

The Wright Place Child Development Center L.L.C

Documentation of Receipt of Center Policies and Documents- Signed Statement

Child's Name: _____ Date of Enrollment: _____

I, the undersigned parent/guardian of the child named above do hereby state that I am aware of each of the following policies and understand that I can refer to the copy that I was asked to print out from the center website at the time of enrollment. My signature below states that not only did I have access to and read the policies/ documents, but that I agree with the content. Please check all that apply!

- Operational Policy/ Handbook (Available online via our website)
- Parent Participation / Involvement Policy (Mentioned in handbook)
- Summary of the NC Childcare Law
- 100% Smoke/Tobacco-Free Facility Policy
- Discipline Policy
- Permission to transport (In the event of an emergency; otherwise, there will be a transportation permission slip provided to you)
- Off-premises activities authorization
- Aquatic Policy (We do not participate in body of water trips/activities)
- Tuition Contract
- Permission to cross the driveway area to go into the fenced in play area.
- Permission to participate in select outdoor activities outside of the fenced in play area.
- Permission to be photographed by T.W.P! Pictures will only be used in connection to the center.
- Child's medical and immunization records must be provided to the center within 30 days.

** The following is intended for parents/guardians of children 15 months or younger only. **

- Shaken Baby Syndrome/ Abusive Head trauma Policy.
- Infant/Toddler Safe Sleep Policy (Sid's policy must also be individually signed to hang in classroom)
- Infant Feeding Schedule Plan

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____

THE WRIGHT PLACE CDC CHILD'S APPLICATION FOR ENROLLMENT

This document is to be completed, signed, and placed on file in the facility on the first day and updated as changes occur and annually.

CHILD INFORMATION: Date of Birth: _____ Enrollment Date: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION: Child lives with: _____

Father/Guardian's Name _____ Phone Number _____

Address (if different from child's) _____ Zip Code _____

Work Number _____ Home Number _____

Mother/Guardian's Name _____ Phone Number _____

Address (if different from child's) _____ Zip Code _____

Work Number _____ Home Number _____

CONTACTS:

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 the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name Relationship Address Phone Number

Name Relationship Address Phone Number

Name Relationship Address Phone Number

For any child with health care needs such as allergies, asthma, or other chronic 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 ___ (Medical action plan must be updated on an annual basis and when changes to the plan occur).

List any allergies and the symptoms and type of response required for allergic reactions:

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

List any fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Name of Hospital preference _____ Phone # _____

I, as the parent/guardian, authorize the center to obtain medical attention for my children in an emergency.

Signature of Parent/Guardian _____ **Date:** _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, 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 parents, guardian, or full-time custodian.

Signature of Administrator _____ **Date:** _____

The Wright Place CDC Children's File Checklist

Name of Child: _____

Date of Enrollment: _____

The following items must be present in each child's file

Item	Due Date	Date Received/ Completed
➔ Application for Enrollment	1 st Day	
➔ Emergency Medical Care Information/Medical Action Plan (if applicable)	1 st Day/Updated as changes occur and annually	
➔ Medical Report	Within 30 days of Enrollment	
➔ Immunization Record	Within 30 days of Enrollment	
➔ Documentation of Receipt: Discipline Policy	1 st Day	
➔ Infant Feeding Plan (children less than 15 months-old)	1 st Day	
➔ Infant Sleep Position Waivers (if applicable)	1 st Day	
➔ Documentation of Receipt: Safe Sleep Policy (if applicable)	1 st Day	
➔ Authorization for Transportation (if applicable)	1 st Day/As Occurs	
➔ Documentation of Receipt: Center Operational Policies	1 st Day	
➔ Documentation of Receipt: Summary of Child Care Law	1 st Day	
➔ Copies of Incident Reports	As Occurs	
➔ Emergency Medical Care Authorization	1 st Day	
➔ Medication Authorization, Record of Medication Administration (if applicable), and Medication Error Report (if applicable)	As Occurs	
➔ Off Premise Activities Authorization	As Occurs	
➔ Permission to Transport/participate in off premise activities (if applicable)	1 st Day	
➔ Nutrition Opt-out Form (if applicable)	As occurs	
➔ Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1 st Day	
➔ Permission for aquatic activities (if applicable)	1 st Day	
➔ Notification of Smoking and Tobacco Restriction	1 st Day	

The Wright Place CDC Emergency Medical Care Authorization

To be completed and placed in child's file prior to enrollment.

Name of Child: _____ Birthdate: _____
Last/First

Medical history (please include any major illnesses, broken bones, surgeries, diseases, hospitalizations, etc.)

Current Medications given _____ Dosage _____

Known allergies/food restrictions _____

Additional Information _____

Emergency Contact:

Mother's Name _____ Phone # _____

Address _____ Email _____

Father's Name _____ Phone # _____

Address _____ Email _____

Additional Emergency Contact (if parents cannot be reached)

Name _____ Phone # _____ Name _____

_____ Phone # _____

Medical Insurance Company _____ Policy # _____

I give my permission for The Wright Place Child Development Center L.L.C to make the emergency arrangements necessary for the care and welfare of my child while under their supervision. In a medical emergency I understand that my child may be transported to an appropriate medical facility by emergency personnel for treatment if it is deemed necessary by staff. It is understood that The Wright Place Child Development Center L.L.C not its partners are responsible for any injuries that occurs while my child is receiving care. The only assistance that T.W.P provides for the child and the family is basic CPR/First Aid, communication with emergency personnel/family and transportation if necessary. It is also understood that in some medical and/or emergency situations. T.W.P staff may need to contact medical and/or emergency personnel before the parent, child's physician and/ or other adults acting on the child's behalf.

First-Aid- In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Emergency Care- If there is an emergency in which I can't be reached the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Health Record Transfer- In the event of an emergency, I hereby authorize the transfer of any my child's health record to the hospital.

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, what 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 medical disabilities NO__ YES__ If yes, please describe: _____

I give permission for the director or their designee to talk with my child's physician concerning health care related to his/her enrollment at The Wright Place Child Development Center L.L.C I approve the emergency contact information above.

Parent or Guardian's Signature: _____

Date: _____

The Wright Place (T.W.P) Tuition Agreement Contract

As the parent/guardian of _____, I understand that my child has a monthly childcare tuition rate due to The Wright Place CDC. Tuition is due on the 1st of every month, but TWP will allow me to make installment payments (also known as weekly tuition) every Friday **prior** to services rendered. This means that I will provide a payment on Friday to ensure that the center schedules appropriate staff to cover my child's attendance for the following week. It is a clear understanding that my full weekly tuition payment is due rather my child is absent any day(s) in a week, absent for an entire week or attends for their regular schedule. If I make my child's full tuition payment on the 1st of the month I will be in good standing for that month and have no additional charges to my account unless my child receives extended care. The remainder of this contract will be written in term to address "Installment Payments".

I agree to the following statements:

There will be a \$25 late fee assessed and added to my child's tuition if payment is not made by Friday evenings at 6:00pm; **prior** to the week service is rendered (with reference to the above passage). I understand that I will be charged this \$25 fee the morning of my child's next **scheduled** day (since not all children attend the same days each week) if my account was not paid in full prior to the start of the week as mentioned above. The full tuition payment and the \$25 fee must be made **prior** to my child being signed in to receive care for the day. If I have not provided the center with proper payment to receive care services for the week, I know that I will still be charged the late fee and full tuition for the week; even though I must keep my child(ren) home for lack of payment to the center as it is policy to provide the center with proper payment in advance in order to receive care. It is also a policy to provide a notice and cover the tuition charge for two weeks if one decides their child(ren) will no longer be attending; rather for financial reasons or not. I am aware that the center collects standard tuition on Fridays of the week prior to receiving care not only for scheduling and prep purposes; but, also for a smooth start to the new week.

Weekly tuition can be paid via cash, money order or cash app (Denise Wright at \$gboroqt). To send in a weekly tuition and/or any late fees via cash app; I agree to send in an additional \$2 to cover any transaction fees. If I have multiple children, there may be a \$4 or more additional charge to cover the transaction fee, of the large tuition payment being made. I understand that cash app is an option to assist families like mine with staying on top of payments without having to stop to get cash, obtain a money order and avoid late payment fees; so, the transaction fee is at my expense. I will confirm that I see an image of Ms. Wright and/or have previously sent a payment to the \$gboroqt cash app account before submitting a current payment. Payments to other accounts in error will not be applied to my account with T.W.P. Any money order payments should be made out to The Wright Place CDC. Personal checks are not accepted.

The Wright Place Child Development Center L.L.C requires me to submit a two-week written notice to depart from their center and end this legal contract. If I do not submit the notice and decides that my child will no longer attend to the center I understand and agree that the full tuition payments for two weeks' worth of care is still due, owed and to be paid to the center. I understand that all money owed must be paid in full within a week of my child's last attended day. To avoid legal fees and possible court cost I will ensure that my account has a zero-dollar balance on it and receive a signed document from the center's owner or director that states that I fulfill my contract terms and conditions and owe no money to the center.

I will be given quarterly payment receipt logs. I must provide this document each time that I submit my tuition payment to receive a signature for that payment. Ms. Wright will not go back to past payments to sign off on them later if I decided to finally provide my log. I have been informed that I can simply place my receipt log into the sealed envelope that holds my tuition payment. I will ensure that the envelope has both my name and my child's name on it with the current date. The director will sign/date my receipt and return to me on next business morning. I am aware that Ms. Wright keeps her own signed copies of all payments made to the center for her business records. If I have failed to provide my tuition receipt log weekly for signatures and/or have lost the document and later need a copy from the center for any reason; I understand that there will be a \$25 fee per

The Wright Place Child Development Center LLC

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 # _____

Child Immunization History

G.S. 130A-155. Submission of certificate to childcare facility/G.S.130A-154. Certificate of immunization. The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name: _____ **Date of birth:** _____
 Enter the date of each dose received (Month/Day/Year) **or attach a copy** of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacle, kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					X
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB ** Hiberix	Pentacel					X
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix				X	X
Measles, Mumps, Rubella	MMR	MMR II	ProQuad			X	X	X
Varicella/Chicken Pox	Var	Varivax	ProQuad			X	X	X
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prevnar 13, Pneumovax***						X

*Required by state law for children born on or after 7/1/2015.

**3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

***PPSV23 or Pneumovax is a different vaccine than Prevnar 13 and may be seen in high-risk children over age 2. These children would also have received Prevnar 13.

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

The Wright Place Child Development Center
Parent or guardian acknowledgement form

Prevention of Shaken Baby Syndrome and Abusive Head Trauma & 100% Tobacco/Smoke-Free Policy

T.W.P has provided all families with access to the policies below. Families may visit our website to obtain hard copies for their own records.

I, the parent/guardian of _____
(Child or children's name)

acknowledge that I have read the facility's **Shaken Baby Syndrome/Abusive Head Trauma Policy** and **100% Tobacco/Smoke-Free Policy**. I understand that I am responsible for ensuring that my family (child and self) follow these policies. I also understand that my family cannot smell like tobacco and/or any type of smoke while on the premises.

Date policies were given to parent/guardian

Date of child(ren)s enrollment

Print name of parent/guardian

Signature of parent/guardian

Date

The Wright Place Child Development Center LLC

Discipline and Behavior Management Policy

No child shall be subjected to any form of corporal punishment. 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 age and developmentally appropriate discipline and behavior management policy:

<p>We: 1. DO praise, reward, and encourage the children. 2. DO reason with and set limits for the children.</p> <p>3. DO model appropriate behavior for the children.</p> <p>4. DO modify the classroom environment to attempt to prevent problems before they occur.</p> <p>5. DO listen to the children.</p> <p>6. DO provide alternatives for inappropriate behavior to the children.</p> <p>7. DO provide the children with natural and logical consequences of their behaviors.</p> <p>8. DO treat the children as people and respect their needs, desires, and feelings.</p> <p>9. DO ignore minor misbehaviors.</p> <p>10. DO explain things to children on their level.</p> <p>11. DO use short, supervised periods of time-out sparingly. "Time-out" is about 3-5 minutes.</p> <p>12. DO stay consistent in our behavior management program.</p> <p>13. DO use effective guidance and behavior management techniques that focus on a child's development.</p>	<p>We: 1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.</p> <p>2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.</p> <p>3. DO NOT delegate discipline to another child.</p> <p>4. DO NOT withhold food as punishment or give food as a means of reward.</p> <p>5. DO NOT discipline for toileting accidents.</p> <p>6. DO NOT discipline for not sleeping during rest period.</p> <p>7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.</p> <p>8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.</p> <p>9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.</p> <p>10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk</p>
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I, the undersigned parent, or guardian of _____ <div style="text-align: center; font-size: small;">(child's full name)</div>
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 any questions/concerns that I had about the facility's Discipline and Behavior Management Policy.
Date of Child's Enrollment: _____
Signature of Parent or Guardian: _____ Date: _____

Families are only required to complete this form if their child is toilet training or trained!

Toilet Training/ Toilet Trained

**** “Pull-ups” required (easy on/off sides) “Easy-ups” are not approved ****

Once a child has successfully completed three full days of childcare at our center in a dry pullup, they will be eligible to attend with underwear/boxers. If a child enrolls into a center already “toilet trained” we will work with them directly to make sure they meet the standard requirements of our childcare center. We reserve the right to refuse to assist families in toilet training if we are not making progress and/or if it is not developmentally appropriate for the individual child. Families must understand that bodily fluids and stool that have touched anything in the center has created a need for a detailed clean. This could result in areas of the classroom being closed for cleaning and disinfecting time. Each child is required to have access to a certain amount of square footage in the classroom. If we must close sections of the classroom due to potty accidents this could affect the operation of the classroom and possible interfere with ratio as staff are trying to handle clean up time and assist the child in need with getting cleaned up. If a child has a second accident, they will be required to return to pull-ups until more time is spent on toilet training. Our center encourages families to wait to consider their child potty-trained until the child can speak to tell an adult that they have to use the toilet (not a potty-training seat that sits on the floor but literally a toilet); and has successfully gone a full week without any accidents. We do not consider a child to be potty-trained if staff must direct them to use the toilet and/or ask them several times through-out the day if they need to go. Families must understand that we are not responsible for putting your child into a pull-up during rest time or prior to pick-up. We will keep your child in their under clothing for the entire day; so if an accident happens even during rest time that will be included within the accident count. We encourage families to create a pattern with their children at home as we do at the center. When a child wakes up after any rest, prior to having meals and a few minutes after mealtimes (rather fluid was offered or not) it is best practiced having the child sit on the toilet. For any additional questions or concerns please document below:

Parent Name:

Parent Signature:

Date:

Director signature to acknowledge review of above note and/or to acknowledge a conversation with the above family member.

Director Signature:

Date:

The Wright Place Child Development Center

Tuition Explanation

_____ monthly tuition is \$ _____ / _____
Child(ren): Name 4wks/5wks

Your family has a set monthly rate with our program for childcare services. Our center allows families to make installment payments; better known as “Weekly Tuition”. Tuition is **not** based on attendance; but set based on a child’s enrollment status. Your family’s individual tuition is assigned based on age/care plan. I like to suggest that families look at tuition as they would view their standard rent/mortgage, car note, health insurance, etc. It is not every day that we use our homes (like when we are away for vacation), some days we do not drive our vehicles (ride may be in the repair shop or maybe we simply didn’t go anywhere for the day); and then with health insurance at times months go by and even possibly the entire year without going to be seen by a doctor, dentist or get a prescription filled. Rates are not adjusted based on the usage with any of the above; just as with our center. Your rate is fixed for the month and the rate only changes in the event of a fee being added or rates change at the center overall.

Families are welcome to pay their total monthly childcare expense on the 1st day of every month or take advantage of installment payments (weekly/bi-weekly). Families must remember that all tuition must be received **prior** to service rendered (in advance and not following the care). Parents that receive subsidy assistance must pay their fee on the 1st of every month; per county guidelines. By the last day of the month T.W.P should have received **at least** the total amount mentioned above. For all additional fees (late payment, extended care expense, etc.) please refer to handbook and/or individual tuition contract agreement.

If you chose to make weekly payments this would be the break down for you:

You will submit 5 payments in these months: January, May, June, July, Oct. 2026

You will submit 4 payments in these months: Feb, March, April, June, Aug., Sept., Nov. & Dec.

Voucher Families

Please be advised that your noted “parent-fee” is not a set rate and at any time you could be required to make an additional payment for childcare services. This service fee is currently known as “over market rate”. D.S.S will not cover the cost of this service rate and it will be billed directly to families.

2026 Tuition Discount Offer for Private-Pay Families

One week out of the year you can receive 50% off your weekly tuition cost if you let me know two weeks in advance. Each year we are closed for sure around the Christmas holiday. You may want to apply your discount for that week.

Proposed 2026 Calendar- Please keep a copy of this calendar for your records! We do not guarantee that a reminder will be sent out. This calendar has not been finalized and will have changes made/ dates added as needed.

2026 Calendar

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				🚫	🚫	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	🔴	12	13	14
11	12	13	14	15	16	17	15	🌞	17	18	19	20	21	15	16	17	18	19	20	21
18	🚫	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	😊	28
25	26	27	28	29	30	31								29	30	31				

April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	🚫	4						😊	2		1	2	3	4	5	6
5	🚫	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	🚫	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30			24	🚫	26	27	28	29	30	28	29	30				
							31													

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	🚫	4						1			1	2	3	4	5	
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	🚫	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30			
							30	31												

October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	🚫	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	🌞	🚫	🚫	28	20	21	22	🌞	🚫	🚫	26
25	26	27	28	29	30	31	29	30						27	★	★	★	★		

Key:
 Closed for Holiday 🚫
 Closing at 2pm 🌞
 Professional Dev. Training Closure 😊 (some dates will be disclosed later)
 Vacation ★
 Delayed opening 🔴

We follow Guilford County Schools **inclement weather** schedule for closures and delays; so please plan accordingly. If GCS is closed due to weather, then we are as well; but if they have a delay (we typically will open at 9:30am those mornings). Early dismissals occur at times and those situations will be addressed individually. Thanks in advance!