

## Methodist Children's Center - REGISTRATION FORM

### 1 year olds

2 day-M/W-9:15-12:15 (\$125)

2 day-T/TH-9:15-12:15 (\$125)

### 2 year olds

2 day-M/W-9:15-12:15 (\$125)

2 day-T/TH-9:15-12:15 (\$125)

### 3 year olds

2 day-T/TH-9:15-12:15 (\$140)

3 day- M/W/F-9:15-12:15 (\$180)

3 day-M/W/F-(9:15-1:15) bring lunch (\$225)

### 4 year olds

3 day-M/W/F-9:15-12:15 (\$180)

4 day-M/T/W/TH-9:15-12:15 (\$215)

4 day-M/T/W/TH-9:15-1:15 (\$260)

### Transitional Kindergarten

5 day-8:45-1:15 lunch provided-(\$285)

**\*PLEASE CIRCLE YOUR CLASS CHOICE-specific teacher requests are no longer accepted\***

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

Address (street, city, zip) \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male or Female \_\_\_\_\_ Current MCC Student (yes/no) \_\_\_\_\_

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

Home Address \_\_\_\_\_ Name of Employer \_\_\_\_\_

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

Cell phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Home Address \_\_\_\_\_ Name of Employer \_\_\_\_\_

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

Cell phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Marital Status of Parents (circle) Married Divorced Separated Single

Child lives with (circle) Mother Father Both Other How often does child visit other parent if living with one? \_\_\_\_\_

# of Brothers \_\_\_\_\_ Names and Ages \_\_\_\_\_

# of Sisters \_\_\_\_\_ Names and Ages \_\_\_\_\_

# of Stepbrothers \_\_\_\_\_ Names and Ages \_\_\_\_\_

# of Stepsisters \_\_\_\_\_ Names and Ages \_\_\_\_\_

NOTE: REGISTRATION FEES AND PREPAYMENTS ARE NON REFUNDABLE

TO BE COMPLETED BY MCC OFFICE

Date of Enrollment \_\_\_\_\_ Date Registration Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_

## INFORMATION ABOUT YOUR CHILD

Is your child toilet trained? \_\_\_\_\_ (MCC reserves the right to dismiss a child who is not toilet trained by the time they attend a 3 years old or older class).

Does your child have any allergies? \_\_\_\_\_ if yes, please list: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If your child has allergies, please ask for a medical form in the office for children with allergies, to be completed by your child's physician.

Does your child have any special needs that the school would need to be aware of? \_\_\_\_\_

(Has your child been in another preschool or daycare environment? \_\_\_\_\_  
if yes, where and when and how was their experience? \_\_\_\_\_  
\_\_\_\_\_

How does your child relate to other children? \_\_\_\_\_  
\_\_\_\_\_

Is your child right- or left-handed? \_\_\_\_\_

What type of discipline is used at home for misbehavior? \_\_\_\_\_  
\_\_\_\_\_

What goals do you have for your child here at MCC? \_\_\_\_\_  
\_\_\_\_\_

Please give us any information concerning your child, which would be helpful in his/her group experience, such as play, eating and sleeping habits, special fears, likes or dislikes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION (Required by State Law)

Child's Physician	Phone
Child's Dentist	Phone
Hospital Preference	
Insurance Co Name	Policy #

I agree that the Director may authorize the physician of his/her choice to provide emergency care in the event that neither parent nor the child's physician can be contacted and then transport my child to the appropriate medical facility.	
Signature of Parent	Date:

I as the Director agree to provide transportation to an appropriate medical facility in the event of an emergency. Other children will be supervised by a responsible adult.	
Director's Signature:	Date:

Responsible party to whom your child may be released in the event you cannot be reached in an emergency. This person should live close to our facility and be available during school hours if at all possible.

Name	Relationship
Home Phone	Cell Phone
Name	Relationship
Home Phone	Cell Phone
Name	Relationship
Home Phone	Cell Phone

---

### PERMISSION FOR FIELD TRIPS

My child, \_\_\_\_\_, may join any WALKING FIELD TRIPS for his/her class organized by MCC.  
 Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

## NC DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective means of the behavior of children. When children receive positive, non-violent and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities and self discipline. Based on the belief of how children learn and develop values, MCC will practice the following discipline and behavior management policy:

**WE DO** Praise, reward, and encourage the children;  
Reason with and set limits for the children;  
Model appropriate behavior for the children;  
Modify the classroom environment to attempt to prevent problems before they occur;  
Listen to the children;  
Provide alternatives for inappropriate behavior to the children;  
Provide the children with natural and logical consequences of their behaviors;  
Treat the children as people and respect their needs, desires and feelings;  
Ignore minor misbehaviors;  
Explain things to children on their levels;  
Use short, supervised periods of "Time-Out" (explanation below);  
Stay consistent in our behavior management program

**WE DO NOT** Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children;  
Make fun of, yell at, threaten, make sarcastic remarks about, use Profanity or otherwise verbally abuse the children;  
Shame or punish the children when bathroom accidents occur;  
Deny food or rest as punishment;  
Relate discipline to eating, resting or sleeping;  
Leave the children alone, unattended, or without supervision;  
Place the children in locked rooms, closet or boxes as punishment;  
Allow discipline of children by children;  
Criticize, make fun of, or otherwise belittle children's parents, Families, or ethnic groups.

**TIME OUT** is the removal of a child for a short period of time (3-5 minutes) 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 a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, 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 the other children.

### TO BE SIGNED BY PARENT OR GUARDIAN

I, the undersigned parent or Guardian of \_\_\_\_\_, do hereby state that I have read and understand the MCC Discipline and Behavior Management Policy. A copy is incorporated in the MCC Policy Brochure.

Signature \_\_\_\_\_ Date \_\_\_\_\_