

First United Methodist Church
Child Development Center
Enrollment Application

*****Please attach a copy of your child's shot record to the enrollment form.***

Child's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Sex: Male Female

Date of Enrollment _____ Program: 5-day 4-day 3-day
(Mon Tues Wed Thurs Fri.)
Please circle the days your child will attend.

Parent/Guardian Information

Name of enrolling parent/guardian _____

Relationship to child _____ Cell phone # _____

Address _____ City/state _____ Phone # _____

Employer _____ Work phone # _____ ext. _____

Normal working hours _____ E-mail address _____

Name of other parent/guardian _____

Relationship to child _____ cell phone # _____

Address _____ City/state _____ Phone # _____

Employer _____ Work phone # _____ ext. _____

Normal working hours _____ E-Mail address _____

Enrollment/Registration Fees (non-refundable)

Enrollment fee: Payable only when a family first enrolls in CDC \$30.00 _____

Registration fee: Due annually in May \$50.00 _____

I will be paying weekly, bi-weekly or monthly. (If paying monthly, what time of the month can your payment be expected? _____) Payments are due on Monday mornings whether you're are paying weekly, bi-weekly or monthly, unless arrangements have been made in advance with the director.

I have reviewed the center's financial policy.

Parent Signature

Date

Child's primary residence (circle one)

With mother

With father

With both parents

With guardian

Parent's marital status (circle one) Married Single Divorced

If divorced who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

If yes, include in release section. If no, documentation from the court will be required.

Medical Information

We are required by state licensing to have the physician's COMPLETE address on file.

Child's Physician _____ Phone _____

Address _____

Any allergies _____

If my child had an allergic reaction, his/her symptoms will be _____

Any medical conditions or special health care? _____

Hospital preference _____

Does your child have health Insurance? Yes No

If yes, please list name of company _____

Emergency contacts other than the parents (who have permission to pick up the child)

Name _____ Phone _____

Address _____

Relationship to child _____

Name _____ Phone _____

Address _____

Relationship to child _____

Name _____ Phone _____

Address _____

Relationship to child _____

Persons (other than parents/guardian) authorized to pick up the child from the center:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Help us get to know your child

Is your child looking forward to attending the center? _____

Is the child toilet trained? Yes No

What does your child say when he/she wants to use the toilet? _____

Does your child need help with dressing/undressing____ eating____ washing hands_____

Has your child been cared for by people other than parents?_____ Who?_____

Does your child usually take a nap? _____ Around what time? _____ What time does your child eat lunch? _____ Snack?_____

When your child is upset or unhappy, what seems to comfort him/her?

Favorite Game_____

Favorite Toy _____

Favorite Story _____

Favorite Food _____

Name of siblings and/or other family members your child may talk about

Names of family pets_____

Does your family celebrate holidays? _____Yes _____No

If yes, please list some important holidays for your family.

What are some things you hope your child will learn while in our program?

What are some dreams and goals for your child? _____

What language do you speak with your child at home? _____

By building positive identities and a respect for differences, means weaving diversity into the fabric of children's everyday lives. Working with families is an important first step in helping children accept, understand, and value their rich and varied world. We can best prepare children to meet the challenges and reap the benefits of the increasingly diverse world they will inherit by teaching children to celebrate and value diversity and to be proud of themselves and their family traditions.

1. Think about your own family and how you were brought up. How have your beliefs, attitudes, and values about child-rearing practices changed or stayed the same over the years?

2. Please share any family traditions or beliefs that you feel would need to be incorporated into your child's daily activities.

Parental Permissions

I, _____, parent/guardian of _____
(print name) (print child's name)

Please circle "Give" or "Do not give" to indicate your preference for each item.

- (Give/Do not give) permission for my child to be transported by the center in instances of emergency situations.
- (Give/Do not give) permission for my child to leave the building for short walks to Wilson Garden, around the square, to the Fire Department or to the church garden.
- (Give/Do not give) permission for the center staff to apply sunscreen to my child prior to outdoor play

(Brand and strength of sunscreen to be used)

(Parent/guardian signature)

(Date)

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to First United Methodist Church Child Development Center-Magnolia to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the First United Methodist Church-Magnolia web site.

_____ Deny permission to use my child's image at all.

_____ Grant permission to use my child's image in the following ways (mark all that apply):

- **Limited usage:** I want my child's image used within the FUMCCDC-Magnolia setting only (not in the larger community).
- **Limited usage:** I want my child's image used on printed materials only (no digital or video use).
- **Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video and digital media. I agree that these images may be used by First United Methodist Church Child Development Center-Magnolia for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

HIPPA Release Form Allergy and Medical Postings

I, _____, parent/guardian of _____
(print name) (print child's name)

Authorize the center to post my child's allergy/medical alert in his/her assigned classroom 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.

(Parent/guardian signature)

(Date)

Parent Handbook

Center Policies and procedures are outlined in the parent handbook. Policies covered by the handbook include:

- Children may be interviewed by licensing staff, child maltreatment investigators, and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)
- Notification of Injuries
- Notification of contagious illness
- Policy on Administering medication
- Medical Home

I received a copy of the parent handbook. I read and understood the parent handbook. (The parent handbook may be viewed online at www.magnoliafumc.org. (If you do not have internet access I will be glad to print off a copy for you.)

I received a copy of the Arkansas Department of Education Kindergarten Readiness checklist. The Kindergarten Readiness checklist can be viewed on line www.magnoliafumc.org. (If you do not have internet access, I will be glad to print off a copy for you.)

This facility is licensed/registered by the State of Arkansas. Routine inspections are conducted at this facility by the Department of Human Services/Child Care Licensing Unit. The compliance forms from these inspections are available for you to review upon request.

Parent Signature

Date

Medical Aid

I, _____ parent of _____, do hereby request and give consent to the center, or its 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't be reached.

Signature of Parent/guardian

Date

Parent/Guardian Name (please print)

FOR FAMILIES ENROLLING AN INFANT **Shaken Baby Syndrome**

Carter's Law (Arkansas Act 1208 of 2013) requires childcare centers to distribute information on Shaken Baby Syndrome.

I have received information from FUMCCDC on Shaken Baby Syndrome. You can also visit the website to view/or print the brochure.

<http://www.healthy.arkansas.gov/programsServices/familyHealth/ChildAndAdolescentHealth/Documents/ShakenBabyBrochureEnglish.pdf>

Parent's Signature

Date

Behavior Guidance Policy

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 guide children's behavior.

- Help children know and understand limits for behavior and consistently implement limits.
- Recognize and comment on desirable behaviors.
- Teach social skills, problem-solving steps, and calm down routines as preventive measures.
- Overlook minor incidents that are not dangerous or disruptive, allowing children opportunities to use the problem-solving steps.
- When a solution requires adult assistance, help the child regain control of his/her emotions (if needed). Recognize the child's feelings and comfort the child. When the child is calm, identify the inappropriate behavior and how it is hurtful to the child, to others, and /or to the environment. Help the child think of appropriate behaviors that might have been used in that situation.
- Direct the child to a different activity, if necessary.
- Help the child calm down by briefly removing him/her from the group or activity where the inappropriate behavior occurred. Be sure the child understands why he/she is being removed. Identify the behavior that is expected when he returns to the group or activity. Stay nearby to monitor. When the appropriate behavior occurs, immediately recognize and comment.
- Briefly remove the child from the classroom under the supervision of a staff member, repeating the step above to teach, monitor and recognize appropriate 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 parents will be required. Working together, we can develop a plan of action that will provide the support and resources needed to help the child.
- 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.

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

Parent Signature_____ Date_____

Financial Policy

January 1, 2017
(Tuition Rates subject to change)

TUITION

Tuition is based on the actual costs of operation. Our costs of operation increased with the minimum wage increase, which went into effect July 1st. **Fees are payable weekly, bi-weekly or monthly.** Our center operates on a pre-payment schedule. Tuition is due the first school day of the week/month. Payments should be placed in the box outside the office. If tuition needs to be delayed, arrangements must be made in advance with the director.

Tuition is charged by the month according to the number of days that you enrolled for. (Payments may be made weekly, bi-weekly or monthly.)

Full day monthly rates:

- 5 days/week: \$484.00/month
- 4 days/week: \$419.00/month
- 3 days/week: \$349.00/month

Full day monthly rates for second child in the same family:

- 5 days/week: \$435.00/month
- 4 days/week: \$377.00/month
- 3 days/week: \$314.00/month

After school monthly rates (Kindergarten-6th grade)

- 5 days/week: \$195.00/month
- 4 days/week: \$163.00/month
- 3 days/week: \$132.00/month

Absences

No credit is given for days absent. Tuition is due regardless of child's attendance.

Vacation leave

Families enrolled on a 12 month schedule are allotted 2 weeks of vacation time per year. Families enrolled for the school term only are allotted 1 week of vacation time per year. **Vacation leave must be requested at least one week in advance.** Vacation forms are available from your teacher or on the table outside the office. Vacation must be taken in full day increments.

Medical leave

If a child is absent for an extended time due to illness, a medical leave may be granted. Parents will be asked to bring a doctor's excuse before medical leave will be granted. Tuition is due in full during the first week of absence. Half-tuition is due the second week, and no tuition is due the following weeks. Medical leave is offered for a period up to six weeks of consecutive absence.