



Mother's Day out

FBC Mother's Day Out and Christian Preschool

Phone: 512-268-3515 Fax: 512-268-3513

Student Enrollment Form 2018-19

M/W T/TH M-TH Admission Date: _____ Class: _____

CHILD'S NAME: _____ BIRTHDATE: _____

Home Address: _____ City/Zip: _____

Primary Phone: _____ E-Mail Address: _____

MOTHER/GUARDIAN

Name: _____

Employer: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Driver's License #: _____

Address: _____

FATHER/GUARDIAN

Name: _____

Employer: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Driver's License #: _____

Address: _____

ALTERNATE EMERGENCY CONTACT

One contact, other than the parents, is required for registration. If the parents are unavailable, the following individual has permission to transport and seek care for this child.

Name: _____ Driver's License#: _____

Address: _____

Phone: cell _____ work _____ home _____

ADDITIONAL AUTHORIZED PICKUP

In addition to parents and emergency contact, the following people are allowed to pick up this child from MDO.

Name: _____ Driver's License _____ Phone # _____

Name: _____ Driver's License _____ Phone # _____

Name: _____ Driver's License _____ Phone # _____

EMERGENCY MEDICAL RELEASE: In the event that I cannot be reached or cannot make arrangements for emergency medical attention at the time of illness or accident I hereby authorize this facility to transport my child to the closest medical facility and authorize the medical providers to provide necessary treatment.

Doctor _____ Address _____ Phone _____

Hospital _____ Seton Hays _____ Address 6001 Kyle Parkway _____ Phone 512-504-5000 (911)

Parent/Guardian Signature _____ Date _____

General Health Information

Child's Name: _____

ALLERGIES:

- No known allergies
- Child is known to have the following allergic reactions

Allergen

Reaction and best way for MDO to handle

MEDICAL CONDITIONS:

- No known medical conditions
- Child is known to have the following Medical Conditions

Please include any disabilities, existing illnesses, previous serious illnesses and injuries, and hospitalizations during the past 12 months.

Medical Condition

Best way for MDO to handle

MEDICATIONS:

- No long-term medications at this time
- Child is currently taking the following long-term medications

Please list any prescribed and over the counter medications intended for long-term, continuous use.

Medication

Dose and frequency

Purpose

Medication Authorization

Should my child require medication brought from home, I authorize MDO staff to administer this medication to my child. I understand that I must also sign the medication chart in the MDO office each time medication is required and I understand that all medication must be in the original container and labeled appropriately.

Well Check

I understand that a requirement for participation in this program is a doctor's examination and a TB screening every 12 months. I understand that I must present a statement each year from my child's doctor within one week of admission to verify that he or she is physically able to participate in the day care program.

Parent/Guardian Signature _____

Date _____

Parent Contract for School Year 2018-2019

Child's Name: _____

The following is an agreement to the financial and operational policies of our program for the school year 2017-2018. I am initialing each policy below to indicate that I have read and understand the policy. I understand that I will be notified in writing of any policy changes.

_____ **Non-refundable Tuition Deposit** Deposit Amount \$ _____

The Annual Tuition Deposit amount is \$400 for full time, and \$200 for 2-days. This deposit secures the child's position for the school year and is non-refundable after May 24.

_____ **Tuition** Monthly Installment Amount \$ _____

My monthly tuition installments include all applicable tuition. You may also owe other accrued fees so please check your statement.

_____ **Your FBC MDO and Christian preschool balance is due in full on the first of each month** and considered late at the end of the day on the 7th, regardless of the day of the week on which those dates fall. Statements including tuition and any accrued fees are issued monthly via email; however, parents are still responsible for payment regardless of whether a bill has been received. A \$20 late payment fee is issued if balance is not paid by the 7th, and an additional \$20 fee is assessed if a balance remains unpaid on the 15th of the month. Any account with an unpaid balance at the end of the month is subject to review and the child may relinquish his or her position in the program. All questions or discrepancies regarding tuition billing should be brought to the Director's attention before the balance is due to avoid a late payment fee.

_____ **Supplies**

Daily supplies are included in my child's tuition. However, I may occasionally be asked to donate items for special projects. Donations are not mandatory, but they are encouraged.

_____ **Food**

Parents are responsible for providing a healthy lunch that is kept cool in an insulated lunch box with an ice pack. Snacks are provided by MDO. The snack calendar is posted in the MDO foyer and in the classrooms.

_____ **Early Drop Off/Late Pickup Fee**

My child is a precious individual and deserves to be supervised by excellent teachers. MDO Christian Preschool hours 9:00 AM – 2:30 PM. I understand that the charges for early drop and or late pickup are \$1 per minute.

_____ **Returned Checks**

I understand a charge of \$45 is required for any insufficient funds checks. This includes a late payment fee of \$20.

_____ **Handbook**

I have received a copy of the Parent Handbook including any yearly updates and have read, understand, and will abide by all of the policies.

_____ **Contacts**

I have provided the center with my current address, phone number, and all emergency contacts. I understand that it is my responsibility to provide any updates or changes to this information.

Activity Release

Child's Name: _____

_____ **Field Trip Release:** I give permission for my child to participate in walking field trips away from the facility. I will be given 48 hour notification and understand that these trips will be conducted and supervised by facility staff.

_____ **Walk Release:** I give permission for my child to participate in walks around the block, or other daily outdoor experiences that may cause him/her to be out of the building. I understand that this release does not include any walking field trip, which would require crossing streets.

_____ **Water Activities:** I give permission for my child to participate in water activities planned by the facility such as water table play and sprinklers.

_____ **Picture Release:**

- YES I give permission for the FBC MDO and Christian Preschool staff to take photos and or videotapes of my child throughout the school year. I understand that these items might be used for bulletin boards, newspaper articles, or programs that promote MDO and First Baptist Church. No names will be used.
- I do NOT give permission for my child to be photographed or videotaped. I understand this means my child's photo will not appear in the end-of-year slide show or used in any classroom crafts or activities.

Parent/Guardian Signature _____ **Date** _____

Guidance and Discipline Policy

Most undesirable behavior is still normal and age appropriate. Discipline is the art of teaching desirable behavior.

1. **Discipline should always be:**
 - a. Individualized and consistent for each child
 - b. Appropriate to the child's level of understanding
 - c. Directed toward teaching the child acceptable behavior and self-control
2. **Positive Reinforcement:** Teachers strive to build a child's internal motivation so that he or she strives to do the right thing just because it is the right thing. Acknowledging children making good choices encourages desirable behavior. Stickers and other physical rewards do not build internal motivation.
3. **Helping Children Learn Better Ways to Get What they Need:** Teachers take a positive approach to discipline and guidance that encourages self-esteem, self-control, and self-direction, which includes at least the following steps:
 - a. Identify the emotion behind the behavior
 - b. Re-direct the child
 - c. Describe the appropriate behavior
 - d. Provide a choice
4. **Seeking Help for Repeated Undesirable Behavior:** If a child does not respond to the above correction method he/she may need a different approach. In these cases, the teacher will seek help from the director and together they will determine the next step. This may include taking a break away from the classroom, or a phone call to the parent. In cases of repeated behavioral concerns, the director will consult with the teacher and parents in a conference setting to determine an appropriate behavior modification plan for that child.
5. **Prohibited Types of Discipline:** Harsh, cruel or unusual treatment of any child is absolutely prohibited. This includes but is not limited to the following: corporal punishment or threats of corporal punishment; punishment associated with food, naps, or toilet training; pinching, shaking, or biting a child; hitting a child with a hand or instrument; putting anything in or on a child's mouth; humiliating, ridiculing, rejecting, or yelling at a child; subjecting a child to harsh, abusive, or profane language; placing a child in a locked or dark room, bathroom, or closet with the door closed; requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

I have read and received a copy of this discipline and guidance policy which can be found in my parent handbook.

Parent/Guardian

Signature _____ Date _____



Mother's Day out

First Baptist Church
Mother's Day Out
And Christian Preschool
Fax Number 512-268-3513

Health Statement for Name: _____ Birthdate _____

This form is to be filled out by your physician and returned with current shot records to the FBC MDO and Christian Preschool office.

TB SCREENING: (employee please complete this portion) If "yes" is checked on any question, a TB test must be administered and the results turned into the FBC MDO and Christian Preschool office.	Yes	No	I don't know
Has anyone in your family had tuberculosis?			
Do you know of any situation where you were around someone who has been diagnosed or suspected as having TB?			
TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness or coughing up blood. Have you been around anyone who has these problems?			
Have you had any of the above problems?			
To your knowledge, have you had contact with anyone who: Is or has been an intravenous (IV) drug user?			
Is HIV-infected?			
Has been in jail/prison?			
Has recently moved to the US from a foreign country or visited a foreign country? If yes, which country/countries?			

The above named child is physically able to participate in all childcare activities.

Physician's Signature

Date

VISION & HEARING SCREENING: Must complete an annual screening by the child's physician. (Age 4 and up)

Vision Screening: R 20/____ L 20/____ Pass/Fail ____

Date: _____

Hearing Screening: R Ear 1000 Hertz Pass/Fail L Ear 1000 Hertz

Pass/Fail Date: _____

2000 Hertz Pass/Fail

2000 Hertz Pass/Fail

4000 Hertz Pass/Fail

4000 Hertz Pass/Fail _____

Physician's Signature

Date