Director, Jean McElyea
Assistant Director, Joan Jones

Ph. 865-689-3940
Email: weekday@wmbc.net

Hours: 6:30am until 6:00pm

www.wmbc.net

Preschool Care is a part of the
Weekday Children’s Ministries of Wallace Memorial Baptist Church
701 Merchant Dr., Knoxville, TN 37912
Wallace Memorial Baptist Church
Preschool Care Application

Waiting List Date _____________ Date of Birth _______________________
Pre-Enrollment Fee _____________ Enrollment Date _______________________
Classroom ____________________________

Child’s Full Name ___________________________ DOB ________________________ Sex ______
Child’s Address ___________________________ City _______________ Zip ______
Father’s Name ___________________________ Mother’s Name ___________________________
Address (H) ___________________________ Address (H) ___________________________
City _______________ Zip _____________ City _______________ Zip _____________
Phone ___________________________ Phone ___________________________

Employer ___________________________ Employer ___________________________
Address ___________________________ Address ___________________________
Phone (W) ___________ Fax ___________ Phone (W) ___________ Fax ___________

Work Hours ___________________________

Does child live with both parents? Yes ____ No ___ If not, which parent does child live with?

Child’s Doctor ___________________________ Phone ___________ Fax ___________
Address ___________________________ City _______________ Zip _____________

Hospital Choice ___________________________ Allergies ___________________________

Persons, other than parent, who is authorized to act in case of an emergency:

Name ___________________________ Employer ___________________________
Address (H) ___________________________ Business Address ___________________________ 
Phone (H) ___________ Work Hours _______________________ Phone (W) ___________
ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

PLEASE READ EACH SECTION LISTED BELOW, THEN SIGN AND DATE AT THE BOTTOM OF THE PAGE.

SECTION 1: TUITION AND FEES

REGISTRATION FEE: I UNDERSTAND THAT AN ANNUAL, NON REFUNDABLE, registration Fee $_______shall be paid in advance to enroll my child. Annual registration fee will be added to my account upon each year of anniversary.

PAYMENT OF TUITION: I understand that tuition is due and payable, on MONDAY of each week.

LATE OR UNPAID TUITION: A $_____late payment fee will charged to all accounts not paid by 6:00 p.m. on Thursday. Failure to pay will result in your child not being able to attend on Monday. All fees must be paid in full the last day of the month.

RETURN CHECK POLICY: A return check fee $_______will be applies to your account for any return check. We will not continue to receive bad checks, you will need to make arrangements to pay with money order or cash.

CHARGES AND PROCEDURE FOR LATE PICK-UP: Our center is open from 6:30 a.m. until 6:00 p.m. We cannot keep children earlier or later. If your child is late being picked up, there is a $1.00 per minute late fee per child. You must make contact with the center, to let us know if you are going to be late. If no contact has been made with the parent or authorized person on pick up list. We are to notify DCS (Dept. of Children Service by 6:30). Persons authorized to pick up must have proper I.D. to pick up child.

WITHDRAWAL FROM PROGRAM: You must give a 2 week notice to withdraw from our program. Your account must be paid in full on Monday to continue the last week.

TERMINATION BY CENTER: I understand that Wallace Child Center reserves the right to terminate enrollment of child due to discipline, (read discipline policy for details) parent intoxication, parent misconduct toward the staff or other families at center, family divorce dispute disturbing the center. I understand that as a parent that I am liable for the acts of the child while under the care of the Center. We reserve the right to record any parent and staff meetings.

SECTION 2: VACATION, SICK, HOLIDAYS AND ANY CLOSINGS

VACATION: I understand that I will receive 1 week vacation per calendar year. (You must be enrolled 6 months to qualify). You must fill out form and return to the Child Care Office to receive credit on your account. Forms located in the lunch room.

SICK: I understand that I will receive (2) half price sick weeks, per calendar year. (You must be enrolled 6 months to qualify). You will need a return to school notice from your doctor. You must fill out form along with doctor statement to return to school to receive credit on your account. Form located in the lunch room.

HOLIDAYS: I understand that our center will be closed on the following holidays: New Year’s Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving (Thursday & Friday), & Christmas Eve and Christmas Day. I understand that no reduction in fee will be allowed.

INCLEMENT WEATHER OR OTHER DISASTERS: I understand that it is our intention to be open and provide child care service. But inclement weather, natural/disaster or major building issue may disrupt service from time to time. Be sure to contact the center to ensure that it is open or if we should have delays or early closings. Message will be on answering machine, if changes are made.

SECTION 3: DAILY PROCEDURE

DAILY SIGN-IN-OUT: You must sign in-out your child out every day. I understand that I am required to enter the center with my child and I must escort my child to designated classroom each day. No one under the age of 18 is allowed to pick up child.

ILLNESS: I understand that I will be notified should my child become ill during the day, I will pick up my child promptly, or make arrangement for an authorized emergency contact person to pick up. If my child is exposed to a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to the Re-admission criteria in the Policy Handbook. I understand that Wallace is not liable for accident or illness occurring, while in our care unless is can be proven that the accident was the direct result of the staff negligence.

PHOTOGRAPHS: I understand and agree that my child may be photographed at the center. These photos will be used for center bulletin boards, art projects, cubbies, group pictures or class activities.

INTERVIEWSING CHILDREN AND INSPECTING RECORDS: I understand that the state of Tennessee (DCS, DHS) has the right to enforce and the administration agency has the authority to interview children or staff, to inspect and audit child and facility records, to observe the physical condition of the children in the center, without consent of parent or center.

MEDICAL Wavier: On occasions when I am unavailable, I authorize the Weekday Staff of WMBC to obtain emergency medical assistance for my child.

I have read the above policies and agree and understand the terms of Wallace Memorial Baptist Church Week day program policies. We must have signature on file before we process application and enroll child.

Parent/Guardian Signature: _______________________________ date _______________________________

Director Signature: _______________________________ date _______________________________
WALLACE MEMORIAL BAPTIST CHURCH
CHILD CARE
DISCIPLINE POLICY

Children do display and will occasionally be exposed to aggressive behavior. This may take the form of biting, hitting, pushing, or kicking. The staff uses various techniques to limit and correct such behavior, but parents must understand that when children are in a group setting, the exposure to aggressive behavior is greater than it might be at home. The purpose of discipline is to help children learn acceptable behavior and develop inner controls. When re-directing or guiding a child’s behavior, the age, intellectual development, emotional make-up, and past experiences will be considered and consistency will be maintained in setting rules and limits for children. **Corporal punishment is not consistent with this objective and is prohibited at school.** The following is a list of some alternative forms of discipline that will be used:

- Model appropriate behavior.
- Tell the child what he/she can do.
- Establish eye contact with the child when talking to him/her.
- Give the child choices whenever possible.
- Encourage the child to problem solve and try to work out conflicts.
- Re-direct a child to another activity.
- Remove the child from the situation until he/she can gain control of him/herself.
- Isolate the child from group.
- Call a parent to come for the child if the child cannot regain control of self.
- If behavioral problems continue, parent meeting, written notice, suspension and dismissal of child.

**LIMITS OF BEHAVIOR**

- You may not hurt others.
- You may not hurt yourself.
- You may not hurt staff.
- You may not damage school equipment.

If a child is having more difficulty than usual with discipline in the **classroom**, the behaviors displayed by the child will be discussed with the parents along with specific techniques being used by the staff to help guide the child to more appropriate behavior. **SUPPORT from parents with their discipline at home and of our discipline in school is expected.** All aggressive behaviors that are harmful to other children, teachers, or to the child him/herself will be documented and signed by the parents. Situations that continue to include harmful behaviors will be evaluated by the Child Care Director in considering the safety and well being of all children. The Director will be involved in any final decision to remove the child from the center if the behavior continues to be harmful to other children and/or staff.

Parent must read and sign this “Discipline Policy”

___________________________  ________________
parent’s signature                      date
CHILD PROFILE

Child's Name ___________________________ Nick name ___________________ DOB _____________

LIST ANY ALLERGIES

________________________________________________________________________
________________________________________________________________________

Mother's Name ___________________________ Address, city, zip __________________

Work # ___________________________ Cell # ___________________________ Home # __________________

Mother's Employer ___________________________ Work Hrs. __________________

Father's Name ___________________________ Address, city, zip __________________

Work # ___________________________ Cell # ___________________________ Home # __________________

Father's Employer ___________________________ Work Hrs. __________________

Which parent do you prefer us to call first, if your child has any special needs (sick, diapers, clothes, etc.)
Mother ___________________________ Father ___________________________

Persons other than parents authorized to pick up. Must have minimum of two (2) contacts listed below. Contacts must have photo I.D. to pick up and be 18 years of age.

Name ___________________________ work# ___________________________ cell# ___________________________ home# __________________

Name ___________________________ work# ___________________________ cell# ___________________________ home# __________________

Name ___________________________ work# ___________________________ cell# ___________________________ home# __________________

Name ___________________________ work# ___________________________ cell# ___________________________ home# __________________

Family religious background ___________________________ Church membership ___________________________

Describe any medical history that we need to be aware of to provide proper care for your child.

________________________________________________________________________
________________________________________________________________________

Does your child take medication regularly? If so, please list any medications and side effects this might have on your child, while in our care.

________________________________________________________________________
________________________________________________________________________

Please list any names of any persons, sibling, or pets living in the same household.
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
Would you describe your child as: active quiet shy friendly (circle)

Has your child been involved in group play such as Sunday School?

Has your child previously been in a child care? if yes, Where?

Has your child ever been separated from you for any length of time? How did he/she adjust?

Have there been any events in your family such as, divorce, illness, move, or new baby that might affect his/her adjustment?

What age group does your child play with?

What makes your child angry most often?

Does your child have definite fears? If yes, please explain

Does your child usually take a nap? Does your child have a favorite sleeping toy, what is it?

Is your child right or left handed?

Does your child require assistance in putting on clothes?

What words does your child use to indicate their need to use the bathroom?

Is your child in diapers, in process of being potty trained, or fully potty trained?

List your child’s favorite foods, breakfast, lunch & snack

Please explain anything about your child, so that we may provide the best care possible:
WALLACE MEMORIAL BAPTIST CHURCH PRESCHOOL MINISTRIES
EMERGENCY INFORMATION

CHILD’S NAME ___________________________ BIRTHDAY ___________________________

FATHER ___________________________ MOTHER ___________________________

HOME PHONE ___________________________ HOME PHONE ___________________________

CELL PHONE ___________________________ CELL PHONE ___________________________

ADDRESS ___________________________ ADDRESS ___________________________

CITY ___________________________ ZIP ___________________________ CITY ___________________________ ZIP ___________________________

EMPLOYER ___________________________ ADDRESS ___________________________

ADDRESS ___________________________ PHONE ___________________________

WORK TIME M T W T F WORK TIME M T W T F

E-MAIL ADDRESS ___________________________

DOES CHILD LIVE WITH BOTH PARENTS? ________ IF NOT, WHICH PARENT DOES THE CHILD LIVE WITH?

MEDICAL WAIVER
On occasions when I am unavailable, I authorize the Weekday Staff of Wallace Memorial Baptist Church to obtain emergency medical assistance for my child.

______________________________ ___________________________
PARENT SIGNATURE DOB ___________________________ DATE ___________________________

CHILD’S DOCTOR ___________________________ PHONE ___________________________

ADDRESS ___________________________

Person who is authorized to act in case of an emergency and pickup child. (Other than parent)

Name ___________________________ Employer ___________________________

Phone (H) ___________________________ Cell phone ___________________________ Work phone ___________________________

Address (H) ___________________________ Business Address ___________________________

PERSON(S) OTHER THAN PARENTS AUTHORIZED TO PICK UP, MUST HAVE MINIMUM OF TWO CONTACTS BELOW Pick up time is at 6:00 p.m. Contacts must have photo I.D. to pick up. No one under age 18.

If no contact has been made with parent or authorized pick-up, We are to notify RCS (Reps. Children Services) by 6:30 p.m.

NAME______________________________ (H)_________________________ (W)_________________________

NAME______________________________ (H)_________________________ (W)_________________________

NAME______________________________ (H)_________________________ (W)_________________________

NAME______________________________ (H)_________________________ (W)_________________________

NAME______________________________ (H)_________________________ (W)_________________________