

# Calera Baptist Church Parent's Day Out Program

## Registration Form

(Complete a separate sheet for each child & return to church office)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Instructions on how mother may be reached in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Instructions on how father may be reached in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Describe any special needs/allergies of your child

\_\_\_\_\_  
\_\_\_\_\_

I give permission for this child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for all emergency medical expenses incurred.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

.....

Office Use: Date: \_\_\_\_\_ Check Number: \_\_\_\_\_

## Child Pick-up Authorization Form

My child may be released to the following people:

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

\*The director must be notified if someone other than a parent is picking up a child.

\*All persons other than parents must be listed above and present their driver's license before a child is released to them.

Please choose one:

Two Days per Week      Tuesday and Thursday      \_\_\_\_\_

Three Days per Week      Tuesday/Wednesday/Thursday      \_\_\_\_\_

Tuition is as follows:

**Ages 6 months to 5 years:**

2 days a week is \$130.00 a month

3 days a week is \$165.00 a month

There is a \$5.00 discount for each additional child within the same immediate family

Tuition is due on the first day of the month and no later than the 5th day of the month.  
There will be a \$25.00 late fee assessed if payment is not received by the 5th day of the month.

There will be a \$40.00 supply fee due along with tuition in August and January.

\* Rates are subject to change at any time.

**Please STAPLE your \$55.00 nonrefundable registration fee to the front of this packet.**

# Calera Baptist Church Parent's Day Out Ministry (PDO)

## **Mission Statement**

Our goal at Calera Baptist Church Parent's Day Out Ministry is to provide a loving and safe Christian environment that fosters the spiritual, mental, and physical growth of your children. We strive to create a nurturing atmosphere that minister to your child's individual needs.

## **Enrollment and Fees**

We will accept children ages 6 months to 5 years old.

Our operating hours are from 9:00 a.m. to 1:00 p.m. on Tuesday, Wednesday and Thursday.

A one time, non-refundable registration fee of \$55.00 is required with completed registration form in order to secure a place for your child. This is on a first come, first serve basis.

Tuition is as follows:

Ages 6 months to 5 Years:

2 days a week is \$130.00 a month

3 days a week is \$165.00 a month

There will be a \$5.00 discount for each additional child within the same immediate family.

\* Rates are subject to change at any time.

\$5.00 per child, per month fee for Brightwheel App

\*Drop-in is available

Tuition is due on the first day of the month and no later than the 5th day of the month. There will be a \$25.00 late fee assessed if payment is not received by the 5th day of the month. If payment is not received by the 10th day of the month the director will advise the parent(s) on the child's enrollment status in the program. This program is solely supported through the monthly tuition. Therefore it is crucial that payment be on time in order for the program to remain in service.

In the event that your child is absent the parent is still responsible for the agreed upon monthly tuition.

If it is necessary to withdraw or reduce the number of days for your child a 2 week notice in writing must be received by the 15th of that month. If received after the 15th, the parent is responsible for the tuition for the following month. For example: If the notice is received on October 16th then you must pay the tuition for the month of November.

There will be a \$40.00 supply fee due along with tuition in August and January.

All children must have an Alabama State blue form immunization record presented upon registration to be placed on file.

### **Policies and Procedures**

Our operating hours are from 9:00 a.m. to 1:00 p.m. on Tuesday, Wednesday and Thursday. PDO is aligned with the Shelby County School System calendar (i.e. holidays, weather closings etc...). PDO will also be cancelled if there is an event at the church that will interfere with school hours (i.e, funeral, etc.). There will not be a make-up day for these cancellations. No child should ever be dropped off before 8:55 am or picked up after 1:05 p.m. There will be a \$1.00 late fee assessed for every minute a child remains after 1:05 p.m. payable upon pickup.

The health of every child in our program is a priority. Any child with the following symptoms will not be allowed to attend:

- Unexplained Rash
- Fever of 100.5 or higher
- Chronic Cough
- Vomiting and Diarrhea
- Green or yellow runny nose

If your child develops any of these symptoms while at PDO a parent will be notified and arrangements will be made for pickup. Children should be symptom free for 24 hours before returning to PDO. This policy will be strictly enforced.

No medication, prescription or non prescription will be given. All medications must be given to your child prior to arrival at PDO. Please do not put any type of medication, vitamins, etc. in your child's sippy cup or drink container!!

## **Disciplinary Procedures**

The use of corporal punishment is prohibited. If a problem should arise disciplinary action will be taken in the following order:

- Child is redirected
- Child is given a warning
- Time-out for one minute per year of age
- Child is taken to the director
- Parent will be notified and a conference will be held with the director

\*Child's enrollment is at the discretion of the director.

## **Required Items**

Each child should have an appropriate change of clothes and backpack. All infants must bring their own diapers and formula. An Alabama State Blue Form is required before a child can be registered.

## **Snack/Lunch**

Parents are required to provide each child with an appropriate lunch and morning snack. PDO is not able to heat or refrigerate food (excluding premixed formula). Formula must be pre-measured and ready to mix with instructions. Please provide a drink for lunch and snack in a spill proof container. No carbonated beverages!!

## **Staff Qualifications**

All staff will be required to submit an application for a position. This will include, but is not limited to, references, experience and spiritual aspects of their life including personal testimony and church involvement.

## **Student to Teacher Ratios**

- 6 to 12 months- 1 teacher for every 5 students
- 12 months to 2 years- 1 teacher for every 9 student
- 2 years-1 teacher for every 9 students
- 3 years- 1 teacher for every 9 students
- 4 & 5 years- 1 teacher for every 10 students

## **Curriculum**

We utilize a curriculum that is a combination of beginning learning skills (colors, letters, etc.) and Christian beliefs. Religious teachings will include, but not limited to, Bible Stories, weekly Bible verse and daily prayer.

I have read all the above and agree to the policies and procedures of Calera Baptist Church Parent's Day Out Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_