

# What to bring on my child's first day of Preschool...

- Copy of birth certificate
- Latest physical or wellness check (within 1 year)
- Immunization Records
- Diapers and Wipes (if applicable)
- 2 Full Sets of Extra Clothes (appropriate for season)
- Pre- Made Bottles (Labeled & Dated: enough for the day)
- Sippy Cup for each meal (for those under 2)
- Crib Sheet and Throw Size Blanket
- Large Backpack or Tote

**\*\*Clearly label all your child's items\*\***

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Code to the door will be provided at end of first day of attendance.



**Cornerstone Academy Day Center    Precious Lambs Learning Center**  
**12354 Dillingham Square, Woodbridge VA, 22192**  
**Registration Form**

Child's Name	Nickname	Sex	DOB
Address	Home Phone		
Previous Child Care Programs	Other school child will be attending	School Phone	

**Parents/Guardian**

Father	Social Security Number	Home Phone
Place of Employment and Address	Business Phone (    )	
	Cell Phone (    )	
Mother	Social Security Number	Home Phone
Place of Employment and Address	Business Phone (    )	
	Cell Phone (    )	
Person(s) or Agency having legal custody of child and address	Phone Number	
	(    )	
Place of Employment	Phone # (    )	

**EMERGENCY INFORMATION**

Allergies to Food, Medication and Other

Childs Physician Phone #

**EMERGENCY CONTACT PERSONS TO CALL IF PARENTS CANNOT BE REACHED, WE MUST HAVE AT LEAST 2 (TWO) CONTACTS**

1. Name	Phone #
Address	
2. Name	Phone #
Address	
Person(s) Authorized to pick up child	
1.	Phone #
2.	Phone #
3.	Phone #

Persons not Authorized to pick up child (Custody papers must be attached if non custodial parent is not allowed to pick up child)

# Precious Lambs Learning Center

Cornerstone Academy Day Center    Precious Lambs Learning Center  
12354 Dillingham Square, Woodbridge VA, 22192  
(703) 897-7171

## Agreements

I agree to provide the following information to Cornerstone Day Center / Precious Lambs Learning Center  
before the child's first day:

- Completed and signed Registration Packet
- Updated shot record
- Va. State Physical form (within 30 days after enrollment)
- Proof of Identity of the child

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date

Date child entered care \_\_\_\_\_

Date child left care \_\_\_\_\_

## Release and Consent to Photograph or Videotape

I, \_\_\_\_\_, hereby authorize and give full consent to CADC/PLLC to display in the center any photographs or videotape in which my child, \_\_\_\_\_ may appear in, without limitations or compensation.

I, \_\_\_\_\_, hereby authorize and give full consent to CADC/PLLC to display photographs or videotape in which my child, \_\_\_\_\_ may appear in, on our social network page, Facebook, etc.

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

## Office use only Identity Verification

Place of Birth	DOB	Birth Certificate #	Date Issued
Other			

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Child's Name \_\_\_\_\_ Child's age upon enrollment \_\_\_\_\_

Full-time rate \_\_\_\_\_ Part-time rate \_\_\_\_\_ Supply/Book fee \_\_\_\_\_

Please initial your payment plan: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Date	Age	Rate change	Initial	Date	Age	Rate change	Initial

**Financial Agreements**

***I understand the following: Precious Lambs is a ministry to the community sponsored by Joseph Storehouse Ministries, Inc. We are a not for profit service to the community, however, in order to meet the expense for this service, we must maintain a financial agreement for services.***

- Tuition is due every Monday morning of the current week but, no later than 7 pm on Tuesday. If late, a \$25.00 fee will be added to my account on Wednesday morning.
- If there is a past due balance on your account your child(ren) may not return until past due amount is paid in full.
- Payments may be made online through our EzCare system or through Automatic debit of your credit, debit card or bank account.
- An annual supply fee is due every 1<sup>st</sup> week of August and is non-refundable.
- Extended care rate is a \$2.00 for every minute per child for children who are here after the center closes at 7:00 p.m.
- Three weeks written notice is required prior to leaving Precious Lambs. A "Vacation Week" may not be used for that time. You will be charged a full two weeks if notice is not received.
- A written notice to use a "Vacation Week" is required and is given only if your account is current.
- Tuition is charged when your child(ren) is absent to maintain enrollment unless using a "Vacation Week".
- Part-time is on space availability.

**For the safety of my child(ren) and others**

- I will notify CADC/PLLC of any changes to be made in my child's folder (phone numbers, address, employment etc.).
- I will update my child's shot and health records.
- I will safely escort and sign my child in and out of the center, and will make sure staff is aware of my child's entering and exiting the facility.
- I will notify the center in the absence of my child.
- I will notify the center if someone other than the parents will be picking up my child(ren) or if my child will be picked up later than the usual time.
- I will make arrangements to pick up my child if they become sick and will provide a doctor's note if necessary. Refer to (Infectious Control Policy)
- I have read and understood the parent handbook and agree to comply with the rules and regulations of Cornerstone Academy Day Center/Precious Lambs Learning Center.

The contract shall remain in force for the entirety of its term under conditions set forth in the parent handbook. Parents or Guardians shall be responsible for any unpaid tuition/fees. If there is an unpaid balance due after child's last day this will result in legal action taken against you to collect such fees. Our Attorneys fees to collect will be 33% of your balance due which will be in addition to your balance due. EXP: If you owe \$100.00 you will pay \$100.00 plus \$33.00 to attorney as stated in addition to court fees and wage garnishments fees should any occur.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

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## Medication Policy

Prescription and non-prescription medication shall be given to a child according to the center's written medication policies and with written authorization from the parent and/or child's physician.

CADC/PLLC has 1 medication consent form that will be used for all types of medication, prescribed and non-prescribed, which includes: Oral, Inhaled, Topical, Medicated Patches, Eye, Ear & Epinephrine. When filling out forms, they must be completely filled out by the parent and, when necessary, the physician. The medication consent form is only good for **10 days**, unless it is being used for a "long term medication," in which the form is good for **6 months**, unless the medication expires.

**Short Term Medications: Non-prescription & Prescription medications – Will only be given if necessary.** The form must be filled out completely by the parent and it is good for only **10 days** or less. The parent's instructions for administration **must** be consistent with any directions for use noted on the original container, including but not limited to, precautions related to the age and special conditions. If the instructions are not consistent, written instructions from the child's health care provider are **required**. Nebulizer & Epi-Pen Injectors **must** have written health care provider permission, for both short term and long term use. If a medication is to be given 2 times a day or less, the parents will be responsible for administering the medication at home.

***\*Cornerstone Academy Day Center / Precious Lambs will not give fever reducers without a Doctor's note\****

**Long Term Medications: For long term illnesses, which require "as needed" medication.** This form is good for **6 months** and the office will notify you when the form is getting close to expire. For long term prescription medication, this form needs to be completely filled out by the parent **and** your child's physician. For long term "over the counter" topical medications, such as diaper cream & Vaseline, this form needs to be completely filled out by the parent. The instructions for administration must be consistent with any directions on the original container. If instructions for administration are not consistent with the directions on the label, written instructions from the child's health care provider are **required**.

All medication must be in original container with the prescription label or direction label attached and must be have the child's name on it. Parents will be notified immediately of any adverse reactions to medication administered and any medication error and will be documented on the back of the medication consent form.

I have read and understand Cornerstone Academy Day Center/Precious Lambs Learning Center's medication policy and will fill out the proper forms before the center can administer my child medication.

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

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

I give **Cornerstone Academy Day Center/Precious Lambs Learning Center** permission to use the facility nebulizer machine (with my own child's accessories) to administer breathing treatments when necessary.

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Child's Name

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Parent/Guardian signature

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Date

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### Infection Control Policy

It is inevitable that children will get sick, no matter where we are. As children begin to have contact with the world outside that of their own families, they come into contact with germs and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. We do, however, want to protect a child from an unusually high exposure to germs all at once.

In a childcare setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at CADC/PLLC will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. Germs can be spread several ways: Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and running noses. Other diseases are spread through direct contact. Careful hand washing by staff and children can eliminate approximately 75% of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapered or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the Communicable Disease Chart, we ask that you notify us of the exposure.
2. If your child shows any of the symptoms listed below, you will be called and asked to pick up your child immediately. Children will be required to be picked up within the hour by a parent/Guardian or authorized person with permission in writing by parent. Please help us protect the other children & staff, by responding immediately. If your child has any of the following symptoms at home, or is sent home from school, they must be kept out of school for at least 24 hours SYMPTOM- FREE, until your child has been on antibiotics for 24 hours, or have a note from the physician stating he/her may return to school.

*The symptoms include:*

- Fever- 101 degrees
- Severe coughing- child gets red or blue in the face
- Child makes a high-pitched croupy or whooping sounds after the coughs
- Difficult or rapid breathing- especially in infants
- Green mucus from the nose with fever
- Pinkeye- redness of eyelid lining, followed by swelling and discharge of pus
- Unusual spots or rashes
- Unusually dark, tea colored urine- especially with fever
- Grey or white stool
- Headache and stiff neck
- Vomiting

- Severe itching of body or scalp or scratching of scalp
- Diarrhea (more than three)

If any of the above symptoms are present or if child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms and inform the child's teacher so that the child can be watched carefully for the development of symptoms. It is imperative that we all work together to keep all of the children who attend CADC/PLLC as healthy and happy as possible. We thank you for your cooperation.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

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## **Discipline Policy**

The most important people at CADC/PLLC are the children. Their care, growth development and safety are our primary concern.

CADC/PLLC will strive to provide positive input into each individual child. We work on developing a positive self-image in each child.

CADC/PLLC staff will be fair, fun, and above all consistent.

CADC/PLLC staff will give lots of positive reinforcements. We give lots of hugs here.

CADC/PLLC uses two kinds of discipline. First staff will use redirection to the inappropriate behavior. We will let the child know that if he/she continues they will have "Time-out". Time-out is where a child will sit in a chair away from the class activity for a couple minutes. The amount of minutes will be determined by the child's age (ex: a three year old will only sit for three minutes.) When the child's time is up the teacher will talk to the child about more appropriate behavior and invite them back into the group.

CADC/PLLC staff shall not be verbally abusive.

There will be no physical punishment or disciplinary action administered to the body in any form

CADC/PLLC will notify the parent by phone call or an incident report explaining child's inappropriate or unsafe behavior that continuously puts themselves, other children or staff in danger. If behavior continues, suspension or dismissal from preschool program will be considered at the Director's discretion.

\_\_\_\_\_

Parent Signature

Date



## HEALTH HISTORY

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Medical History (Please check all that apply)

_____ Epilepsy	_____ Pneumonia	_____ Apnea
_____ Heart Disorder	_____ Whooping Cough	_____ Diphtheria
_____ Seizures	_____ Tuberculosis	_____ Hepatitis B
_____ Chicken Pox	_____ Measles	_____ Mumps
_____ Rubella	_____ Asthma	_____ HIB

Other \_\_\_\_\_

## Allergies

Medication \_\_\_\_\_

**Reaction** \_\_\_\_\_ **Emergency plan** \_\_\_\_\_

Food(s) \_\_\_\_\_

**Reaction** \_\_\_\_\_ **Emergency plan** \_\_\_\_\_

Insect bites \_\_\_\_\_

**Reaction** \_\_\_\_\_ **Emergency plan** \_\_\_\_\_

Comments and concerns we need to know about your child: \_\_\_\_\_

\_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

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### Child's Emergency Medical/ Transportation Authorization

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

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In a life-threatening or emergency situation determined by Director or staff in charge, I the Parent(s)/ guardian authorizes Cornerstone Academy Day Center/Precious Lambs Learning Center to obtain immediate medical care (including the performance of first-aid and/or CPR by PLLC Staff) and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and / or the administration of drugs to, his/her child in the event that the parent/guardian is not available to authorize a medical decision.

In the event of an emergency Cornerstone Academy Day Center/Precious Lambs Learning Center will contact at least one of the following Parent(s) / Guardian in this order:

1 <sup>st</sup>	_____	_____	_____
	Name	Relation to child	Home / work/ other #
2 <sup>nd</sup>	_____	_____	_____
	Name	Relation to child	Home / work / other #

Emergency transportation will be provided by EMS, if EMS is not readily available within 10 to 15 minutes, other transportation such as a private automobile will be used in case of emergency to transport child to **Sentara Lake Ridge or Sentara Hospital**.

CADC/PLLC may contact my medical care provider \_\_\_\_\_ at \_\_\_\_\_.

I hereby authorize Cornerstone Academy Day Center-Precious Lambs Learning Center to follow these procedures.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

## Vital Information

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

Allergies and/or Important Information (Asthma, Febrile Seizures, Etc.):

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

### Mother Information:

### Father Information:

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

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

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

I give permission for my child to go on walks outside of CADC/PLLC Center on the sidewalk.

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

\_\_\_\_\_  
Date

### Emergency Contact (if parent can not be reached):

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

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

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

### Person(s) Authorized to Pick Up Child:

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

Phone Number \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Person(s) Not Authorized to Pick Up Child:



**PUBLIC DISCLOSURE STATEMENT FOR  
PRECIOUS LAMBS LEARNING CENTER**

Joseph Storehouse Ministries, Inc sponsors Precious Lambs Learning Center. Joseph Storehouse Ministries is a religious exempt, not-for-profit organization with its major focus on the structured education & positive nurturing of young children. Precious Lambs Learning Center implements policies, which are in keeping with biblical principles. Our policy on discipline is, loving kindness and tender mercies.

Staff position descriptions are posted in the office for your review.

Precious Lambs Learning Center is located at: 12354 Dillingham Square, Woodbridge, VA 22192

The size of the building is 4200 Square Feet

Precious Lambs Learning Center utilizes seven (7) rooms used for the education of children ages 3 weeks to 14 years. The facility has a bathroom in each room except the young infant room. There is an additional bathroom in the foyer areas with 2 toilets.

The kitchen facilities are available for use by the Center. The kitchen has received a certificated as a food establishment and has been approved by the Environmental Health rules as well as the Health Department.

The Outside Play Equipment items are Little Tykes Climbing Equipment, Bikes, Cars and Trucks, Playhouse, Big Climber.

Enrollment Capacity for Precious Lambs Learning Center is 71 children age 3 weeks to 14 years. The maximum amount of children to be cared for at one time at the facility is 86.

Precious Lambs Learning Center intends to provide food service. We will provide Breakfast (hot and cold), mid-morning and afternoon snack and lunch.

Staff employed at Precious Lambs Learning Center must be certified by a practicing physician to be free from any disability that would prevent them from caring for children. Documentation is on file at the Center.

Precious Lambs Learning Center is covered by public liability insurance through Zurich that provides coverage in the event that of injury or bodily harm suffered during the operation of the Center as a result of negligence.

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Parent (Guardian) Signature

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Date



## CORNERSTONE ACADEMY DAY CENTER UNIFORM STANDARD AND POLICY

Cornerstone Christian Academy Uniform policy applies to all children who are in the Two's through Jr. Pre-K Grades during the school year months. White or navy blue polo shirts can be purchased at Children's Place, Target, Old Navy, and Wal-Mart. Each shirt must have our embroidered logo patch attached on the left side. Patches are available for purchase through the office at \$4.00 each. (We recommend sewing the patches on as oppose to ironing for durability during washing.) Uniforms are to be worn DAILY. If your child does not come in uniform, the following actions will be taken.

1st time is a verbal warning

2nd time is a written warning

3rd time CADC will supply a uniform shirt and bill parent our cost

4th time will not be permitted to stay until in proper uniform

Uniforms can be ordered at [www.frenchtoast.com](http://www.frenchtoast.com). 1-800-373-6248 or Fax order to 1-888-296-4966

SCHOOL SOURCE CODE: **QS5DKP**

### CCA GIRLS UNIFORM

WHITE OR NAVY BLUE

EMBROIDERED/PATCH SHIRT\*

KHAKI JUMPER OR NAVY BLUE DRESS

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

\_\_\_\_\_  
Date



### CCA BOYS UNIFORM

WHITE OR NAVY BLUE

EMBROIDERED/PATCH SHIRT\*

