobacco or intoxicant, or any illegal substance
- Theft of others, Kid-Necton or Faith Church property will not be tolerated.
- Harassment of any kind will not be tolerated (verbal, physical and sexual)
- Destruction of Faith Church or KID-NECTION property (such as writing or carving in tables, breaking chairs, breaking light fixtures, etc.....)

### *Restroom Behavior*

- There is to be no writing on walls or any other property.
- Paper towels and other trash must be placed in trash cans.
- Bathroom facilities must be used properly and immediately exited after use.
- No playing in the restroom areas

*We shall treat the facility with respect.*

- Everyone is expected to clean up after themselves.
- Toys and sports equipment are to be used in the proper & intended manner.
- Put items back where you found them and the exact way you found them.
- Playground equipment is to be used safely and as intended. Students are expected to share and take turns.
- Everyone is expected to treat the facilities of Faith Church & Kid-Necton with respect and care.

*Discipline Measures are outlined below. Our plan is to follow the following measures in order, but we reserve the right based on the situation, to go directly to whichever measure is best suited to resolve the situation at hand.*

- Most conflicts and disagreements can and will be discussed and resolved without any discipline action other than a verbal warning
- After the verbal warning or at the necessity/discretion of the Kid-Necton staff, the next discipline action is “time-out” or “separation”. “Time-out” and “separation” includes but is not limited to losing a special privilege (use of playground, use of sports equipment, use of games/toys, writing sentences, etc.)
- Continued misbehavior will require a note home to parents that informs them of the behavior of their child that must be signed and returned.
- If the behavior does not improve a discussion with the parent/guardian and director will be held. Parents are expected to speak with teachers and the director directly and respectfully regarding concerns with their child(ren).
- If these discipline measures are necessary and are not successful, the director may arrange with the parent to remove a child from the program for 1-5 days at the discretion of the director.
- If problems persist, or if the behavior places the child or others at risk, we reserve the right to dismiss the child from the program completely.

### **“Time-Out”**

“Time-out” is the removal of a child for normally 3-5 minutes from a situation in which the child is misbehaving and has not responded to other discipline techniques. In some cases, the “time-out” may last as long as 1 minute per the child’s age. For example, a 10-year-old will not have a “timeout” that last longer than 10 minutes. It normally takes place at a designated space away from classroom activity but within the teacher’s sight. After the brief “time-out”, 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.

### **“Separation”**

“Separation” is being removed from the group for a prolonged amount of time, longer than the “time-out” policy would allow. If the behavior warrants “separation” parents will be immediately notified by text/call. The child will still be watched by the Kid-Necton staff but will be separated from the other students at a table/chair or area by themselves. 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.



## Discipline & Behavior Management Policy Acknowledgement

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 facility's Director and teachers have discussed this policy with me.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please have your child/children read (or read it to them) the Discipline and Behavior Management Policy and discuss everything together so we all have the same understanding.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_  
(if age appropriate)



**Travel Permission:**

My child has my permission to travel on the Kid-Nection bus and other church/program sponsored vehicles to/from school, weekly trips to pool, movies, field trips, and various activities with Kid-Nection.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
date

**Sunscreen permission:**

I understand that many summer activities will require my child to be outdoors. In order to protect my child from sun exposure, I agree to provide a bottle of sunscreen for each of my children participating in the summer camp. I also understand that staff may need to assist my child with the application of sunscreen. I understand that staff may need to touch the face, neck, shoulders, back, arms, and legs of my child to assist with applying sunscreen. Staff will use reasonable judgment in deciding outdoor activities and the time spent outdoors. Children will be encouraged to use sunscreen provided by the parent. I will not hold the summer camp program or an individual staff member responsible should my child receive sunburn to the skin.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
date

**Photo Release Form:**

Faith Kid-Nection uses various forms of publicity using personal images and request your written permission to use pictures and videos of your child in a variety of ways including but not limited to display (screen projection in the worship center), newsletter publications, website publicity, brochures, church publicity flyers, and the Kid-Nection Facebook page. Please complete this form either allowing or denying permission to do so.

I, the undersigned, do hereby grant or deny permission to Faith Kid-Nection, 403 Barry Oak Road, Statesville, NC, to use images as marked by my selection(s) below. Such use includes but is not limited to the items described in the previous paragraph.

- Deny permission to use images at all.
- Grant permission to use my/my child's image: **Unrestricted usage:** I give unrestricted permission for images of my child(ren) to be used in print, video, and digital media. I agree that these images may be used by Faith Kid-Nection for a variety of purposes and that these images may be used without further notifying me.

Names of children: \_\_\_\_\_

Parent Name *(please print)* \_\_\_\_\_

Parent Name *(signature)* \_\_\_\_\_

**Emergency Procedure Card**

**Full Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Gender:** Male Female      **Child's Weight:** \_\_\_\_\_

**List any known allergies, including drug allergies:** \_\_\_\_\_

**List any known medical conditions:** \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_ **Doctor's Phone #:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **cell#** \_\_\_\_\_ **Other#** \_\_\_\_\_

**Father's name:** \_\_\_\_\_ **cell#** \_\_\_\_\_ **Other#** \_\_\_\_\_

**Other Contact Name:** \_\_\_\_\_ **cell#** \_\_\_\_\_ **Other#** \_\_\_\_\_

**Other Contact Name:** \_\_\_\_\_ **cell#** \_\_\_\_\_ **Other#** \_\_\_\_\_

I, the undersigned, give permission to the officials of Faith Kid-Necton Child Care programs to act in my behalf in my absence, or in an emergency situation, to obtain medical treatment for my child. I agree to accept full responsibility for the payment of all hospital and physician charges for any services rendered.

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