

First Methodist Clinton Preschool and After-School Application for Child Care



Today's Date: _____

Proposed Start Date: _____

Child's Name: _____ Child's Birth Date: _____

Home Address: _____ City: _____ Zip: _____

Gender: Female _____ Male _____ School age only - School: _____ Grade: _____

Mother (or Legal Guardian)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Employment:

Occupation: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Father (or Legal Guardian)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Employment:

Occupation: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

*If parents are divorced, please provide document for custodial/visitation information (court documents).

Names/Ages of Siblings: _____

With Whom Does Child Live: _____

Preschool only: My child is completely toilet trained. THIS IS A PRESCHOOL REQUIREMENT.

Yes _____ No _____



Child's Name: _____ Child's Birth Date: _____

___ 1 year old ___ 2 year old ___ PK3 ___ PK4

Please mark the program for which you are enrolling:

Mother's Morning Out (1s: must be 1 before starting; 2s: must be 2 prior to September 1 of the school year) 8:30 am – 1:45 pm

- 2 Day Mother's Morning Out (Monday/Wednesday) \$200 per month August – May
- 2 Day Mother's Morning Out (Monday/Wednesday) \$200 per month Summer (June – July)
- 2 Day Mother's Morning Out (Tuesday/Thursday) \$200 per month August – May
- 2 Day Mother's Morning Out (Tuesday/Thursday) \$200 per month Summer (June – July)
- 4 Day Mother's Morning Out (Monday – Thursday) \$350 per month August – May
- 4 Day Mother's Morning Out (Monday – Thursday) \$350 per month Summer (June – July)
- 3 Day Mother's Morning Out (Monday/Wednesday/Friday) \$300 per month August – May
- 3 Day Mother's Morning Out (Monday/Wednesday/Friday) \$300 per month Summer (June/July)
- 3 Day Mother's Morning Out (Tuesday/Thursday/Friday) \$300 per month August – May
- 3 Day Mother's Morning Out (Tuesday/Thursday/Friday) \$300 per month Summer (June/July)
- 5 Day Mother's Morning Out (Monday – Friday 8:30 – 1:45) \$400 per month August - May
- 5 Day Mother's Morning Out (Monday – Friday 8:30 – 1:45) \$400 per month Summer (June/July)
- Full Time Care (Monday – Friday, 7:30 am – 5:30 pm) \$160 per week (\$5 sibling discount)

Preschool (PK3: must be 3 prior to September 1 of the school year; PK4: must be 4 prior to September 1 of the school year) *Children MUST be fully toilet trained*

- 3 Day Preschool (Tuesday – Thursday 8:15 am – 11:30 am) \$220 per month August - May
- 5 Day Preschool (Monday – Friday 8:15 am – 11:30 am) \$275 per month August - May
- 3 Day Preschool w/ playdays (Tuesday – Thursday 8:15 am – 1:45 pm) \$300 per month August - May
- 5 Day Preschool w/ playdays (Monday - Friday 8:15 am – 1:45 pm) \$400 per month August – May
- Playday Drop-In (11:30 am – 1:45 pm) \$12 per day August – May
- Preschool Summer Play Days (Please circle one option: Monday/Wednesday, or Tuesday/Thursday, or Monday – Thursday) 2 days: \$200 per month June and July; 4 days: \$350 per month June and July (summer times are 8:15 - 1:45)
- Full Time Care (Monday – Friday, 7:30 am – 5:30 pm) \$160 per week (\$5 sibling discount)

**December and March will be prorated due to them being short

Holiday/Drop-in Weeks

Clinton schools have changed their school calendar this year. This means that they will start earlier in the year and have two week breaks between the quarters. During these breaks MMO and Preschool will be closed. We will have full time children here and will also allow a limited number of drop-ins for families that need to work. We can also accommodate siblings of children already enrolled and former students during the break weeks. To drop-in during these breaks, you will need to sign up ahead of time. However, we will also send out reminders before each break. The cost will be \$35 per day (\$5 discount for additional children) or \$160 for the full week.

September 25th – September 29th

Children/Age: _____

October 2nd – October 6th

Children/Age: _____

**November 20th – 22nd
(Thanksgiving)**

Children/Age: _____

December 21st – 22nd

Children/Age: _____

December 27th – 29th

Children/Age: _____

January 3rd – 5th

Children/Age: _____

**February 19th
(President's Day)**

Children/Age: _____

March 11th – 15th

Children/Age: _____

March 18th – 22nd

Children/Age: _____

Emergency Card

Child's Name: _____

Birthdate: _____

Mother's Name: _____

Cell Number: _____

Mother's Employer: _____

Work Number: _____

Father's Name: _____

Cell Number: _____

Father's Employer: _____

Work Number: _____

First Person to Contact: _____

2) _____ Relationship: _____ Phone: _____

3) _____ Relationship: _____ Phone: _____

4) _____ Relationship: _____ Phone: _____

Physician to be called in case of emergency. Name: _____ Phone: _____

THE FOLLOWING PEOPLE CAN/CANNOT PICK UP MY CHILD AT ANY TIME:

(Do not list parents or emergency contacts from above unless they cannot pick up child)

Initial/Date	Can Pick Up:	Cannot Pick Up:	Initial/Date

Allergies/Critical Information: _____

In case of emergency, I authorize First Methodist Clinton Preschool and After-School to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel and hospital doctors and nurses.

Parent Signature: _____ **Date:** _____

Required Authorizations

Please initial

I agree to the payment policy of First Methodist Clinton Preschool and After-School and agree to pay in accordance with said policy. (Full payment of tuition regardless of attendance / paid two-week notice)

I have received a copy of the Parent Handbook (**online and/or hard copy**) and a copy of the Mississippi State Department of Health Regulation Summary for Parents (**part of this packet**). I have read both and understand the contents of each.

I understand that the morning snack served at First Methodist Clinton Preschool and After-School is a snack and not considered a breakfast.

I authorize First Methodist Clinton Preschool and After-School staff to apply and/or use non-prescription lotion, diaper cream/ointment, sunscreen (if provided by parent) or any other first aid treatment to my child in case of minor injuries (wound cleanser, antibiotic ointment, band-aids, etc.).

I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities for church promotional use, web site, newsletter, etc. (**If no, please state on separate page what is allowed.**)

I give permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities for the Facebook page, Facebook groups, or to share on the ProCare app. (**If no, please state on separate page what is allowed**)

In the event of an emergency evacuation of the building, First UMC Preschool and After-School has permission to transport my child to the evacuation site/sites listed in the handbook. I understand that all safety precautions will be taken.

I understand that a current 121 immunization form must be on file in the First UMC Preschool and After-School office for each of my children.

I understand that I must fill out a potty-training form when I am ready to have my child start potty training at MMO. I understand that my children must be fully potty trained to start any First UMC Preschool and After-School program other than MMO 1's and MMO 2's.

I give my permission for the child listed on this application to participate in regularly scheduled activities, playground, and field trips sponsored by First UMC Preschool and After-School. I understand that due to car seat requirements I will need to arrange transportation for my preschool child for all field trips. I understand that I will need to sign a permission slip for each field trip. If NO is marked my child will not be allowed to attend school during field trip time as class will not be onsite.

In consideration of my child being permitted to participate in regular activities and activities conducted by a third party (Soccer Shots, TOTS, Kids for Christ, field trip venues, etc.) while under the care and supervision of First UMC Preschool and After-School, I agree to indemnify and hold harmless First UMC Preschool and After-School and the respective staff of the center, from all claims in any way connected with the use of the facilities or participation in third party activities of my child.

Please initial

I agree to the discipline policy of First UMC Preschool and After-School and understand that misbehavior may result in my child being removed from the program.

I understand and agree that First UMC Preschool and After-School is a PRIVATE CHILDCARE FACILITY and has the authority and right to deny this application for any reason other than race, sex, religion, or national origin.

I understand that First UMC Preschool and After-School staff will NOT administer medication to my child and that I will need to make accommodations for administering medication if needed.

I authorize First UMC Preschool and After-School staff to obtain all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel, and hospital doctors and nurses.

I am aware that First UMC Preschool and After-School does not provide accident insurance for my child, as stated in the Parent Handbook.

I do hereby release, acquit, discharge, and covenant to hold blameless First UMC Preschool and After-School, First United Methodist Church, its' representatives, or any attending physician, from any and all actions, damages, and liabilities, arising out of treatment of any sickness or accidents incurred by my child while in attendance with First UMC Preschool and After-School. It is the intent of this release to hold blameless the First UMC Preschool and After-School and physician, of any medical need that may in their sole discretion, be needed by my child(ren) while with First UMC Preschool and Afterschool.

I authorize First UMC After-School to provide transportation for my school age child from school to the childcare facility. I also agree to a \$10 courtesy call fee if I fail to notify First UMC After-School that my child will not need to be picked up.

My signature indicates that I have read and initialed all the above authorizations and that I am a parent or legal guardian of the child listed on this enrollment form. I affirm that the answers given here are true to the best of my knowledge.

Signature: _____ **Date:** _____

Record to be updated and signed by parent if NO changes (once a year)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



First UMC Preschool and After-School Tuition Agreement

1. The \$75 application/registration fee is non-refundable. The supply fee is billed every September or within 30 days of enrollment.
2. The annual supply/activity fee is \$100. It can be paid in full in September, or in two \$50 installments – one in September and one in January.
3. There is no refund or reduced charges for days missed.
4. If you are late picking up your child there is a late fee of \$1 per minute late.
5. A two-week written notice must be submitted if withdrawing a child from the center. If a two-week notice is not provided, then you will be charged for that additional two weeks.
6. A draft form must be completed online and be on file for every child in attendance.
7. Tuition is due each month by the 10th for MMO and preschool children. Payment can be made by cash or check in the child's bag, or in the office prior to the 10th. If you indicate that you want your monthly tuition drafted it will be drafted on the 3rd of each month or the following Monday if the 3rd occurs on a weekend. If tuition has not been paid by the 10th, a \$20 late fee will be applied, and it will be drafted from the account on file.
8. Tuition for Full Time Care is due by the 3rd and the 18th of each month (or the following Monday if that date falls on a weekend). Tuition can be paid by cash or check at pick-up, put in your child's bag in a labeled envelope, or can be drafted monthly or bi-monthly. A \$20 late fee will be applied if tuition is paid after the 10th and the 25th.
9. Tuition may also be paid by credit card in the parent app. If tuition is paid this way, then a \$10 convenience fee will be added to the account.
10. If we receive notification from your bank that there are insufficient funds in your account to cover tuition, then a \$30 charge will be posted to your account.
11. If you are experiencing a family emergency and are unable to pay tuition by the due date, please speak to the office so that something can be worked out.

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

The *Regulations Governing Licensure of Child Care Facilities* requires that child care providers supply you with a summary of the Child Care Regulations that govern the licensure of child care facilities.

The Child Care Regulations are the rules and regulations that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled to access these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
- Buildings & Grounds
- Rights of Entry & Violations
- Health, Hygiene, Safety
- Facility Policies & Procedures
- Nutrition & Meals
- Personnel Requirements
- Discipline & Guidance
- Records
- Transportation
- Reports
- Diapering & Toileting
- Staff Requirements
- Swimming & Water Activities
- Program Activities
- Feeding of Infants & Toddlers
- Children with Special Needs
- Night Care
- School Age Care
- Summer Day Camp & School Age Programs
- Hourly Child Care
- Hearings, Emergency Suspensions, Legal Actions & Penalties
- Release of Information
- Rest Periods
- Equipment, Toys, Materials

APPENDICES

Appendix A – Child Abuse & Neglect Reporting

Appendix C – Nutritional Standards

Appendix E – Dishwashing Procedure

Appendix G – Diaper Changing Procedure

Appendix I – Communicable Disease/Conditions & Return of Child Care Guidelines

Appendix B – Reportable Diseases

Appendix D – Playground Safety Standards

Appendix F – Handwashing Procedure

Appendix H – Cleaning & Disinfection Procedure

A full copy of the Child Care Regulations should be located in the Director's office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at www.healthmys.com (from the left menu, select *Licensure*, then *Child Care & Youth Camps*.) You may direct your questions to your local licensing officials, or you may contact the Child Care Licensure office in Jackson at (601) 364-2827.

Should you have a complaint concerning a child care facility, contact your local licensing official

_____ at _____.