



# Enrollment Application

1816 Hinson Loop Rd. • Little Rock, AR 72212  
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Director@DarnallSchool.com • DarnallSchool.com

## Child's Personal Data (please print)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age: \_\_\_\_\_  
Enrollment Date \_\_\_\_\_ Start Date \_\_\_\_\_

## Parent/ Guardian Information (please print)

Mother's Name _____	Father's Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Email _____	Email _____
Cell Phone # _____	Cell Phone # _____
Employer _____ Work Phone # _____	Employer _____ Work Phone # _____
May we communicate with you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we communicate with you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parents Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Who has legal custody of the child? _____
May the non-custodial parent pick up the child? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, documentation is required)	

## In Case of Emergency (who has permission to pick up the child)

Emergency Contact 1	Contact's Name _____	Emergency Contact 2	Contact's Name _____
	Address _____		Address _____
	City _____ State _____ Zip _____		City _____ State _____ Zip _____
	Relationship to child _____		Relationship to child _____
	Cell Phone # _____ Work Phone # _____		Cell Phone # _____ Work Phone # _____

Emergency Contact 3	Contact's Name _____
	Address _____
	City _____ State _____ Zip _____
	Relationship to child _____
	Cell Phone # _____ Work Phone # _____

## Medical Information

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Explain any medical conditions or special needs below.  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note: A copy of your child's immunization records must be provided and kept updated.**

## Medical History, Care Plan, Special Needs, Medication & HIPAA

- A Medical Form MUST be authorized and signed by the parent.
- Medications are not given by the staff unless the parent notifies the Director or person in charge with instructions. Arrangements will be made for the teacher to administer medication as parent directed.
- All medication must be prescribed for the child.
- After medication is given, the staff will sign off on the form.
- Tylenol may be given per parent request.
- Medicine must be locked in a medicine box at all times.
- No medicine is allowed in the child's bag. All diaper bags and backpacks will be checked daily by the staff to make sure all bags are clear of all medicine or any other dangerous objects.
- If a child's medical history or condition changes at any time, the information must be given to the Director.
- Any medical questions need to be addressed by the Director.

List all allergies and explain any precautions needed. \_\_\_\_\_

\*A doctors note is mandatory if medical procedures are required.

Explain any special health needs \_\_\_\_\_

Frequent Ear Infections \_\_\_\_\_ Frequent Throat Infections \_\_\_\_\_ Frequent Colds \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_ Diabetes \_\_\_\_\_ Disabilities \_\_\_\_\_

Sunburn Sensitivity \_\_\_\_\_ Routine Medication \_\_\_\_\_ Seizures \_\_\_\_\_

Explain \_\_\_\_\_

I \_\_\_\_\_ parent of \_\_\_\_\_, so hereby request and give consent to Darnall School, or it's duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by duly licensed or recognized physician or surgeon in case of an emergency when the parents can not be reached. Consent is also given for the above representative to transport said child in a school or personal vehicle or ambulance if so deemed.

I consent to Darnall School, or it's duly appointed representative, for said child to receive medications only when the parent contacts administration and fills out a current Medical Authorization form. Sun screen can be applied with proper instructions per this consent. Diaper ointment can be applied per this consent, if needed.

Consent is also for Darnall School, or it's duly appointed representative, for said child to have a posted allergy/medical alert in his/her assigned classroom, in the kitchen and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

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

Date \_\_\_\_\_

## Photography and Transportation

I \_\_\_\_\_ parent of \_\_\_\_\_, so hereby request and give consent to Darnall School, or it's duly appointed representative, permission to photography and/or film and sound record said child and furthermore grant permission to use the resulting work for the purposes of the school. Use of the work shall be unrestricted and may be used for any purpose and in any medium whatsoever, whether foreseen or unforeseen at the time, expect where use is in contravention of the law. Darnall School shall own all rights in the work which shall accrue to the benefit of his/her successors, legal representatives and assigns.

Consent is also given to Darnall School, or it's duly appointed representative, for said child to be transported by Darnall School van or personal vehicle (in instances of emergency situations), for the pickup of my child from said school for after school pick up, and for any posted field trip. I also understand that all parents of after school children must notify Darnall School before 2 pm if their child does not need to be picked up.

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

Print Name \_\_\_\_\_ State Of \_\_\_\_\_ County of \_\_\_\_\_

## School Discipline - Behavior Guidance Policy

The children of Darnall School are never subjected to any form of physical punishment. Children will not be humiliated or subjected to abusive or profane language. Punishment will not be associated with food, naps, or toileting. Bed wetting will not be shamed or punished. Positive reinforcement will be used to guide the children. Rules will be consistent, based on the understanding of the individual needs and development. Rules will also promote self-discipline and acceptable behavior. If necessary, time out will be used to the extent of one minute per year of the child's age. If a discipline problem cannot be solved by the parents and the Director/ School working together, the child will be removed from enrollment.

We believe that children's misbehavior is an opportunity for teaching. our goals are to help children develop self-control and to understand appropriate behaviors in different situations.

We use the following steps to guild children's behavior.

- Help children know and understand limits for behavior and consistently use limits
- Recognize and praise desirable behavior.
- Constantly use positives and not negatives.
- Teach social skills, problem-solving steps and calm down routines and preventives.
- Overlook minor incidents that are not dangerous by using problem solving steps.
- When the situation requires adult assistance, help the child regain control of their emotions. Recognize the child's feelings and comfort the child. Help the child think of appropriate behaviors in that situation.
- Direct the child to a different activity.

Help the child calm down briefly removing hin/her from the activity where the inappropriate behavior occurred by making sure the child understands why he/she is being removed. Identify behavior that is expected and stay nearby to monitor for opportunities from praise.

Briefly remove the child from the classroom under the supervision of a staff member, teaching and monitoring good behavior.

If a pattern of inappropriate behavior develops or if the child's behavior results in destruction of equipment or injury to self or others, a conference with the parent will be required.

There shall be no physical punishment or threat of physical punishment.

Each child's dignity will be maintained. Incidents will be handled calmly and in a positive supportive manner.

Behavior reports will be made when necessary.

I have read and understand the discipline policy of Darnall School I give permission for Darnall School to use all the strategies set out above.

Signature of Parent or Guardian

Date

## Gettting to Know Your Child and Your Family (please print/ circle

Is your child currently attending at another center? **Yes No**

Is this the first time your child has been in a child care facility? **Yes No**

Is your child looking forward to attending Darnall School? **Yes No**

Do you have extended family that lives with you? **Yes No**

Give a brief history about your family (where you're from, culture, and beliefs)

Is your child potty trained? **Yes No**

Does your child say when he/she needs to use the toilet? **Yes No**

Do they need help going to the toilet? **Yes No**

Need help washing hands? **Yes No**

Need help eating? **Yes No**

How many sisters/brothers does your child have (please include names and ages)?

How many family members live in your household and who are they?

What language do you speak in your home?

If not English will you teach us a few key words to help us communicate with your child?

Does your family celebrate holidays? **Yes No**

Do you have any customs we need to know about?

Do you have any special food requests?

Tell me something special about your child (favorite toy, snack, way to sleep)

What are the names of the family pets?

When upset or unhappy, what seems to comfort your child?

I have received information about AR Kids First, Medical Home, and Better Beginnings (please initial)

Signature of Parent or Guardian

Date

## School Payment and Hold Harmless Agreement

I \_\_\_\_\_ parent of \_\_\_\_\_, so hereby agree to the following outlined Payment Policies and Hold Harmless Agreement.

Enrollment Fee (due upon enrollment .....\$100 Paid ☐

Weekly Tuition Amount:

Supply Fee (due yearly).....\$100 Paid ☐

I agree to pay my child's tuition on Monday of each week. Tuition may be paid on Brightwheel App or by check or Money Order. You will receive an invitation to accept the Brightwheel App immediately upon enrollment. **Late fees will be applied through Brightwheel.** After Tuesday, a **\$20 fee will be applied** and after Friday the child may not return until the payment is made in full. I also agree to pay a \$25 service charge on all returned checks, due immediately. I also agree to pay \$1 per minute, for picking up my child up past 5:00 pm, due upon pickup. I agree to pay regular tuition when my child is absent as long as the child is enrolled. I agree to pay regular tuition on any holiday that is during the school week. I agree to pay regular tuition on any severe weather day that safety prevents Darnall School from opening. Darnall School is a member of Check Alert. I understand that tuition changes happen at promotion time and not by my child's age. I understand that all enrollment fees, supply fees and tuition is non-refundable, that a two-week notice is required for withdrawal of my child and that payment is due in full for the two week notice period.

I forever release, discharge and covenant to hold harmless Darnall School, Inc., and any other person, firm or corporation charged with responsibility or liability, their heirs, administrators, executors, successors and assigns, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to the minor or to the undersigned arising out of an act or occurrence during the time of care, and particularly on account of all person injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained by the minor or by the undersigned, in consequences of an accident that may occur during the time of care.

If a dispute arises out of this relationship, and if the dispute cannot be settled through negotiations the parties agree to binding arbitration. The arbitration will be administered and conducted in Little Rock, AR, according to the standard arbitrations rules governing at the time one of the parties initiates a claim. The fees for the arbitration services shall be borne by the parties. The law of Arkansas shall govern.

Signature of Parent or Guardian

Print Name

Date

Signature of Director

Date

## Parent Acknowledgment Information Form

I \_\_\_\_\_ parent of \_\_\_\_\_, so hereby acknowledge that upon enrollment of said child, have received the following information:

- Enrollment Application
- Discipline and Behavior Guidelines
- Children Interviews- licensed staff, maltreatment, law enforcement
- Darnall School Philosophy
- Darnall School Payment, Tuition and Hold Harmless Agreement
- ARKids First Application Information
- Darnall School Policies
- Medicine Authorization
- Better Beginnings Brochure
- Parent Emergency Medical Care Plan & Accident Release
- Daily Note form for Infants and Toddlers
- Medical Home Brochure
- Child's Medical Care Plan, History and Special Needs
- Accident Notification
- Self "Get to Know Your Child and Your Family" Evaluation Form
- Photography Release
- Infant Feeding Procedure
- Yearly Calendar
- Medications, Sunscreen, and Diaper Ornament
- Notification of Contagious Illness
- Darnall School Brochure and Family Support Information
- HIPPA Release
- Product Recall List
- Shaken Baby Syndrom
- Transportation
- License Compliance Record
- Kindergarten Readiness Skills

Did you receive a tour of the center and meet staff and the administrator? ☐ Yes ☐ No

Signature of Parent or Guardian

Date

Print Name

Date

Signature of Director

Date