

# Brookstown United Methodist Church

## Brookstown School & Summer Care

Drop-In \_\_\_\_\_  
 Full Time \_\_\_\_\_

6274 Yadkinville Road.  
 Pfafftown, NC 27040  
 (336)945-2547

### Application & Information Sheet

|   |                |                     |                            |                        |  |
|---|----------------|---------------------|----------------------------|------------------------|--|
|   |                | <b>*Shirt size:</b> |                            | <b>*Vacation date:</b> |  |
|   |                | Teacher:            |                            | Grade:                 |  |
| Child's Name:   |                |                     |                            | Allergies:             |  |
| School:   |                |                     |                            | Medication:            |  |
| Birthday:   |                |                     |                            | Doctor:                |  |
| Sex:  |                |                     |                            | #                      |  |
| Interests:  |                |                     |                            | Dentist:               |  |
|   |                |                     |                            | #                      |  |
| Fears:  |                |                     |                            | Hospital:              |  |
|   |                |                     |                            | Insurance:             |  |
| Mother:   | Occupation:    |                     | Off #                      | Cell:                  |  |
| Father:   | Occupation:    |                     | Off #                      | Cell:                  |  |
| Custodian:  | Court Ordered? |                     | Case #:                    |                        |  |
| Persons NOT allowed to get him/her  |                |                     |                            |                        |  |
| <b>Home address:</b>  |                |                     |                            |                        |  |
| <b>Home #</b>   |                |                     |                            |                        |  |
| Emergency Contact:  |                |                     | Cell:                      | Home #                 |  |
| Emergency Contact:  |                |                     | Cell:                      | Home #                 |  |
| Emergency Contact:  |                |                     | Cell:                      | Home #                 |  |
| <p>In the event of an accident or illness which requires immediate medical treatment and a parent cannot be located, I give permission for the BS&amp;SC Program Director or other personnel designated by the Director to authorize needed treatment. I will not hold BS&amp;SC Program responsible. Also I assume all financial responsibility for the delivery of such care. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and/or other persons listed for emergency contact.</p> <p style="text-align: center;">Parent's signature:</p> |                |                     |                            |                        |  |
| <b>Pick-up Permissions</b>  |                |                     | <b>Pick-up Permissions</b> |                        |  |
| Names   | #              |                     | Names                      | #                      |  |
|   |                |                     |                            |                        |  |
|   |                |                     |                            |                        |  |
| <b>*E-MAIL Address:</b>   |                |                     |                            |                        |  |

The registration and activity fees **MUST** accompany this form to assure your child's space in the Brookstown School & Summer Care Program. Throughout the **Fall Program** Tuition is **DUE BY THE 5TH OF THE MONTH**. If tuition is not paid by the 5th there will be an additional Charge of **\$1:00 per day**. If fees are not paid by the 10<sup>th</sup> of the month it's considered grounds for **DISMISSAL** from the program. During the **Summer Program** tuition is **DUE ON MONDAY** if not paid by Friday you will receive a **REMINDER** follow by a **DISMISSAL** from program.

Special day Tuition and Drop-in Tuitions are **DUE THAT DAY**.

I understand and agree with these conditions.

\_\_\_\_\_  
Signature

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

## Principles of Child Management

It is desirable for the children to follow the same principles and we expect their behavior to be compatible with those of Brookstown School & Summer Care for purposes of continuity.

The following rules are used at Brookstown School and Summer Care:

1. Use **quiet voices** inside.
2. Approach a person **instead** of shouting across the room.
3. **Walk** inside. Run outside.
4. Use furniture for its purpose, such as **sitting in a chair**.
5. **Respect** others' property.
6. Work with **only one** piece of equipment at a time.
7. Place material in its proper place after you have finished with it.

## Development of Social Conscience

1. Show **respect** for other people.
2. Listen **without** interrupting.
3. Take turns.
4. Use "**please**" and "**thank you**".
5. **Wait** until everyone is served at snack time.
6. Use "**excuse me, please**".

## Rules for Good Behavior

1. Be **POLITE, CONSIDERATE** and **COURTEOUS** at all times.
2. Any toy or equipment that you play with, you are **RESPONSIBLE** for putting away.
3. You **MUST** keep your hands and feet to yourself.
4. Keep noise levels appropriate for each room.
5. You must **LISTEN** to directions given to you by the director or teachers.
6. **RESPECT** peers and staff at all times.

## Consequences

All the consequences are to be clearly explained to the child at the time of issue.

1. **WARNING.** Verbal, from Teacher or Director.
2. **TIME OUT:**
  - a) Inside time out is to be carried out at designated place.
  - b) The maximum length of time is to be based on one (1) minute per year age. The length of time is determined by the nature of the offense.
  - c) If the child has to go in time out again, he/she is to be removed from the next scheduled activity and parent notifications slip to be given to and signed by the parent.
3. **CONFERENCE WITH THE PARENTS AND DIRECTOR.**
4. **DISMISSAL FROM THE PROGRAM.** All incidents (steps 2 - 4) will be **in writing**.

**FLAGRANT Refusal** to adhere to a teacher's disciplinary order will be followed by a call to the parent, who will be asked to **pick up the child immediately**.

For first offense afterwards, suspension from the BS&SC Program for one to five days based on severity of offense. And for second offence permanent **dismissal from the program**. Parents will be called on any offense in this category and will need to remove the suspended child from the program **immediately**, for the term of discipline decided by Director. The Director may turn over any offense in this category to the Board of Directors for their review and decision.

I have **READ and DISCUSSED** these rules and consequences with my child:

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Child's Signature

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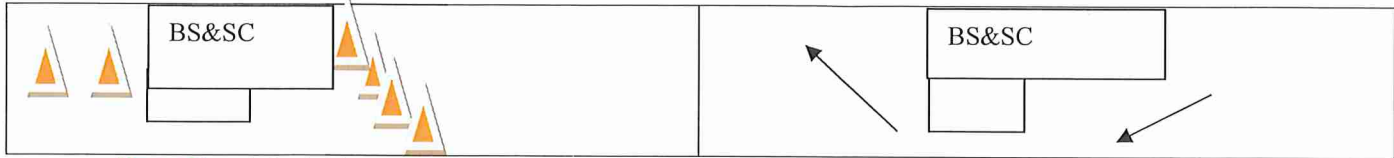
Parent's signature

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

### Traffic Safety

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The safety of our children is our first priority. To assure their safety, the traffic must follow the paths illustrated below. During rainy weather you will be permitted to drive around the church, but parking must be done in designated areas only. Do not block other parents by parking randomly.



No traffic while children outside

Free flow when no cones or when raining

### CAROWINDS PERMISSION SLIP

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My child \_\_\_\_\_ does  does not  have my permission to ride any of Carowinds rides for which he/she is tall enough according to the park regulations.

\_\_\_\_\_  
Parent's signature

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

### SWIMMING PERMISSION SLIP

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My child \_\_\_\_\_ does  does not  have my permission to swim in the deep part of the pool, and to jump off of the diving board. I also understand that the deep end and diving boards are reserved for **4<sup>th</sup>, and 5<sup>th</sup> graders.**

\_\_\_\_\_  
Parent Signature

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