

ENROLLMENT APPLICATION CHECKLIST

No application is complete until all requirements are check on the list below:

- ☐ ABC Child Application
- ☐ ABC Well Child Screening Form, completed by physician
- ☐ Copy of Birth Certificate or Hospital Record
- ☐ Copy of child's social security card
- ☐ Immunization Record (with catch up schedule if necessary)
- ☐ USDA Food Program Eligibility Form
- ☐ Proof of Income: Total Family Income
 - ☐ 30 days current pay stubs for each caregiver on application
 - ☐ Previous years Income Tax Form for family or each caregiver with child listed on one
- ☐ If unemployed:
 - ☐ Unemployment benefits
 - ☐ Current school schedule
 - ☐ Notarized statement signed by the parent stating that there is no earned income.

With the signature(s) below, I agree that the above requirements are completed and that all information is accurate. I understand that the submission of false documentation to receive ABC services may result in exclusion from participation in any DHS program (including Medicaid) and referral for criminal prosecution.

Child's Name: _____ **Start Date:** _____

Parent Signature: _____ **Date:** _____

Program Staff: _____ **Date:** _____

2021-2022

NAPC/Flippin Preschool Application

145 School Lane, Flippin, AR 72634

Phone: (870) 453-7445, Fax (870) 453-2411

PRIMARY CAREGIVER INFORMATION			
(Parent or guardian with whom child lives)			
Name(First/Middle/Last):		Gender:	
Date of Birth:	Home Phone:	Work Phone:	
Current address:			
City:	State:	Zip Code:	County:
Employment Status (FT/PT):		Employer Name:	
Address:	State and Zip Code:		#of hours per week:
If attending school, where:		#of semester hours:	
Education Level (HS, GED, college, etc.):		Marital status: Single Married Divorced	
Ethnicity:	Race:	Social Security Number:	

SECONDARY CAREGIVER INFORMATION			
(2 nd Parent or guardian in household with child and used for determining eligibility)			
Name(First/Middle/Last):		Gender:	
Date of Birth:	Home Phone:	Work Phone:	
Current address:			
City:	State:	Zip Code:	County:
Employment Status (FT/PT):		Employer Name:	
Address:	State and Zip Code:		#of hours worked per week:
If attending school, where:		#of semester hours:	
Education Level (HS, GED, college, etc.):		Marital status: Single Married Divorced	
Ethnicity:	Race:	Social Security Number:	

CHILD INFORMATION			
Name(First/Middle/Last):			
Date of Birth:	Gender:	Social Security Number:	
Ethnicity:	Race:	Primary Language:	
Has this child attended a state-funded pre-K (ABC) program before?		If so, where?	
Will this child be concurrently enrolled in a HIPPY or PAT program?		If so, which? HIPPY or PAT?	
List any allergies:			
Does the child have any special dietary needs?			
Does the child receive any special education services?			
U.S. Citizen?	Primary Language:	Speaks English at home?	

Application Date: _____

Household Information

Has family moved within past 24 months? _____

Previous Housing (own, rent, homeless, other): _____

Date moved into current housing: _____ Current housing (rent, own, homeless, other): _____

Description of Parents/Guardians: (mother, father, grandparent, foster parent, relative other than grandparent, other: _____ Family structure: (single parent, two parent) _____

Number in Family (#of **IMMEDIATE** family members living in the home (parent, guardian, siblings) _____

Number in Household (#of **ALL** people living in the home): _____

Current School District where child resides at least 50% of the time: _____

List the name and relationship to the child enrolled of all family members in the household:

Name:	Relationship:

Child Health Information

Child's Insurance Name: _____

Child's Insurance Number: _____

Name of Emergency Contact if parent/guardian cannot be reached:		Emergency Phone:
Relationship to child:		
Physician Name:		
Physician Address:		
City:	State:	Zip Code:

I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct at the time of application. I understand that the information I supplied may be independently verified by the Arkansas Division of Child Care and Early Childhood Education and that any false statements may result in exclusion from DHS programs and criminal prosecution.

Signature of Primary Caregiver:	Date:
Signature of Secondary Caregiver	Date:

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Consent for Emergency Treatment, Transportation and Release of Information

Child's Name: _____ Date of Birth: _____
First Name Last Name

I hereby give consent for my child, named above to receive Emergency Medical or Dental Treatment while he/she is in the care of Flippin Preschool.

I hereby give consent for transportation of my sick/injured child by a duly appointed representative of Flippin Preschool to and from emergency treatment.

I hereby give my consent for release of Medical/Health History if needed by the doctor. The emergency care may include examination and any tests deemed necessary or advisable by the attending physician or dentist. This does not include the right to perform surgical operation(s) without my further consent, except when an extreme emergency exists that threatens my child's life and when after an effort has been made to locate Parents/Guardians as listed on this sheet and contact was not possible.

In the event my child needs emergency care, please contact the following persons in the order listed, until someone is reached and notified of the nature of the emergency.

1. _____

Name	Relationship to child	Home#	Cell#	Employer	Phone#
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2. _____

Name	Relationship to child	Home#	Cell#	Employer	Phone#
------	-----------------------	-------	-------	----------	--------

3. _____

Name	Relationship to child	Home#	Cell#	Employer	Phone#
------	-----------------------	-------	-------	----------	--------

4. _____

Name	Relationship to child	Home#	Cell#	Employer	Phone#
------	-----------------------	-------	-------	----------	--------

5. _____

Name	Relationship to child	Home#	Cell#	Employer	Phone#
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List all other adults who ARE AUTHORIZED to take the child from the center:

Child's Name: _____ Date of Birth: _____
First Name Last Name

1. _____
Name Relationship to child Home# Cell# Employer Phone#
2. _____
Name Relationship to child Home# Cell# Employer Phone#
3. _____
Name Relationship to child Home# Cell# Employer Phone#
4. _____
Name Relationship to child Home# Cell# Employer Phone#

I do agree that the person(s) on this list are authorized to take my child from the center. If I want to remove anyone from the list I must remove them through the classroom teacher and the preschool office prior to not allowing them to take my child. Children will not be allowed to be picked up by anyone on the list until they are able to provide proof of picture ID when they come to pick up the child.

Parent/Guardian Signature

Date

List ALL Custody Restraints of those who MAY NOT pick up your child

1. _____
Name Relationship to child
2. _____
Name Relationship to child
3. _____
Name Relationship to child

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Child's Medical, Health and Dietary Needs:

Physical or emotional problems the child might have _____

***Child's Special Medical, Health, or Dietary Needs:**

Diabetic: Yes or No

Allergies: Yes or No If yes, list allergies: _____

Special Dietary Needs: _____

Daily Medication Needed: _____

Special Medical Needs: _____

*Must also complete an Allergy Emergency Plan, Healthcare Plan and/or a Specialty Dietary Needs form to be completed by a physician.

Is Child Toilet Trained? Yes or No

Words used in Toileting: _____

Any other important information about your child: _____

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Permission to Photograph/Videotape and Post to Social Media

I give permission for my child _____, to be photographed and/or videotaped in connection with his/her participation in the Flippin Preschool Program. I understand that the photographs and/or videotape may be used for child find and publicity activities for the preschool as well as for informational purposes, educational use and public presentations regarding the preschool program. Pictures may be posted to District Website and/or District Facebook page. ***Please be advised that this also includes school pictures and yearbook***

Parent/Guardian

Date

I do **NOT** give permission for my child _____, to be photographed and/or videotaped or posted to social media as described above.

Parent/Guardian

Date

Permission to Transport

I give permission and my consent for my child _____, to be transported by duly appointed representatives of Flippin Preschool, whenever they find it necessary to do so.

Parent/Guardian

Date

Permission to Take Walks

I give permission and my consent for my child _____, to be taken on designated walks, picnics, etc. that are within walking distance of the school by duly appointed representatives of Flippin Preschool.

Parent/Guardian

Date

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Discipline Procedures

1. Whenever possible, a child involved in inappropriate behavior will be redirected to a more appropriate activity.
2. Continued misbehavior may result in the child being placed in "time out." Time out is a short period away from the group. The child will be under the supervision of a staff member at all times.
3. Severe and continued misbehavior may result in a conference with Parent/Guardian.
4. Physically restraining children from hurting themselves or other staff members may be used when necessary.
5. Physical punishment shall not be administered to children (Minimum Licensing Requirements for Child Care Centers 500.2)

Notice of Licensing Regulation

All children may be subject to interviews by licensing staff, child maltreatment investigators, and/or law enforcement officials for determining licensing compliance or for investigative purposes. Child interviews do not require parental notice or consent. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Licensing Unit: Section 201

Parent Acknowledgement

Parent/Guardian

Date

Child's Name

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Parent Handbook Receipt and Acknowledgement

I have received a copy of the Flippin Preschool Parent Handbook. The handbook contains policies and rules, which apply to me, and/or my child. I agree to read the handbook and abide by the school policies and procedures.

Receipt of Kindergarten Readiness Indicators Checklist

I have read and received a copy of the Kindergarten Indicators Checklist.

Special Needs

I have been informed in writing that all child care facilities are required by IDEA to refer a child with any suspected delays or disabilities to the appropriate lead agency (As determined by the child's age). Children ages birth to 3 years old should contact the Division of Disabilities Services at 870-933-8060 and ask for Donna Parsons. Children ages 3 years to 6 years should contact Arkansas Department of Education, check with your Child Care Licensing Specialist for the agency in your area. Child Care facilities do not need parents' permission to make a referral to the appropriate agency. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1400

Shaken Baby Syndrome

I have received information on the prevention of Shaken Baby Syndrome in accordance with Carter's Law. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit Section 400
dontshake.org

Medical Homes

I have received information of medical homes for children from my provider. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Sections 1104

Application of Sunscreen

I give permission for the use of suntan lotions/sunscreen for my child as needed to prevent overexposure to the sun. Permission must be obtained yearly. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1100

Parent/Guardian Signature

Date

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Phone: (870)-453-7445 Fax: (870)-453-2411 AND
Ozark Unlimited Resources Educational Cooperative
Mountain Home (870) 424-0187, Harrison (870) 741-2625

Screening Permission Form

As a service to preschool children, Flippin Preschool and O.U.R. Educational Cooperative will provide screenings for vision, hearing, speech, and developmental (motor, communication, cognition, adaptive, and self-help skills). Information about your child may be shared between O.U.R. and your child's preschool program.

I, as parent/guardian of _____ give my permission for participation in these procedures. I understand that I will be notified of the results and I also give O.U.R. permission to bill Medicaid for eligible services. I understand that no further action will be taken without written parental consent.

Please **PRINT** following:

Child's Name: _____ Date of Birth: _____

Circle: Male Female Race: _____ Nickname? _____

Preschool Name: _____ Teacher: _____

Home Address _____

Street City State Zip Code

School District: (Circle)

Mountain Home Cotter Flippin Yellville Ozark Mountain Valley Springs

Parent(s)/Guardian(s): _____

Home Phone # _____ Work Phone # _____

Best Time to Call _____

Medicaid/AR Kids Insurance card? No _____ Yes _____ # _____

Child's Social Security # _____

The Child's Primary Care Physician: _____

Has this child ever received speech or developmental services: No _____ Yes _____

If yes, Where? _____

Relationship to Child: _____

Parent/Guardian Signature



Arkansas Department of Human Services
Division of Child Care and Early Childhood Education



ARKANSAS BETTER CHANCE PROGRAM
WELL CHILD SCREENING (EPSDT) FORM

To Parent or Guardian:

In order to provide the best learning experience for your child, teacher must understand your child's health needs. State regulations require any child enrolled in the Arkansas Better Chance Pre-K program to have a well child check-up. In addition, the child must be current on all required immunizations. Please complete this page of the form, sign it and give it to your child's physician or licensed nurse practitioner. Once form is completed and signed on both sides, return the form to your Pre-K program.

Child's Name (Last, First, Middle)	Child's Date of Birth	Sex	Parent/Guardian Name
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Address, City and Zip Code

Name of Pre-K Program Where Enrolled	Pre-K Program Phone Number
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Type of Health Insurance
D AR Kids A D Private Insurance
D AR Kids B D Other:

Part I – To be completed by parent or guardian before well child screening.

Check answers to the following questions. Explain any "yes" answers in the space provided.

- | | Yes | No | |
|-----|-----|----|---|
| 1. | D | D | Do you have any concerns about your child's general health? |
| 2. | D | D | Has your child been diagnosed with any chronic disease (such as asthma or diabetes)? |
| 3. | D | D | Does your child have any allergies (like to food, medicine, dust)? |
| 4. | D | D | Does your child take any medications (daily or occasionally)? |
| 5. | D | D | Does your child have any problems with vision, hearing or speech? |
| 6. | D | D | Has your child had any hospitalization, operation, major illness or injury? |
| 7. | D | D | In the past 12 months, has your child experienced any difficulty with wheezing or night coughing? |
| 8. | D | D | In the past 12 months, has your child experienced excessive weight loss or weight gain? |
| 9. | D | D | Has your child had a dental examination in the last 12 months? |
| 10. | D | D | Would you like to discuss anything about your child's health with the health care provider? |

If you answered "yes" to any question, please explain below. For illnesses or injuries, include your child's age at the time.

Question #	Explanation

Parent/Guardian Permission and Release:

I give my permission for the information on this form to be used in meeting my child's health and educational needs while enrolled in the Arkansas Better Chance program.

Signature of Parent/Guardian

Date

Child's Name (Last, First, Middle)	Child's Date of Birth	Sex	Parent/Guardian Name

To Health Care Professional:

This child is enrolled in the Arkansas Better Chance Pre-K program. State regulations require a comprehensive well child screening for all enrolled children. The Division of Child Care and Early Childhood Education recommends an Early Periodic Screening and Diagnostic Treatment (EPSDT) which is age-appropriate. For children enrolled in AR Kids, the cost of the EPSDT may be billed to AR Kids A or B using the procedure codes below:

Patient Type	AR KIDS A		AR KIDS B	
	1-4 years	5-11 years	1-4 years	5-11 years
New	99382 EP U1	99383 EP U1	99382	99383
Established	99382 EP U2	99383 EP U2	99382	99383

Part II – To be completed by Health Care Provider. Complete all sections and sign at the bottom.

Weight		Height		BMI	Temp	Blood Pressure
lb.	%ile	in.	%ile	%		/

History Update

D Yes D No Any changes in patient health since last visit? Explain: _____
D Yes D No Any family history of heart disease for anyone under 55 years of age?
D Yes D No Any family history of abnormal cholesterol?

Health

D Good appetite
D Drinks lowfat milk
D Encourage diet of fruit and vegetables
D Limits fast food
D Picky or variable eater
D Brushes teeth, sees dentist

Social and Behavioral

D Parents discipline appropriately
D Dresses self, helps at home
D TV and video games are limited
D Praised for good behavior
D Has friends and playmates

Screening and Laboratory Results

Test	Result	Date	Comments if abnormal
Vision	L _____ R _____		
Hearing			
Test type:			
TB			
Risk: Yes / No			
Hemoglobin			
Risk: Yes / No			
Cholesterol			
Risk: Yes / No		mg/dL	

PHYSICAL EXAM

	Norm	Abnormal
General	D	D
Head	D	D
Neck	D	D
Eyes	D	D
Ears	D	D
Nose	D	D
Throat	D	D
Mouth	D	D
Teeth	D	D
Lungs	D	D
Heart	D	D
Femoral		
Pulses	D	D
Genitals	D	D
Extremities		
	D	D
Gait	D	D
Spine	D	D
Skin	D	D
Neuro	D	D

Immunizations

D Yes D No All immunizations are current.
D Yes D No Child has had all immunizations possible at this time.
Child needs: D DTaP D IPV D HepB D HiB D MMR D Varivax D PCV-7 at _____ years/ _____ months

Referrals

D Follow up visit needed in _____ weeks / months
D Return check at _____ years _____ months
D Needs to see dentist. Referral to be made by physician or nurse practitioner.

Impressions

D Well child, normal growth and development
D _____

_____, MD / DO / NP
Date _____

CLINIC INFORMATION (or stamp)

Name _____
Address _____
City _____
Zip Code _____ Phone _____

Kindergarten Readiness Indicator Checklist for Parents

Arkansas's Definition of School Readiness: School ready children have the social and academic knowledge, skills and behaviors for school success and lifelong learning. School readiness occurs when families, schools and communities support and serve ALL children, so they are successful in school and in life.

This list of indicators identifies skills, knowledge and behaviors that will help your child be prepared for that special day, going to kindergarten. The checklist is NOT a test. It is a tool that you can use to help your child make the transition to kindergarten.

The Kindergarten Readiness Indicator Checklist

Social & Emotional Development

- ☐ Separates from caregiver to another trusted adult
- ☐ Shares, takes turns and plays cooperatively with other children
- ☐ Expresses basic emotions such as happy, sad, mad, or scared
- ☐ Responds sympathetically to others' distress with words and actions
- ☐ Recognizes similarities and differences in self and others (for example, boy or girl, hair and skin color)

Cognitive Development

- ☐ Is curious, interested and willing to try new things
- ☐ Completes a task such as working a puzzle
- ☐ Adapts to new situations
- ☐ Focuses and pays attention during an activity such as, during story time
- ☐ Engages in memory games such as, "What's Missing" and simple memory matching card games
- ☐ Uses number and letter like forms and/or drawings to represent ideas or feelings

Physical Development & Health

- ☐ Gallops, slides, hops, leaps and skips
- ☐ Steers a tricycle, balances on beam or sand-box edge
- ☐ Catches ball with both hands
- ☐ Tosses or throws balls
- ☐ Kicks moving ball while running
- ☐ Pours liquids without spilling and builds with Legos® or blocks
- ☐ Uses a 3-point finger grip on pencil, crayon or paint brush
- ☐ Makes a variety of lines and shapes such as O, __, +, □ and △
- ☐ Uses scissors correctly to cut simple shapes and pictures
- ☐ Buttons, zips, laces and buckles
- ☐ Names a variety of foods and begins to classify food items as either fruits or vegetables
- ☐ Is aware of safe behavior and follows basic safety rules and routines
- ☐ Takes responsibility for personal self-care routines such as handwashing, brushing teeth, dressing and toileting
- ☐ Can express own health needs such as, "I'm hungry", "My head hurts", "I'm tired."

Language Development

- ☐ Understands an increasing number and variety of words for objects, for actions, and to describe things
- ☐ Comprehends who, what, why and where questions
- ☐ Performs up to three-step directions
- ☐ Uses four to six word sentences
- ☐ Tells increasingly detailed stories or ideas
- ☐ Communicates clearly enough to be understood by most people
- ☐ Takes turns in conversation with others
- ☐ Responds to the English language
- ☐ Speaks and expresses self in English

Emergent Literacy

- ☐ Listens, tells and engages in story being read
- ☐ Participates in singing songs and saying rhymes
- ☐ Retells stories from favorite books and personal experiences
- ☐ Decides if two words rhyme for example, cat and bat
- ☐ Holds books right-side-up, turns pages one at a time from front-to-back
- ☐ Recognizes print they see in their everyday life (for example, stop-signs and logos for Wal-Mart and McDonald's)
- ☐ Recognizes and names some letters of the alphabet, especially in their own name
- ☐ Produces the correct sounds for some of the letters of the alphabet
- ☐ Writes some letters correctly, especially those in own name

Mathematical Thinking

- ☐ Counts in sequence up to 20
- ☐ Understands and uses terms such as first, second and last
- ☐ Counts objects using one number for each object
- ☐ Recognizes four objects in a group without counting
- ☐ Recognizes numerals 1-10
- ☐ Sorts objects by color, shape and size
- ☐ Recognizes and repeats patterns such as triangle, square, triangle, square
- ☐ Measures and compares height of objects
- ☐ Arranges objects from shortest to longest, (for example, shoe sizes or different lengths of yarn)
- ☐ Recognizes and names familiar shapes such as square, triangle, circle, and rectangle
- ☐ Understands and uses words such as inside, outside, up, down, over and under

Science & Technology

- ☐ Asks questions about the world around them (for example, "What do plants need to grow?")
- ☐ Recognizes that living things change over time (for example, babies grow and become adults and seeds grow and become plants.)
- ☐ Recognizes and names these five colors: red, blue, yellow, green and black
- ☐ Uses simple technology devices such as touch screen, e-book reader or digital camera

Social Studies

- ☐ Knows own first and last name, age, and knows names of family members
- ☐ Understands and talks about today, yesterday, tomorrow, after lunch, day and night
- ☐ Is aware of familiar buildings and special places in the community such as, home, school, grocery store, and park

Creativity & Aesthetics

- ☐ Enjoys singing and moving to the beat and speed of music
- ☐ Explores drawing with crayons and markers
- ☐ Enjoys pretend play (for example, rocking a baby doll, driving a truck or pretending to talk on a toy telephone)