

Preschool and School Age Program Enrollment Application



Registration Fee: \$50 (non-refundable)

A copy of Birth Certificate, Shot Records/ Physical MUST be on file prior to first day of attendance.

Office Use Only:

Estimated Start Date: _____ Private Pay? _____ 4C funding? _____ Approx Copay:\$ _____

Preschool

_____ Penguins: 18 mo-2 years
Mondays (9am-1pm)

_____ Peacocks: 3- 4 years
Wed. / Fri. (9am-1pm)

_____ Owls: 4-5 years
Tues/Thurs (9am -1:30pm)

School Age Program

_____ Before School Only

_____ After School Only

_____ Before & After School

Circle days attending:

M T W Th F

Circle Transportation:

School Bus PDO Van (\$15 per month)

Summer programs

Preschool Summer Camp

Two 4-week sessions

_____ Tadpoles: 2-3 years (current Penguin class)
Monday & Wednesday (9:00am-1:00pm)

_____ Frogs 4-5 years (current Peacock & Owl classes)
Tuesday & Thursday (9:00 am – 1:30 pm)

Circle: Child will attend:

Session#: 1 Session#: 2

School Age Summer Program

Ten 1-week sessions

_____ Summer Camp (9:00am -4:00 pm)

Extended Care:

_____ (6:30-9:00am) _____ (4:00 -6:00pm)

Child will attend session#:

1 2 3 4 5 6 7 8 9 10

Child will attend on: (circle all that apply)

M T W Th F

Child's information:

Full Name of Child _____ Birth Date: _____ Sex: _____

Address: _____

Child lives with: ___ Both Parents ___ Father ___ Mother ___ Grandparents Other _____

Contact Information for Parent(s) or Guardian(s) enrolling the child:

Name: _____

Name: _____

Relation to Child: _____

Relation to Child: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Work Number: _____

Work Number: _____

TUITION AND FEE AGREEMENT

I have selected the following payment plan to pay my child's tuition:

(Circle One)

A. One payment per month due on or before the 1st of each month.

B. Two equal payments per month due on or before the 1st and 15th of each month.

I understand that there a non-refundable \$50.00 registration fee due at the time these documents are completed. This fee will serve to hold a space in class for my child.

Initials: _____

I understand that late tuition (paid beyond the due date) will result in a \$10 late fee plus a fee of \$1 per day for each day it is late.

Initials: _____

I understand that if I am late picking up my child (after the 5 minute grace), I will pay a \$1 per minute charge due that afternoon or the next day of attendance.

Initials: _____

I agree that when my child's enrollment at PDO Preschool is to end, I will give at least two weeks notification in writing to either my child's teacher or the Executive Director. Any lack of notice will result in charges accruing for the two weeks after my child ceases to attend. This is a matter of respect for the Center personnel, and for people who may be waiting for their child to be enrolled in the program.

Initials: _____

I understand there are no refunds for days absent from the program.

Initials: _____

Summer program tuition

Preschool camp tuition is due on the first day of each summer camp session.

School age camp tuition is due on the Thursdays for the following week of camp.

Medical Information:

Other allergies or conditions: _____

Name of Child's Physician: _____ Phone #: _____

Medical Issues or concerns: _____

Child's **food** allergies or conditions: _____

Other Allergies or conditions: _____

Physical "Special Considerations": _____

Social (family) or Emotional "Special Considerations": _____

Does your child take any special medication? If so, what is the prescription and when is it given?: _____

Permission Slip

I am aware that Marengo United Methodist Church/ Parent's Day Out Program is a childcare program that has Christian education undertones. I further understand that my child may appear in videotapes, photographs, audiotapes or other audio or visual reproductions by Parent's Day Out. These materials may be used for programs, protected internet sites or for promotion of the preschool. Below we ask that you check those paragraphs that reflect your wishes regarding the use of photos of your child, as well as other specific permissions regarding your child.

I give permission for my child's photograph to: (circle yes or no):

yes no be displayed in classroom for Star Student/ Class Projects, etc.

yes no appear in the newspaper with name

yes no be used in internal church related publications such as the Newsletter, Bulletin, Internal Posters, Bulletin Boards and displays

yes no be used in a Visual Media Display such as Power Point/ Video promoting the PDO program during church services

yes no appear on the church or PDO website

____ **Check here if Photos of my child may not be used for any purpose.**

GUEST SPEAKER/ HELPER/ PRESENTER PERMISSION

Marengo United Methodist Church/ Parent's Day Out Program strives to provide a safe environment for all children. Therefore, parental permission is required for children to participate in activities which involve outside (non-PDO staff) volunteers in the presentation of stories, crafts, demonstrations, etc. knowing that according to Safe Sanctuary, two adults: (PDO teachers/ aides) will be present at all times during the above mentioned presentations.

My child may participate with guest speakers: YES NO

CLASS INFORMATION LIST/ ROSTER

We may put together a class information sheet to be given to the class's parents for the purpose of birthday parties or other special events.

Please check below those items you give permission to be given to your child's classmates:

Child's Name: _____ Address: _____ Phone Number: _____ Email: _____

Parent Signature _____ Date _____

Emergency Policy/ Authorized Pick-up List

MUMC Parent's Day Out has permission to treat my child/children with basic first aid when needed. If there is an incident that requires more than basic first aid the following procedures will apply:

1. Paramedics will be called to the center by a staff member with the 911 procedure.
2. A parent/guardian will be called. If they cannot be reached, the emergency contacts will be called.
3. If contacts cannot be made, the child will be taken to the emergency room with a staff member. They will remain with the child until a contact arrives.
4. A call will be placed to the family physician.

*(Parents/ Guardians are first called in event of emergency and are automatically authorized to pick up child unless otherwise notified – **no need to add parent info here as it is on the front page**)*

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO
This person is authorized to pick up my child from PDO: YES NO

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO
This person is authorized to pick up my child from PDO: YES NO

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO
This person is authorized to pick up my child from PDO: YES NO

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Contact this person in an emergency in my absence YES NO
This person is authorized to pick up my child from PDO: YES NO

Please be sure authorized pick-up persons have a photo I.D.

Your child will not be released to anyone other than those listed here and circled that it is okay to pick up. If you need to have an individual who is not on the list pick up your child, please let the teacher know at drop off or call the church office with the pick-up person's information. Thank you.

Parent's Day Out Preschool Illness Policy

In the interest of maintaining your child's health, we are putting our illness policy in a format that you and the other parents in your child's class can review and acknowledge.

Illness is an inevitable fact of life for young children in a group care setting. To reduce the incidents of illness at our center, we must set some standards for attendance:

Standards for Illness Attendance:

- Children with a low fever (under 101) can be brought to school *unless* there is another symptom present that would indicate a potentially contagious condition i.e.; rash, lethargy, excessive irritability, vomiting, or diarrhea.
- A child who has been sent home with a fever over 101 may not return until they have been fever free (without medication) for 24 hours.
- Bringing a sick, medicated child to school is grounds for discharge from the program. Fever-reducing medications mask symptoms and encourage parents to bring a child to school that is still sick and contagious. This is primarily why children become sick in a group setting. A child who comes to school apparently healthy, then spikes a fever is always suspected of being medicated.
- Children with open cold-sores, impetigo, or hand, foot, and mouth disease cannot be brought to school until all blistering is healed over.
- Children with an unidentified rash cannot be brought to school until the rash is clear, or has been identified as non-contagious.
- Children should not be brought to school if they have vomited within the past 24 hours.
- Children should not be brought to school if they have experienced diarrhea without a recovering firm bowel movement.
- Children with a repetitive cough can be brought to school only if they have a written doctor note that they are not contagious. The school reserves the right to override a doctor's note if a child is coughing frequently and not mature enough to cover their cough.
- Children with chronically runny noses should be treated with over the counter medication to reduce discharge while at school. A child may be sent home due to a severely runny nose. A nose that runs green through the entire day should be treated by a doctor as this is a clear indication of infection.

More than all of these standards, parents must use their own good judgment. When your child is sick by your standards, please don't expose them to other children.

Thank you for your assistance in implementing this policy.

I have read the Illness Policy and understand it completely:

Adult's Name

Adult's Signature

Child's Name: _____

The following will help us become familiar with your child:

What does your child prefer to be called? _____

Family Members (live in the home):

Name: _____ Relationship to Child: _____ DOB: _____

Name: _____ Relationship to Child: _____ DOB: _____

Name: _____ Relationship to Child: _____ DOB: _____

Name: _____ Relationship to Child: _____ DOB: _____

Name: _____ Relationship to Child: _____ DOB: _____

Any other immediate family outside your home that your child is close to?

Pet(s): _____ Favorite toy(s) _____

Favorite program: _____ Favorite movie _____

Favorite food: _____ Favorite TV show: _____

Favorite book: _____ Favorite song: _____

Favorite animal: _____

What time does your child usually get up in the morning? _____

What time does your child usually go to bed at night? _____

How many hours of TV does your child usually watch per day? _____

Does your child own/play video games? If so, how often? _____

What other activities outside of school is your child involved/ interested in (dance, play groups, etc.)?

Does your child have their own room or do they share a room?: _____

If they share a room, who do they share it with? _____

Does your child usually prefer to play inside or outside?: _____

In what way is your child unique?: _____

Do you have any discipline concerns with your child? If so, please explain: _____

PRESCHOOL AGE ONLY:

Basic Academic Attributes:	Yes	Some	No
Does your child recognize numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognize letters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognize basic shapes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child recite the alphabet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child count items such as blocks?	<input type="checkbox"/>		<input type="checkbox"/>
Can your child count to twenty?	<input type="checkbox"/>		<input type="checkbox"/>
Can your child write their name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child potty trained?: _____

Will your child need a reminder or some help using the restroom?: _____

SCHOOL AGE ONLY – Before & After School

If your child will be riding the school bus to and from the Parent's Day Out School Age Program, please complete the form below.

SCHOOL DISTRICT TRANSPORTATION AGREEMENT

My child, _____, has my permission to be transported from (circle one that applies) Locust Elementary or Marengo Middle School to Marengo United Methodist Church for the Parent's Day Out School Age Program.

Signature of Parent/ Guardian _____ date _____ relationship to child _____

PDO Director's Signature _____ date _____

District #165 Representative's Signature _____ date _____

If your child needs the Parent's Day Out Program van to transport them to and/ or from school on days they attend the program, please complete the form below.

PDO VAN TRANSPORTATION AGREEMENT

My child, _____, has my permission to be transported from (circle one that applies) Locust Elementary or Marengo Middle School) to Marengo United Methodist Church for the Parent's Day Out Program on the Marengo United Methodist Church/ Parent's Day Out Program Passenger Van.

There is a \$15/ month family fee for transportation to and/ or from school. (This amount will be added to your monthly tuition rate).

Signature of Parent/ Guardian _____ date _____ relationship to child _____

PDO Director's Signature _____ date _____