

# Gospel Tabernacle Academy

2105 W. Cumberland St. Dunn, NC 28334

Phone: 910-892-0917

For Office Use: QB\_\_\_\_ IMMZ: Rpt\_\_\_\_

Fax: 910-892-8256

## Application for Daycare Program

Application Date: \_\_\_\_\_

Current Age: \_\_\_\_\_

Registration Fee: \$30.00

Date Registration Pd: \_\_\_\_\_

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### STUDENT INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### FAMILY INFORMATION:

Mother/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**OTHER INFORMATION:**

Does your child have any known allergies?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

If yes, please describe:

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Please give any information concerning your child which will be helpful in his/her experience in a group setting. (such as eating, play, and sleeping habits, likes, dislikes, and fears).

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**PHOTO/VIDEO RELEASE FORM:**

GTA has my permission to use my child's photograph and/or video images publicly to promote GTA and advertise school activities. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

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

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Gospel Tabernacle Academy**  
**Financial Rate Schedule Effective:**  
**August 23<sup>rd</sup>, 2021**

**Registration Fee (non-refundable):** \$30.00

Tuition is payable as scheduled below:

**Weekly Tuition:**

2 yr old class-- \$ 160.00 weekly, discount rate for food program participation \$150.00

3 yr old class-- \$ 150.00 weekly, discount rate for food program participation \$140.00

4 yr old class-- \$ 150.00 weekly, discount rate for food program participation \$140.00

Before and After School Care-- \$ 90.00 weekly, discount rate for food program participation \$85.00

Weekly tuition is due on Monday of each week. Tuition may be pre-paid monthly. If paid monthly, the entire monthly payment is due on the first Monday of the month (not at the end of the month). We offer a discount rate to those families who choose to participate in the Food Grant Program that allows GTA to receive a food cost reimbursement for the meals and snacks we provide.

\* Please note that most of our families have always agreed to fill out the simple form and participate in the Food Grant Program.

GTA operational hours are 6:30am - 6:00pm. If a child is picked up after 6:00, a \$2.00 per minute late pick up fee will be charged for each minute after 6:00pm.

**Book and Material Fees:**

2 yr olds:	\$40.00
3 yr olds:	\$50.00
4 yr olds:	\$60.00

Registration and book fees are DUE UPON ENROLLMENT and are non-refundable. Fees may be paid in cash, personal check or by money order. Checks and money orders are to be made payable to: Gospel Tabernacle Academy

\*\*\*Every child's account will be charged and must be paid each week regardless of absence. This is to keep the child's spot in the program\*\*\*

Each child earns a one (1) week "vacation" after a full fiscal year of attendance. When vacation time is applied, charges will not be imposed for a selected week out of the year. Parents/guardians are required to give a two (2) week notice to the office for the vacation time to be applied to the child's account. Vacation time renews on the anniversary of the child's enrollment date.

GTA reserves the right to charge for the full week during holidays such as Christmas, Thanksgiving, Easter Monday, etc.

No partial payments will be accepted. If payment is not received by Friday of the week of service, a \$10.00 late fee will be imposed to the account. If a childcare account accrues a 2 week arrearage, that child will not be allowed to return for childcare until the account payments are brought current. A \$25.00 Non-Sufficient Funds fee will be charged for each returned check. If two checks are NSF returned, you will be required to pay by cash or money order from then on.

All DSS payments will continue to be made by the 10<sup>th</sup> of the month. This includes After School.

I understand and agree to the fees, payment schedule, and policies.

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

**Gospel Tabernacle Academy**  
**2105 W. Cumberland Street, Dunn, NC, 28334**  
**(910) 892-0917**

**Afterschool Contract**  
**(Initial each block after reading)**

This agreement is made between Gospel Tabernacle Academy and

\_\_\_\_\_ on \_\_\_\_\_  
(Parent/Guardian Name) Month Day Year

for \_\_\_\_\_ to participate in the Afterschool program.  
(Student's Name)

\*\*\*Initial each box\*\*\*

A registration fee of \$30.00 is due at the time of enrollment.  
(Registration fee is non-refundable)

Weekly tuition is due on Monday of each week. Tuition may be pre-paid monthly. If paid monthly, the entire monthly payment is due on the first Monday of the month. (not at the end of the month).

Payments must be made out to Gospel Tabernacle Academy or GTA. Please pay by cash, money order or check. No two-party checks will be accepted.

Every child's account will be charged and must be paid each week regardless of absence. This is to keep the child's spot in the program.

Each child earns a one (1) week "vacation" after a full fiscal year of attendance. When vacation time is applied, charges will not be imposed for a selected week out of the year. Parents/guardians are required to give a two (2) week notice to the office for the vacation time to be applied to the child's account. Vacation time renews on the anniversary of the child's enrollment date.

GTA reserves the right to charge for the full week during holidays such as Christmas, Thanksgiving, Easter Monday, etc.

No partial payments will be accepted. If payment is not received by Friday of the week of service, a \$10.00 late fee will be imposed to the account. If a childcare account accrues a 2 week arrearage, that child will not be allowed to return for childcare until the account payments are brought current.

A \$25.00 Non-Sufficient Funds fee will be charged for each returned check. If two checks are NSF returned, you will be required to pay by cash or money order from then on.

GTA operational hours are 6:30am - 6:00pm. If a child is picked up after 6:00, a \$2.00 per minute late pick up fee will be charged for each minute after 6:00pm.

Each participant must be signed in by a parent or guardian (18 or older) each morning and signed out when picked up.

\_\_\_\_\_  
I, \_\_\_\_\_ have read, understand, and agree to the above statements and fees. I am also in agreement with all stated terms and conditions. I also understand that if I decide to withdraw my child from the program, I will give the Director a two-week notice before I withdraw my child.

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

# 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 # \_\_\_\_\_

Gospel Tabernacle Academy  
2105 W. Cumberland Street, Dunn, NC, 28334  
(910) 892-0917

Student: \_\_\_\_\_

The following person(s) listed below have my permission to pick up my child/children.

Please provide all phone numbers

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gospel Tabernacle Academy  
Emergency Information

Name of Student: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

To avoid any adverse drug reaction during an emergency, please list medications currently being taken:

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

Allergies: \_\_\_\_\_

Blood Type: (If known) \_\_\_\_\_

List operations/hospitalization within the past year: \_\_\_\_\_

\_\_\_\_\_

List of chronic medical problems requiring a doctor's care: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Person(s):**

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Children Medical Report**

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

Nam of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

**Medical History (May be completed by parent or physician)**

Is child allergic to anything? No\_\_\_ Yes\_\_\_

If yes,  
what? \_\_\_\_\_  
\_\_\_\_\_

Is child currently under a doctor's care? No\_\_\_ Yes\_\_\_

If yes,  
what? \_\_\_\_\_  
\_\_\_\_\_

Is the child on any continuous medication? No\_\_\_ Yes\_\_\_

If yes,  
what? \_\_\_\_\_  
\_\_\_\_\_

Any previous hospitalizations or operations? No\_\_\_ Yes\_\_\_

If yes, when and for  
what? \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

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/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# TRAVEL AND ACTIVITY AUTHORIZATION

10 NCAC 3U .0604(1)  
G. S. 110-91(6)  
REV 8/92

- Blanket permission for this activity
- Special 1-time permission only
- Blanket permission for all given activities

SAMPLE FORM

I, \_\_\_\_\_ parent/guardian of  
name of parent/guardian  
\_\_\_\_\_ give my permission to  
name of child  
\_\_\_\_\_ for my child to participate in the following activities  
name of facility

Trips in the van/automobile (facility or parent-owned)

\_\_\_\_\_  
Explain planned activity — where and when

Field trips away from the facility

\_\_\_\_\_  
Explain planned activity — where and when

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

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

\_\_\_\_\_  
Date Signed

This authorization is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

In addition, if the facility has planned activities outside the fenced area of the facility,

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

\_\_\_\_\_ I will not allow my child to play outside the fenced area.

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

\_\_\_\_\_  
Date Signed

This authorization is valid for the duration of my child's enrollment.

**Gospel Tabernacle Academy**  
**Sick Child Policy**

A child may not attend daycare if:

- their temperature is 100 degrees or more. The child **MUST** be without fever for at least 24 hours after diagnosis.
- they are unable to participate in regular school day activities, including outdoor play.
- they have a sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern.
- they have one or more episodes of vomiting in a 12-hour period.
- they have red eye with white or yellow discharge until 24 hours after the treatment.
- they have lice or scabies and must have a note from a doctor stating that the child is free of infestation before returning to school.
- they have chicken pox or a rash suggestive of chicken pox.
- they have tuberculosis, or until a health professional states that the child is not infectious.
- they have strep throat, until 24 hours after treatment has started.
- they have impetigo, until 24 hours after treatment has started.
- they have pertussis, until 5 days after treatment has started.
- they have to be separated from other children by a doctor's order.

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By signing this, I have read, understand, and agree to the statements above. I am also in agreement with all stated terms and conditions and will not bring my child/children if he/she has or is infected by one of these illnesses.

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Parent/Guardian Signature

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Date Signed

## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management 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 this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

**We:**

1. **DO** praise, reward, and encourage the children.
2. **DO** reason with and set limits for the children.
3. **DO** model appropriate behavior for the children.
4. **DO** modify the classroom environment to attempt to prevent problems before they occur.
5. **DO** listen to the children.
6. **DO** provide alternatives for inappropriate behavior to the children.
7. **DO** provide the children with natural and logical consequences of their behaviors.
8. **DO** treat the children as people and respect their needs, desires, feelings.
9. **DO** ignore minor misbehaviors.
10. **DO** explain things to children on their levels.
11. **DO** use short supervised periods of time-out sparingly.
12. **DO** stay consistent in our behavior management program.
13. **DO** use effective guidance and behavior management techniques that focus on a child's development.

**We:**

1. **DO NOT** spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. **DO NOT** make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. **DO NOT** shame or punish the children when bathroom accidents occur.
4. **DO NOT** deny food or rest as punishment.
5. **DO NOT** relate discipline to eating, resting, or sleeping.
6. **DO NOT** leave the children alone, unattended, or without supervision.
7. **DO NOT** place the children in locked rooms, closets, or boxes as punishment.
8. **DO NOT** allow discipline of children levels. by children.
9. **DO NOT** criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent/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/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Distribution: one copy to parent(s) signed copy in child's facility record

The following requirements apply to both centers and homes.

### **Transportation**

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

### **Program Records**

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

### **Discipline and Behavior Management**

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

### **Parental Rights**

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov) . For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.nc.gov](http://ncchildcare.nc.gov)

### **Reviewing Files**

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be

- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov); or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

### **How to Report a Problem**

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements, described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

### **Child Abuse, Neglect, or Maltreatment**

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education** at 919-527-6335 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**



# Summary of the North Carolina Child Care Law and Rules

**Division of Child Development  
and Early Education**

North Carolina Department of  
Health and Human Services  
820 South Boylan Avenue  
Raleigh, NC 27699

Revised March 2016

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.



This policy agreement is made between the parent(s)/guardians:

Name of parent/Guardian \_\_\_\_\_  
(Print Name)

and Gospel Tabernacle Academy (Provider) for the care of

Name of Child \_\_\_\_\_.

Payment is due to the provider the Monday of each week of service. If a payment is not made on time, the account will be charged a \$10.00 late fee on the following Monday.

**If the parents becomes TWO WEEKS behind in tuition payments, the child will NOT be allowed to attend Gospel Tabernacle Academy until the account is brought current.**

Accepted methods of payment include cash, check, or money order. If a personal check is returned due to insufficient funds, the parent/guardian must pay a \$35.00 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.

If parent is going to be late picking up the child, every effort must be made to contact the provider. A late pick up fee of \$2.00 per minute after 6:00pm will be charged to the account.

By signing this agreement you hereby understand and will abide by Gospel Tabernacle Academy's payment policy.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



This agreement is to inform every parent that Gospel Tabernacle Academy reserves the right to terminate a child's care at GTA at any time for sufficient reason including, but not limited to late payment, consistent misbehavior of the child, or unforeseen problems which may occur with the parents of the child.

Parents may unenroll their child from GTA's care by providing a written notice a minimum of two weeks before the effective date of termination. In order for parents to unenroll their child from Gospel Tabernacle Academy, the account of their child must be current.

By signing this agreement you hereby understand and will abide by Gospel Tabernacle Academy's termination policy.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



To: All GTA Parents and Guardians

Ref: No Smoking Policy

I understand that Gospel Tabernacle Academy does NOT allow cigarette smoking, vape products or the use of any other tobacco products on the premises. This includes both indoor and outdoor use of tobacco products.

I understand and agree to abide by said policy.

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

Signature: \_\_\_\_\_ . Date: \_\_\_\_\_

Parent/ Guardian