

Parent's Day Out PRESCHOOL & SUPER STEMS Program Application

Registration Fee: _____ (non-refundable) OFFICE USE

Copy of Birth Certificate, Shot Records and Physical MUST be on file prior to first day of attendance.

Office Use Only:
Estimated Start Date: _____ Private Pay? _____
4C-funding? _____ Approximate Co-Pay? _____



_____ 2 Day/Week Option (Available 2020-21
School Year **ONLY**)
TBD (8:30am – 1:30pm)

_____ 3 Day/Week Option
Mon., Wed., & Fri. (8:30am-1:30pm)

_____ 5 Day/Week Option
Mon-Fri (8:30 am -1:30pm)

Must be the required age for the class by Sept. 1 of the current school year

All programs are for 3-5-year olds \$50 Reg. Fee

***Two 4-week sessions**
3-5 years \$240/Session
Monday - Thursday (9:00am-12:30pm)

Circle: Child will attend (circle one)
Session#: 1 Session#: 2

\$15 Registration Fee per Session

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:

(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.

Initials: _____ - I understand that there is 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

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 refunds for unplanned closed days (snow days), absences/ vacations or change in schedule.

**** Summer Camp enrollment is paid once at the beginning of each session or in two equal installments**

Medical Information:

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

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 work with the family to develop an individualized action plan specific to your child and the severity of the allergy. This will be done at the time of enrollment or at the onset of new allergy. Please keep in mind that there are other programs running at both the church and childcare center locations. We cannot possibly control the food that is brought in by these other programs but will do our best to ensure that your child has limited exposure to potential allergens.

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, explain: _____

Physical "Special Considerations": _____

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

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 dermatophytosis), 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 100.4°F orally, or 99.4°F auxiliary, or higher.	1. Free of fever for 24 hours without the aid of medication
2. Temperature of 100.4°F orally, 101.4°F rectally or 99.4°F auxiliary or higher, plus one of the following: a) severe cold with yellow-green nasal discharge b) cough c) sore throat d) sneezing e) swollen glands, or f) skin rash other than mild diaper rash.	2. a) Free of fever for 24 hours and b) Note is required from a physician or nurse practitioner stating that the child is not communicable.
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, weakness, drowsiness, flushed face, headache, or stiff neck.	9. a) Free of symptoms, or b) Note is required from a physician or nurse practitioner stating that the child is not communicable.
10. Fever with any specific signs and symptoms of a communicable disease to which the child has been exposed.	10. Free of fever for 24 hours.
11. Any combination of symptoms for consecutive days of attendance.	11. Free of symptoms.

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.

I have read the Illness Policy and understand it completely:

Parent/ Guardian Name & Signature

Child's Name

CONSENTS TO CHILD CARE PROVIDERS

Name of Child: _____

Parent(s) or Legal Guardians placing the child in PDO may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes PDO Preschool to secure EMERGENCY medical care for my child when I cannot be immediately reached at the time of the emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

In the case of a medical emergency, my preferred doctor/clinic/hospital is: _____

FIELD TRIPS

I authorize PDO Preschool to take my child on walking trips, special excursions, and to nearby park facilities. I understand all such trips will be under the supervision of PDO Preschool staff. YES NO

PHOTO USAGE

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

Signature of Parent/Guardian

Date

Relationship 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 – **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.