

# 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      \_\_\_\_\_ K5 - 5th Grade

**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 upcoming school year school year) 8:30 am – 1:45 pm**

- 2 Day Mother's Morning Out (Monday/Wednesday) \$180 per month August – May
- 2 Day Mother's Morning Out (Monday/Wednesday) \$180 per month June and July
- 2 Day Mother's Morning Out (Tuesday/Thursday) \$180 per month August – May
- 2 Day Mother's Morning Out (Tuesday/Thursday) \$180 per month June and July
- 4 Day Mother's Morning Out (Monday – Thursday) \$310 per month August – May
- 4 Day Mother's Morning Out (Monday – Thursday) \$310 per month June and July
- Mother's Morning Out (Friday) \$80 per month August – May
- Mother's Morning Out (Friday) \$80 per month June and July
- Extended Care (1:45 pm – 6:00 pm) \$150 per week (you do not pay MMO monthly tuition with this option) \$5 sibling discount

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

- 3 Day Preschool (Tuesday – Thursday 8:15 am – 11:30 am) \$185 per month August - May
- 5 Day Preschool (Monday – Friday 8:15 am – 11:30 am) \$210 per month August - May
- 3 Day Preschool w/ playdays (Tuesday – Thursday 8:15 am – 1:45 pm) \$270 per month August - May
- 5 Day Preschool w/ playdays (Tuesday – Thursday 8:15 am – 1:45 pm) \$350 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: \$180 per month June and July; 4 days: \$310 per month June and July
- Extended Care (1:45 pm – 6:00 pm) \$150 per week (you do not pay preschool monthly tuition with this option) \$5 sibling discount

**After-School Care (K5 through 5<sup>th</sup> grade)**

- After School Care (after school – 6:00 pm) \$80 per week per child (\$5 sibling discount)
- Summer Day Camp (7:30 am – 6:00 pm) \$150 per week per child (\$5 sibling discount)

## 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 it. (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 Afterschool 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 Afterschool 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 Afterschool. I understand that due to car seat requirements I will need to arrange for 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 Afterschool 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 fee is non-refundable. The supply fee is billed every September or within 30 days of enrollment.
2. There is no refund or reduced charges for days missed.
3. If you are late picking up your child there is a late fee of \$1 per minute late.
4. 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.
5. A draft form must be completed and be on file for every child in attendance.
6. Tuition is due each month by the 10<sup>th</sup> 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 10<sup>th</sup>. If you indicate that you want your monthly tuition drafted it will be drafted on the 3<sup>rd</sup> of each month or the following Monday if the 3<sup>rd</sup> occurs on a weekend. If tuition has not been paid by the 10<sup>th</sup> a \$20 late fee will be applied, and it will be drafted from the account on file.
7. Tuition for after school and extended care is due by the 3<sup>rd</sup> and the 18<sup>th</sup> 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 10<sup>th</sup> and the 25<sup>th</sup>.
8. 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.
9. 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.
10. 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](http://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 \_\_\_\_\_.