

Christ Church Mother's Day Out

Registration Guidelines

2012-2013 School year

The following is the registration form for the 2012-13 school year. Space is provided on a first come/ first served basis. Incomplete registrations will not be accepted and space will not be held unless all required documentation is provided. The following is a list of requirements for a registration to be considered complete.

1. Non-Refundable check for Registration & Resource fees:

Mother's Day Out \$ 110

If you are being wait listed, the registration fee will be required at the time an opening becomes available.

2. A completely filled out registration form. Forms with any blank spaces **will not be accepted. Please make sure that your application includes the following (check ✓ all you are submitting):**

- Registration Form (Pg 1-2)
- Registration Fees
- Liability Release (Pg 3)
- Permission & Authorization Forms (Pg 4)
- Medical Release, Emergency Authorization and Photo Waiver (Pg 5)
- Inappropriate Behavior & Illness Policies (Pg 6)
- Snack Notification Request (Pg 7) **OR** Snack Release Form (Pg 8)
- Safe Release/Safety Checked Form (Pg 9-10)

3. Signatures at all appropriate blank locations.

Please be aware that all 3 year old and 4 year old children must be completely potty trained by October 1, 2012 in order to be enrolled within the Christ Church Preschool and MDO program. This includes the ability to take care of their own toileting needs. Assistance will be offered only with buttons/snaps on clothing as needed.

If you have any questions please contact Susan Bledsoe at 834-2748. Thank you for your continued interest and support of our Christ Church Preschool/MDO Program. We look forward to an exciting and blessed year to come.



Registration Form
September 2012 – May 2013
 Monday - Thursday 9:00 AM-3:00 PM

Please check the age group and your two/day preference. Actual enrolled days will be based upon availability.

- | | |
|--|--|
| <input type="checkbox"/> ONES- Must Turn 1 by Sept. 30 | <input type="checkbox"/> Tues/Thurs |
| <input type="checkbox"/> TODDLERS-Must Turn 18 mos. by Sept. 30 | <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/Thurs |
| <input type="checkbox"/> TWOS- Must Turn 2 by Sept. 30 | <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/Thurs |
| <input type="checkbox"/> THREES-Must Turn 3 by Sept. 30 | <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/Thurs |

Child's Full Name _____ Age _____

Child's Sex _____ Birth Date ____/____/____ Preferred Name _____

Parents/Guardians _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

E-Mail _____

Mom's Occupation _____ Work Phone _____

Dad's Occupation _____ Work Phone _____

Emergency Contacts:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Doctor _____ Phone _____ Hospital Choice _____

In the event of an emergency, may we take your child to the doctor you have designated if none of the above can be reached? _____ May we take your child to the hospital? _____

Does your child have special needs regarding health or allergies? _____ If yes, please list _____

Names & ages of other children in family _____

Church family attends _____

Is child potty-trained? _____

POLICY: All children enrolled in all **3 and 4 year old** classes, must be potty trained by October 1st. This includes the ability to take care of their toileting needs, except for help with buttons or snaps on clothing as needed. We understand that from time to time an accident can happen, but this should be the exception, not the norm.

I have read and understand the potty-training policy. **Parent Initials** _____

PAYMENT INFORMATION
Please make checks payable to Christ Church Preschool/MDO.

The **Non-Refundable \$75 Registration & \$35 Resource Fee (\$110)** is payable at the time a completed registration is submitted.

Monthly Tuition: \$180/month for 2 days a week; \$90/month for 1 day a week (1 year olds only)

Conditions of Enrollment:

All tuition must be paid monthly by the 10th of each month in order to avoid a late fee, unless alternative arrangements have been made with the Office.

All children must be able to adjust to separation from a parent/guardian and follow basic directives given by a teacher.

Any irreconcilable differences between parents and the program guidelines/restrictions may result in relinquishment of a position within the program. Please note that any changes to days or classroom assignments are subject to availability, and in the best interest of both the child and teachers, class reassignments will only be made up through October 15th.

Signature of Parent/Guardian

Date

For Office Use Only:
Date Received: _____ Check No. _____
Amount: _____ Class: _____
Notes: _____

LIABILITY RELEASE 2012-13

RELEASE OF ALL CLAIMS –
FILLED OUT BY PARENT OR GAURDIAN

In consideration for being accepted by CHRIST CHURCH NASHVILLE for participation in the Christ Church Preschool & Mother's Day Out Program in the year 2012-13, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless CHRIST CHURCH NASHVILLE and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described camp and activities.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are(am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him(her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Child Participant: _____

Parent(s)/Guardian(s) Names: _____

Phone Number(s): (____) _____ (h) (____) _____ (w)

In case of emergency, contact: _____ (____) _____

Insurance Company: _____

Policy Number: _____

Physician's Name: _____ Phone Number: (____) _____

Any Allergies? _____ If yes, please list: _____

Is **child** presently on medication? _____ If yes, please list: _____

Please list any medical conditions that we need to be aware of: _____

Father/Legal Guardian _____ Date: _____

Mother/Legal Guardian _____ Date: _____

PERMISSION AND AUTHORIZATION FORMS

Student's Name: _____

[[Please read each section. Sign and date where applicable. Your registration will not be valid until these forms are signed.]]

Financial Obligations

Tuition is due beginning the 1st day of each month and no later than the 10th day. It will be considered late after the 10th day of each month and a \$15 late fee will be added. If your child is absent during the week tuition is due, you must make arrangements with the Director or Office to avoid late fees. Failure to pay tuition by the 30th of the current month could result in forfeiture of your child's spot within the program. In addition, there is a \$35 NSF fee charged on all checks returned for insufficient funds or stopped payment.

The registration fee cannot be refunded. All withdrawals must be made in writing to the office and shall be effective when such notice is delivered to the school. Parents are responsible for two weeks tuition from the signed date of the withdrawal notice.

Tuition is calculated on the basis of the entire school year; therefore, no reductions can be made for vacations, school holidays or days missed due to weather conditions. Reductions cannot be made for tuition for absence during the school year. If a student leaves the school for any reason during the school year, or enters after the school year has begun, charges are pro-rated according to the actual number of days enrolled.

I/We agree to uphold the financial obligations as stated above. We also agree to follow the guidelines and regulations as stated in the Student/Parent Manual.

Signature

Date

Permission to Participate in School Activities & to Receive Emergency Medical Care

I hereby grant permission grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for the teacher or director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the child's parent or guardian through any of the persons listed on any part of the application.
4. If we are unable to contact you or your child's physician, we will do any or all of the following:
 - a. Call another physician or paramedic.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred under #4 above will be the responsibility of the child's family.

The school will not be responsible for anything that may happen as a result of false information given on this application or at the time of enrollment.

Signature of Mother

Date

Signature of Father

Date

Medical Release

I, _____, hereby give permission for Christ Church Preschool & Mother's Day Out to call a physician, secure necessary medical care, including the administration of anesthesia if surgery is advised by a physician and to otherwise act on my behalf when I cannot be reached and/or when delay would be dangerous, in order to protect my child, in case of illness or accident.

Parent Signature

Date

Parent Signature

Date

Emergency Medication Authorization

Student's Name: _____ Teacher: _____

Medication to be given: _____ Dosage to be given: _____

Time(s) to be given: _____ Any potential side effects: _____

Doctor's name and phone number: _____

I hereby give permission for Christ Church Preschool & Mother's Day Out staff to administer the stated medication and dosages as listed above under medical emergency circumstances.

Signature of Parent/Guardian

Date

Photo Waiver

Please Check One!!

Periodically Christ Church Preschool/MDO would like to use photos of the children for our Web Page, Slide Presentations or Printed Materials. Please sign the waiver and indicate if you do or do not authorize us to use your child's image.

I hereby: **Grant** **Do NOT Grant**

Christ Church Preschool/MDO and Christ Church Nashville full rights to copyright, exhibit, and publish in any medium including, but not limited to, promotion, advertising, or Internet photographs taken by the **Christ Church Preschool/MDO and Christ Church Nashville**, or other news type agencies of my child...

{Name of Child being photographed}

Parent/Guardian Signature

Inappropriate Behavior Policy

While we understand and embrace the typical and varied behaviors of preschool children, we must always advocate for the safety and total well-being of all the children and adults involved in our program. If a child is involved in any incidence of unsafe behavior--such as biting, hitting or pushing with aggression, throwing with aggression using unsafe objects etc.-- a *Discipline and Redirection Process* will be implemented. For **1 and 2 year olds**, with the first infraction, an *Ouch Report or Incident Report* will be completed, the parents of the child(ren) will be called to pick-up the child and a brief conference will be held with the teachers at the time of pick-up regarding the incident. With the second and third infractions, again parent will be notified to pick-up the child and a conference will be held to develop a *Discipline and Redirection Protocol* which addresses the inappropriate behavior. A component of the protocol is a 1-week suspension. During this 1-week break, it is the expectation of Christ Church Preschool/MDO that the student and parents work on correcting the inappropriate behavior. If there is a fourth incident of serious, unsafe behavior, the student will be dismissed from the program. For **3 or 4 year olds**, the protocol is the same for the first incident. However, following a second infraction, the student will be put on a 2-week suspension from the program, at which time the student and parents are expected to work on correcting the inappropriate behavior. Following a third incident of serious, unsafe behavior, the student will be dismissed from the program.

This discipline policy is in effect for the duration of the program year and all incidents are evaluated and mediated at the discretion of the Program Administration. A similar process will be used if a child is using inappropriate language, inappropriate gestures or actions, or disrespectful behavior toward classmates or teaching staff.

I/We have read the above **Behavior Policy** and understand the policy and process.

Parent/ Guardian Signature

Date

Illness Policy

For the protection of our children and teachers' health, we ask that you keep your child home if he or she displays any of the following:

- ✓ Nasal discharge that is heavy enough to require frequent wiping, especially if accompanied by sneezing and/or coughing (colds are most commonly spread by air droplets from sneezing and coughing).
- ✓ Cough that is wet or persistent enough to limit his/her activity, especially if accompanied by other symptoms (runny nose, sneezing, etc.).
- ✓ Temperature of 99 degrees or greater within the past 24 hours.
- ✓ Vomiting one or more times in the previous 24 hours.
- ✓ Diarrhea in the previous 24 hours.
- ✓ Conjunctivitis or pink eye. Defined as pink or red eyes with white or yellow discharge, often with matted eyelids after sleep.
- ✓ Infestation (e.g. head lice, scabies). Keep at home until all nits (eggs) have been removed.
- ✓ Rash with fever or behavior change (until seen by a physician who determines the illness is not communicable). Streptococcal infection, until 24 hours after treatment has been initiated. Signs of possible illness including lethargy, irritability, crying, etc.

The need to send a child home from school shall be at the discretion of his or her teacher in conjunction with the Director. We want to keep your child, the classmates, and the teachers as healthy as possible. Medication will not be administered to your child (except as listed under "Emergency Medication Authorization" (Page 5). There are NO exceptions to this policy.

I/We have read the above Illness Policy and agree to its regulations.

Parent/ Guardian Signature

Date

Snack Notification Request

[PLEASE READ CAREFULLY & SIGN ONLY ONE FORM]

I hereby request that **in order for** _____ **to participate in any special snacks or treats** during the 2012-2013 school year, **I be NOTIFIED in writing prior** to any snacks/treats being given. I understand that treats may be brought in by others and that every effort will be made to give ample notice. However my child will not be permitted to participate in any special snack/treat without prior written consent. **By signing this form I acknowledge that my child HAS food type Allergies or Diet Restrictions, and that I will provide an alternative special snack** in the event that they are not able to participate in any special treats/snacks that may be provided throughout the year.

Parent Signature



Date



Snack Release Form

[PLEASE READ CAREFULLY & SIGN ONLY ONE FORM]

I hereby grant permission for _____ to participate in any special snacks or treats during the 2012-2013 school year. I understand that may include treats brought in by others or those provided by Christ Church & Christ Church Preschool/MDO. **By signing this form I acknowledge that my child has NO food type allergies or diet restrictions and is able to participate in any special treats/snacks** that may be provided throughout the year.

Parent Signature



Date



Safe Release

Dear Parents,

In our efforts to ensure your child's safety, we would like to take a moment to outline the security procedures we will have in place for our program this school year. This will help to ensure that your child is accounted for daily and released only to authorized persons that you have personally designated.

You will find a copy of our security sheet following this letter. It will be necessary for every family to complete one for each child enrolled in our program, listing all persons authorized to pick up your child(ren). We will then provide the teacher with a security sheet for each child assigned to their class.

Each day your child attends school, you will be required to sign them in and list the person who will be responsible for picking them up that afternoon. Should the pick-up person change during the course of the day, please call the office to notify us. We will then provide this information to your child's teacher, so that they will use the proper protocol and know to whom they are releasing your child.

Please note that we are asking each family to submit a **password/code**. This will be asked for in the event that you as a parent need to call and change the person listed to pick-up for that day, or to have one added to the release sheet. The password is necessary so that we can be sure it is, in fact, the parent/guardian we are talking to. Your password can be a word, date, pet name etc.--as long as it remains confidential to only your family and friends authorized to call about or pick up your child. **It is highly recommended that you make a note of the password to keep in your purse, wallet, or cell phone.** In the past we have had parents call to make a change in the pick-up person for that day and cannot remember their password. Please remember that your child's safety is our #1 priority.

We are taking great lengths to ensure the safety of all the children enrolled in the program and we thank you for your cooperation.



I, _____, have authorized the following people to
Parent/Legal Guardian (PRINT)

pick up my child - _____ :
Child's Name

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Password
***Please make a note of your chosen password for future reference.**

Signature: _____

Date: _____