

Calvary Weekday Ministries
Summer 2019/School Year 2019-20
REGISTRATION PACKET

1. PLEASE COMPLETE ENROLLMENT FORMS
 - Enrollment Form **Must be completed with emergency addresses and phone number - signed**
 - Health Statement/ Statement from doctor - **signed**
 - Special Needs – **signed**
 - Discipline and guidance policy – **signed**
 - Medical History –**signed**
 - Parent Volunteer Orientation - **signed**
2. Copy of Birth Certificate from Health Department (not the hospital)
3. Copy of most current and accumulative Shot Record
4. Please pay registration make check payable to Calvary Weekday Ministries ***must be received at time of registration!!**

Thank you for choosing Calvary!!

Your child's spot will not be secured until registration packet is complete and registration fee is paid in full.

Enrollment Form

ALLERGY

Christine Meade School Director / Sydney Capodagli PDO Director

Child's Last Name _____ First Name _____ Middle Name _____

Age on Sept. 1 (2019) _____ Birthdate _____ Sex: M F

Enrollment Date 9/1/2019 School Year 2019-20

Address _____ Home Phone # _____

City, Zip _____ Parent Email address _____

Child is attending: **PDO**
9:00 – 2:45 Monday Tuesday Wednesday Thursday

Preschool (3) **Pre-K (4)** **Kindergarten**
9:00 -12:00 Monday Tuesday Wednesday Thursday Friday
12:00 – 2:45 Monday Tuesday Wednesday Thursday

Child lives with:

Father's name: _____ Mother's name: _____

Employed by: _____ Employed by: _____

Phone numbers where parents can be reached while child is in care:

Work _____ Work _____

Cell _____ Cell _____

Religious affiliation? _____ Church home? _____

List all children under the age of 21 living with the child:

Name _____ Birth date _____

Name _____ Birth date _____

Give the **NAME, ADDRESS AND PHONE NUMBER** of person to call in case of an emergency if parent/guardian cannot be reached.

Name Address Phone Relationship

I hereby authorize the childcare facility to allow my child to leave the childcare facility ONLY with the following persons.

Name and Phone Number

1. _____
Name phone

2. _____
Name phone

Parent signature _____ Date _____

Child's Medical History

*We will need a copy of your child's immunization record from your child's doctor.
We will be happy to make copies for you, if necessary.*

Authorization for Emergency Treatment

I hereby authorize Dr. _____ or any physician, surgeon, or dentist on call to administer any emergency treatment, procedure, or medicine necessary or advisable when church or Calvary Weekday Ministries personnel accompany _____ (child's name) to the emergency room. I also authorize church personnel to secure the use of an ambulance if necessary for transporting my child to the hospital. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force as long as my child participates in Calvary Baptist Weekday Ministries, unless notified of a change by me.

Date _____ Signed _____

Doctor's Address _____

Doctor's Phone Number _____

Preferred Hospital (please circle one)

| | |
|-------------|------------|
| UMC | Children's |
| 602 Indiana | Covenant |
| | 4000 24th |

Check all that apply:

- Field Trips:** I hereby _____ give _____ do not give – my consent for my child to be transported and supervised by Calvary Weekday Ministries' employees on field trips.
(not applicable to Parent's Day Out children)
- Playground:** I hereby _____ give _____ do not give – my consent for my child to play on the playground and gym equipment.
- Pictures:** I hereby _____ give _____ do not give – my consent for Calvary Weekday Ministries to take, display and use my child's picture for... **(circle all that apply)**

Educational purposes Calvary Baptist Church Website /Newsletter Weekday Facebook Page

- Water:** I hereby _____ give _____ do not give – my consent for my child to participate in water table/ sand table play, sprinkler play, splashing wading pools, and aquatic playground.

Receipt of Written Operational Policies:

I acknowledge receipt of the operational policies including those for discipline and guidance.

Signature of Parent/ Legal Guardian

Date

Health Statement Information

Dear Parents,

Please read the following items listed below and **indicate by check mark which applies to you currently**. We are required by law to have a record on file stating that your child has, will or did recently see a doctor and is in satisfactory health for participating in our Parents' Day Out, Preschool, Pre-K or Kindergarten Program. Within the first 3 months your child is here, we need to have the below Health Statement returned to us.

My child has recently seen a doctor that stated that my child is able to participate in Calvary's Weekday Program, and I will return the above Health Statement within the school year with the doctor's signature verifying his/her exam.

I will schedule an appointment for my child to be examined by his/her doctor to verify his/her health for participation in Calvary's Weekday Program. I will return the above Health Statement upon completion of our appointment within the 3 months of the school year.

It is against my religious affiliation for a physician to examine/treat my child, and a Health Statement will not be obtained from a physician. I have attached a signed and dated affidavit stating this.

Parent's Signature _____ Date _____

Name and Address of Child's Doctor: _____

Health Statement

I, Dr. _____ (doctor's name) have examined _____ (child's name)

and found them to be physically capable and in good health for participation in Calvary Weekday Ministries.

Date of Examination: _____ (most recent)

Doctor's Phone Number: _____

Doctor's Address: _____

Doctor's Signature: _____

****Please return top portion of form immediately for our files****
Detach the bottom portion for your next visit to your doctor, then return to us.

Statement of Child's Special Needs:

Child's name _____

Date of Birth _____

Allergies (Please fill out allergy action plan): Plan submitted:

If so, please explain. _____

All previous serious illness and injuries:

If so, please explain. _____

Hospitalized during the past 12 months:

If so, please explain. _____

Any medications prescribed for long term use

(any medications to be given at Calvary must have form filled out in office)

Anything that we might need to know about your child that would enable us to provide better care for your child:

_____ **date** _____
Parent Signature

Discipline and Guidance Policy for Calvary Weekday Ministries

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent

employee/caregiver

household member of child-care home

Parent Volunteer Orientation

The Texas Department of Protective and Regulatory Services requires that all volunteers working with children receive an orientation to the regulations and guidelines necessary in supervising children.

- Please stay in the group with a program teacher and do not leave the group with any children.
- Please show competency, good judgment, and self-control in working with children.
- Please relate to the children with courtesy, respect, acceptance, and patience.
- Volunteers are not allowed by law to abuse, neglect or sexually molest children.
- Volunteers are not allowed by law to be with the children if convicted of any of the following offences:
 - a. A felony or misdemeanor classified as an offence against the person or the family
 - b. A felony or misdemeanor classified as public indecency, or
 - c. A felony violation of any law intended to control possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.
- Please do not smoke, consume alcohol or use any other controlled substance in the children's presence or while participating in the programs activities.
- Please do not use your cell phone while volunteering time with the program.
- Please do not shake, bite, or hit any child (not even your own child) while participating with the programs activities.
- Please do not use profanity or abusive language in the children's presence or while participating in the programs activities.
- Please do not eat or drink anything that the children are not eating or drinking.
- Please do not allow your own child to purchase anything that the other children are not able to purchase.
- Please assist the teacher in handling any emergency that may occur.

Parents Signature _____

Date _____

WEEKDAY FAMILY DATA FORM

NEW or CHANGE

Circle one for form

CHILDREN

| CUST. NO. | LAST NAME | FIRST/MIDDLE | BIRTH DATE | SEX |
|------------------|------------------|---------------------|-------------------|------------|
| | | | / / | M F |
| | | | / / | M F |
| | | | / / | M F |

PARENTS

| | | |
|------------------|----------------------|-------------------|
| CUST. NO. | FATHER'S NAME | CELL PHONE |
| CUST. NO. | MOTHER'S NAME | CELL PHONE |

ADDRESS

| | |
|-------------------------|-------------------------|
| HOME ADDRESS | MAILING ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |

BILLING

| | | | |
|-----------------|------------------|---------------------|------------------------|
| BILL TO: | LAST NAME | FIRST/MIDDLE | CUSTOMER NUMBER |
|-----------------|------------------|---------------------|------------------------|

NOTES:

Calvary Baptist Weekday Ministries Fees Sheet

effective 6-1-2019

| Program | Choice of Days | Time | Monthly Tuition | Registration Fee (non-refundable) |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Parents' Day Out (6 months to 3 yrs.) | Mon./Wed. Tues./Thurs. | 9:00 – 2:45 | 2 days - \$155.00 | 2 days - \$80.00 4 days - \$145.00 |
| | | | 2 days – infant, 12-17 class, 18-24 class \$160 4 days - \$300.00 4 days – infant, 12-17 class, 18-24 class \$305 | |
| Preschool 3's/ Pre-K 4's (Must be 3/4 by Sept. 1 and fully potty trained prior to the beginning of school.) | Mon./Wed. Tues./Thurs. | 9:00 – 12:00 | 2 days - \$150.00 | 2 days - \$120.00 |
| | Mon./Wed./Fri. Tues./Thurs./Fri. | | 3 days - \$190.00 | 3 days - \$135.00 |
| | Mon. – Thur. Mon- Fri. | | 4 days - \$205.00 | 4 days - \$142.00 |
| | | | 5 days - \$220.00 | 5 days - \$150.00 |
| | | | | |
| Kindergarten (Must be 5 by Sept. 1) | Mon. – Fri. | 9:00 – 12:00 | \$245.00 | \$165.00 ** NON-REFUNDABLE |
| Extended Hours (Any child enrolled in Preschool, Pre-K or Kindergarten has the option to stay Mon. – Thurs., until 2:45.) | any day, Mon. – Thurs. | 12:00 - 2:45 | 1 day – a month / \$45 2 days - a month/ \$90 3 days - a month/ \$135 4 days - a month/ \$175 | \$45.00 |
| | Mon, Tues, Wed, Thur. | 8:30-3:30 | 1 day - \$15.00 | 3 days - \$45.00 |
| | Fri. Morning only | 8:30 only | 2 days – \$30.00 | 4 days - \$60.00 |
| | | | | |
| Summer (6 months – Kindergarten**) <i>Limited Space</i> | Tues./Thurs. (June only) | 9:00 – 2:45 | 6 months – 17 mos. PDO** - \$150.00 PDO, Preschool 3's, Pre-K, ~Kindergarten - \$145.00 ~Plus activity field trip fees | \$55.00 \$55.00 |
| | | | | |
| | | | | |

completed grade level prior to summer