Parent's Day Out SCHOOL AGED Programs Application **Registration Fee**: \$50 (non-refundable) Office Use Only: Copy of Birth Certificate, Shot Records and Estimated Start Date: _____ Private Pay? ____ Physical MUST be on file prior to first day of 4C-funding? _____ Approximate Co-pay?_____ attendance. Summer Camp 9:00 am − 4:00 pm Before School ONLY _____ After School ONLY Extended care: Before AND After School 6:30 am - 9:00 amand/ or $_{---}$ 4:00 pm - 6:00 pm Circle Days Attending M T W TH F Circle Days Attending Circle Transportation TH T W M F PDO Van (extra fee) School Bus Child's information: Full Name of Child______Birth Date:_____ Sex: _____ Address:_____ Both Parents Father Mother Grandparents Other Child lives with: **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:

Work Number:

Email: _____

Work Number:

TUITION AND FEE AGREEMENT**

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

(Please Circle either A or B)**

- 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 is a non-refundable \$50.00 registration fee due at the time these Initials: _____ 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 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 if my child's enrollment at PDO Preschool is to end prior to the scheduled school year ending date, I will give at least two weeks' notification in writing to the PDO Director. Any

lack of notice will result in charges accruing for the two weeks after my child ceases to attend

Initials: I understand there are no refund vacations or change in schedule ** Summer Camp tuition is paid weekly on Thu	e		
Medical	Information:		
Name of Child's Physician:	Phor	ne #:	
Medical Issues or concerns:			
Child's food allergies or conditions:			
Other Allergies or conditions:			
ALLERGY POLICY: If your child has a food or environmental allergy PDO will we to your child and the severity of the allergy. This will be done keep in mind that there are other programs running at both control the food that is brought in by these other programs to potential allergens.	ne at the time of enrollment h the church and childcare co	or at the onset of new enter locations. We d	w allergy. Please cannot possibly
Does your child take any special medication?	YES	NO	
If so, what is the prescription and when is it given	?:		
Does child carry an Epi-Pen?:	If yes, expla	in:	
Physical "Special Considerations":			
Social (family) or Emotional "Special Consideration	ons":		

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: (policy can also be found in the PDO Handbook)

HEALTH, ILLNESS & EXCLUSION POLICY:

Under no circumstances is a sick child to attend PDO. Children should be allowed to recover fully in the comfort of their own home. The other children in care are exposed to any disease your child may bring into the center. If you are unable to remain home with your child, it is your responsibility to make substitute childcare arrangements. Obviously, it is not possible to prevent the spread of all illness however minimizing exposure & providing good hygienic practices in the center & home are means by which we can limit the problem & the resulting inconvenience.

Accordingly, for the benefit of all involved, the following policies will be strictly enforced.

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.
- Children who begin an antibiotic may not return to school until they have been on the antibiotic for at least 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's 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 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.

It is the parent's responsibility to inform the director if their child has been diagnosed with a contagious illness so proper notifications can be made. Notice will be sent home to all students when they have been exposed to a contagious illness. For confidentiality reasons, the name of the child with the confirmed illness will not be released.

The following diseases will be reported to parents of all enrolled children in/out of attendance the reported day:

Parent's Day Out Preschool Illness Policy - continued

Chicken Pox (varicella), Conjunctivitis/Pink Eye, Head Lice, Influenza, Pin Worm (enterobiasis), Ring Worm (tinea dermotophytosis), Scabies (acariasis), Fifth Disease (human parvovirus), Rotovirus & Respiratory Syncytial Virus (RSV).

Common colds and allergies should not, unless causing the child to feel too uncomfortable, prohibit attendance. It is our policy to have conditions that encourage cleanliness and good health practices among both staff and children.

PDO employees will follow the same guidelines for exclusion as stated for children. All staff are to report illness to the director to ensure proper notifications can be made.

IF your child has the following:	They can return to PDO when:
Temperature of 100.4ºF orally, or 99.4ºF auxiliary, or	1. Free of fever for 24 hours without the aid of medication
higher.	
2. Temperature of 100.4ºF orally, 101.4ºF rectally or	2. a) Free of fever for 24 hours and b) Note is required from
99.4ºF auxiliary or higher, plus one of the following: a)	a physician or nurse practitioner stating that the child is not
severe cold with yellow-green nasal discharge b) cough	communicable.
c) sore throat d) sneezing e) swollen glands, or f) skin	
rash other than mild diaper rash.	
3. Red, watery or draining eye(s).	3. All discharge has ceased.
4. Drainage from the ear(s).	4. a) All drainage from the ear(s) has ceased, or b) Note is
	required from a physician or nurse practitioner stating that
	the child is not communicable.
5. Lice.	5. After treatment, free of lice and nits.
6. Skin lesions, i.e., impetigo, ringworm, and scabies.	6. a) Skin sores are healed, or b) Note is required from a
	physician or nurse practitioner stating that the child is not
	communicable.
7. Vomiting.	7. Free of upset stomach and vomiting for 24 hours.
8. Diarrhea (2 or more loose, watery stools per day).	8. Diarrhea free for 24 hours.
9. Fainting or seizures or general signs of listlessness,	9. a) Free of symptoms, or b) Note is required from a
weakness, drowsiness, flushed face, headache, or stiff	physician or nurse practitioner stating that the child is not
neck.	communicable.
10. Fever with any specific signs and symptoms of a	10. Free of fever for 24 hours.
communicable disease to which the child has been	
exposed.	
11. Any combination of symptoms for consecutive days	11. Free of symptoms.
of attendance.	

Beyond 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.

CONSENTS TO CHILD CARE PROVIDERS

	e of Ch		ardians placing t	he child in	PDO may sig	gn any or a	ll of the following	_ g consents:
	ed at the		eschool to secure	EMERGEN		are for my cl		t be immediately upon receipt of the
In the	case o	of a medic	al emergency, n	ny preferred	d doctor/clinic	c/hospital is	:	
			ool to take my chils will be under the	d on walking				ark facilities. I NO
Christ audio protec	ian edu tapes or cted inte	cation under other audiernet sites c		ot Church/Pa understand uctions by F the prescho	that my child r Parent's Day C ool. Below we	ut Program in ay appear out. These reask that yo	in videotapes, pho materials may be u check those pa	otographs, used for programs, ragraphs that reflect
l give	permi	ission for	my child's pho	tograph to	o: (circle yes	or no):		
yes	no	be displa	ayed in classroor	m for Star S	Student/ Clas	s 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					etin,		
yes	no be used in a Visual Media Display such as Power Point/ Video promoting the PDO program during church services							
yes	no	appear c	n the church or	PDO websi	ite			
		c	heck here if Ph	otos of m	y child may	not be use	ed for any purp	ose.
There staff)	fore, pa voluntee dults: (P	rental perners in the p PDO teache	nission is required resentation of sto ers/ aides) will be	t's Day Out I for children ries, crafts, c oresent at al	Program strive to participate demonstration I times during	es to provide in activities s, etc. know the above-r	e a safe environm which involve out ing that according	g to Safe Sanctuary
	My ch	ild may par	ticipate with gues	t speakers:	YES	NO		
			class information s	sheet to be g		ass's parent	s for the purpose	of birthday parties child's classmates:
Child	's Nam	e:	Address:	P	hone Numbe	r:	Email:	
Signa	ature of	Parent/G	uardian		date	relati	onship to child	

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 – <u>no need to add parent info here as it is on the front page</u>)

Name: Relationship to child:				
Home Phone #:	#:Cell #:		_Work #:	
Contact this person in an emerge This person is authorized to pick	•	YES YES		
Name:	_ Relationship to child	d:		
Home Phone #:	_Cell #:		_Work #:	
Contact this person in an emerge This person is authorized to pick	YES YES			
Name: Relationship to child:				
Home Phone #:	_Cell #:		_Work #:	
Contact this person in an emerge This person is authorized to pick	•	YES YES		
Name:	_ Relationship to child	d:		
Home Phone #:	Cell #:		_Work #:	
Contact this person in an emerge This person is authorized to pick	NO 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.

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 #165 TRANSPORTATION AGREEMENT

My child,		, has my permission
to be transported from (circle one that applies) United Methodist Church for the Parent's Day (-	· · · · · · · · · · · · · · · · · · ·
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 from school on days they attend the	ne program, plea	ase complete the form below.
My child,	or the Parent's Day Passenger Van. per extra child) for t	, has my permission Riley Elementary or Marengo Middle Out Program on the Marengo United
Signature of Parent/ Guardian	date	relationship to child
PDO Director's Signature	date	