



Hot Springs Community Learning Center

growing our community from the seed

www.hsclc.org

Hello! Thank you for your interest in **Hot Springs Community Learning Center**. We are a non profit organization offering quality programs in Pre School, Transitional Kindergarten, After School programs, Out of School Care, and Summer Camps in Hot Springs, NC. We are a five star rated licensed child care facility, with a whole-child centered community based education mission. We have several options for financial aid to help with tuition costs. If you have not done so already, please visit our web site for more program information, current events, and donation opportunities.

To begin the Enrollment Process, please review the sheets enclosed in this package, and fill out the application. Please obtain a copy of your child's latest immunization report, or let us know if you need a religious waiver form. If you are interested in financial aid of any kind, please make a call to Madison County DSS to get on their waiting list. Then we will be able to work on a Community Scholarship & Volunteer Program option for your family. *More info in this package.

When you are ready, contact the center so that we can determine the status of your child's placement. Upon acceptance we will schedule an appointment for your Welcome Interview. Then together we will create your child's file and take a little time to get to know one another.

We appreciate your interest HSCLC, and hope that you will feel welcome to become a part of this learning community!

Deborah DeLisle
HSCLC Co-Director / Project Coordinator

Call the center at (828) 622-9575 with any questions
Visit us online at: www.hsclc.org

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Financial Aid Options

Community Scholarship Program

HSCLC has created its own scholarship program for those still in need of assistance after DSS and Smart Start options. We can further help with the Parent Fee portion of tuition.

Step #1: Call Madison County DSS at (828) 649-2711 and ask for **Nancy Messer** to get on the waiting list. *All scholarship recipients MUST do this in order to receive any credits from the Community Scholarship Program.

Step #2: Make an appointment with Debbie at HSCLC to discuss the current 'task credit' options available.

Fund-Raising Direct Credit Opportunities

HSCLC hosts fund-raisers on the average of 1—2 per month. Many of the events offer 'direct credit' opportunities for families to receive a certain percentage of their efforts from the fund-raiser to be credited directly on their tuition statements. This is an excellent option for those who do not have time to volunteer for task credit or for those who simply wish to participate and grow our learning community.

- Step #1 : View the Fund-Raising Events School Year Plan and find the 'direct credit' opportunities are highlighted in orange.
- Step #2: Make an appointment with Debbie at HSCLC to discuss the current available options.

Call Debbie @ 622-9575 for an appointment

I have called DSS and got on their waiting list.

I am interested in the Community Scholarship Program and would like to discuss my options during my Welcome Interview.

Student First & Last Name:

Parent or Legal Guardian

Please return to: **HSCLC**

Discipline and Behavior Management Policy

Date Adopted: August 2008

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, understanding interactions from adults and others, they develop good self-concepts, problem solving abilities for eventual self-discipline.

**Please see pages 4-5 in your Parent Handbook or detailed wording of the HSCLC staff responses to basic challenging behavior.*

Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We DO :

1. Praise, reward, and encourage the children
2. Reason with and set limits for the children
3. Model appropriate behavior for the children
4. Modify the classroom environment to attempt to prevent problems before they occur
5. Listen to the children
6. Provide the children with natural and logical consequences of their behaviors
7. Provide alternatives for inappropriate behavior to the children
8. Treat the children as people and respect their needs, desires, and feelings.
9. Ignore minor misbehaviors
10. Explain things to children on their levels
11. Use short supervised periods of "time out"
12. Stay consistent in our behavior management program.

We DO NOT:

1. Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children
3. Shame or punish the children when bathroom accidents occur
4. Deny food or rest as punishment
5. Relate discipline to eating, resting or sleeping
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment
8. Allow discipline of children by children
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.



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HSCLC Application

Application Date: _____

Student Information (one application per child)

First & Last Name: _____

Age: _____ Birth Date: _____

Program: (circle program and age group)

School Year Aug—May: Preschool (3 & 4) TK (4 & 5) After School (5—12's) (3—5's)

Summer Camp (mid-June—July): Ages 3—5 5—7 8—12

Preferred Schedule: Full Time Part Time:
Preferred Days: _____

Parent or Guardian Contact Information

Legal Guardian 1 First & Last Name: _____

Physical Address: _____ PO Box: _____

Home Phone: _____ Cell: _____

Email Address: _____

Legal Guardian 2 First & Last Name: _____

Physical Address: _____ PO Box: _____

Home Phone: _____ Cell: _____

Email Address: _____

Basic Personal Information about this child:

Known allergies: _____

Unique behaviors : _____

Any other important characteristics: _____

Fill out and Send or bring back to:
HSCLC PO Box 94 Hot springs, NC 28743

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Health Assessment Form

- This form can be completed and signed by a Physician, Certified Nurse Practitioner, or a Public Health Nurse

Student Information (one assessment per child)

First & Last Name: _____ Birth Date: _____

Physical Examination

Ht: _____ Wt: _____

<input type="checkbox"/>	Head	_____
<input type="checkbox"/>	Eyes	_____
<input type="checkbox"/>	Ears	_____
<input type="checkbox"/>	Neck	_____
<input type="checkbox"/>	Heart	_____
<input type="checkbox"/>	Skin	_____

<input type="checkbox"/>	Nose	_____
<input type="checkbox"/>	Teeth	_____
<input type="checkbox"/>	Throat	_____
<input type="checkbox"/>	Chest	_____
<input type="checkbox"/>	Abd/GU	_____
<input type="checkbox"/>	Neurological System	_____

Please Check:

Results of Tuberculin Test, if given:

Type: _____ Date: _____ Normal _____ Abnormal _____

Should activities be limited? No ___ Yes _____

If Yes, explain: _____

Any other recommendations regarding this child's health:

Date of Examination: _____ Phone: _____

Print Name of Authorized Examiner : _____

Signature of Authorized Examiner / title: _____

Fill out and Send or bring to:
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Medical Health History

Is this child allergic to anything? No Yes if yes, what?

Does this child have any physical disabilities No Yes if yes, please describe:

Does this child have any mental disabilities No Yes if yes, please describe:

Is this child currently under a doctors care? No Yes if yes, for what reason?

Is this child taking any continuous medication? No Yes if yes, what?

Is there a history of significant diseases or recurring illnesses? No Yes If yes, what? (diabetes, heart trouble, convulsions)

Any other pertinent information regarding this child's health:

Signature of Parent or Legal Guardian: _____

Print Name: _____ Date: _____