



**ARK OF FRIENDSHIP
PARENT PACK**

**FARLEY STREET BAPTIST CHURCH
1116 BROWN STREET
WAXAHACHIE, TEXAS 75165
CHURCH OFFICE and
Fax 972-937-2416**

SENIOR PASTOR

BRO. RICHARD SMITH

**WEEKDAY EDUCATION
COMMITTEE**

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TABLE OF CONTENTS

Welcome and Purpose.....	1
General Program Information	1
Attendance and Fees	2
Bad Weather.....	3
Security	3
Drop Off and Pick Up Procedures	4
Medical Information	4
Medical Emergencies & Parental Notification	5
Discipline	5
Holidays and Parties	5
What to Bring.....	6
Supply List.....	6
Procedures for Changes	6
Abuse and Neglect Reporting	7
Accidents.....	7
Admission Requirements	7
Reporting Abuse-Keeping Children Safe.....	9-11
CLASSROOM SCHEDULES	12-15
ARK OF FRIENDSHIP REGISTRATION FORM.....	16
MEDICAL INFORMATION	17
ARK OF FRIENDSHIP PRESCHOOL.....	18
TEACHER INFORMATION	19

WELCOME AND PURPOSE

We want to welcome each one of you to Ark of Friendship Mother's Day Out program ("MDO"). It is our pleasure to spend time with your children. We love children and believe in family values and that we, as Christians, are responsible in helping our parents' guide their children in God's ways. We are a Bible-based ministry of Farley Street Baptist Church where we believe all moms need time away from the pressure and responsibilities of caring for children to refresh. All children need time to spend with other children where they can learn the basics of getting along with others by sharing and playing together and learning the skills needed to prepare them for school while in a safe, secure and loving environment. Our purpose is to serve these needs while pursuing the Great Commission.

GENERAL PROGRAM INFORMATION

Our teachers are Christians with membership and regular attendance in an affiliated church and are approved by FSBC staff. The hiring process includes a criminal background check. Our employees are required to earn 24 training hours and remain current with their CPR certification and First Aid.

Our Ark of Friendship program is a ministry of Farley Street Baptist Church. We function by the monthly tuition of the children enrolled. We use Bible-based curriculum with hands on, age-appropriate activities that promote developmental skills.

The following policies, goals, regulations and requirements are set by the Weekday Education Committee and the program director, following the minimum standards for childcare centers. You may view these standards at www.dfps.state.tx.us or make an appointment with the director.

Parents of a child enrolled in our program have the right to review all current inspections conducted by Texas DFPS, local fire department, health department and any other inspections required for the operation of the childcare center. These will be posted on the bulletin board. The local licensing telephone number is 972-937-5998 and is located at 208 YMCA Drive, Waxahachie, Texas 75165.

Class placement is determined by the child's age, the number of days the child will attend, and is at the discretion of the director.

Please complete the following forms and return them no later than the first day of school:

- 1. Enrollment Records & Teacher's Classroom Information Sheet**
- 2. Emergency Authorization / Handbook Acknowledgement**
- 3. Copy of Insurance Card & Immunization Record (copy from your doctor or clinic)**

ATTENDANCE AND FEES

A non-refundable registration fee of \$35.00 must be paid at the time of enrollment for Spring or Fall and a \$20.00 registration fee for Summer enrollment. Payments may be made by cash or check (made payable to **Farley Street Baptist Church**). We now except credit card, bank card or auto draft. Payments can be made online through my procare.com using your recorded email address.

Drop-In	\$21.00 due daily upon arrival
One day a week	\$75.00 per month
Two days a week.....	\$145.00 per month
Three days a week	\$221.00 per month
Four days a week	\$290.00 per month

If you need your child to come on a day that you have not signed up for that would be a drop-in day and there's a fee of \$21.00 due that day.
You must call ahead to make sure there is room that day.

Monthly tuitions are past due after the 10th of the month. You will be responsible for this amount each month unless changes are made in writing 30 days in advance. This helps to keep proper student/teacher ratio.

HOLLIDAYS: WE WILL FOLLOW THE SCHOOL CALENDAR FOR ALL HOLLIDAYS THAT FALL ON MONDAY THROUGH THURSDAY.

July 4th - when it falls on Mon., Tues., Wed. or Thurs.

Thanksgiving... 1 week

Christmas..... 2 weeks

Tuition covers this schedule, so Holidays will not be discounted further

Tuition is based on days open, discounted and divided into monthly payments. Therefore, full tuition is due regardless of holidays and absentees. Credit will not be given for any days missed due to weather, illness, etc. However, if your child is enrolled after the first week of the month, that month's tuition will be prorated. There is a 10% tuition discount given to additional children in the family enrolled for full time enrollment. **Monthly Tuition Fee** is due the first Monday of each month.

Late Fees

If the monthly payment has not been received by the 10th of the month, a late fee of \$10.00 will be charged, unless prior arrangements are made. Beginning the 11th day, an additional \$1.00 will be charged for each additional day until the payment is received. If payment has not been made

by the 15th of the month, your child will not be able to attend the MDO program until payment has been received.

If you are late picking up your child, there will be a \$5.00 charge after the first 5 minutes and one additional dollar for every minute after, to be paid when the child is picked up.

Returned Checks

There will be a \$30.00 charge for returned checks by your bank. A second returned check will require future payments to be made in cash.

Withdrawal from the program requires a 30-day written notification.

BAD WEATHER

Our schedule follows WISD schedule for bad weather. If there is a question of school being in session because of bad weather, please check local TV stations for information. If WISD is closed, consider us closed. **If WISD is delayed, we will be delayed also, starting 30 minutes after WISD.** During the day, while class is in session, we will call the parents if we feel it is too dangerous to remain open.

SECURITY

We will begin classes at 8:30AM and end at 2:30PM. Children should be in their class by 8:30 unless there is a doctor's appointment. Doors will be open at 8:15AM and lock at 9:00AM and remain locked until 2:15PM, for the safety of the children and staff. If you need to pick up your child before 2:15PM, please call the MDO office and we will have your child ready. All children will be checked in and out of our program with finger print ID or code. If someone other than the parent is picking up the child, their name must be on the pickup release list and a photo ID must be shown before release of the child to that person.

Parents are welcome to observe their child's class at any time. We do ask that you do so through the class window or from outside the door so the children's attention will not be taken from their activity to you. It is hard for a teacher to maintain control of the class with visitors in the class. Please check in at the church office so we may keep track of who is in the building. Any person interacting with children must have a background check on file with the center.

We do ask that you take special precautions in our infant rooms. Our staff is responsible for the infants enrolled in their class. It is the parent's responsibility to ensure the older children or siblings do not compromise the safety or health of the infants. Please do not allow your child to walk in the infant room, play or climb on infant toys, or pull the mobiles. Toys handled by older children must be washed and sanitized before given to an infant.

Children must always remain with an Ark of Friendship staff member.

We encourage you to bring your child as near 8:30AM as possible. Children who arrive later in the day will miss out on some of the planned activities.

Prolonged or hesitant goodbyes make it harder on the child. As a rule, the child settles down before you get out of the parking lot. Be assured that if your child does not calm down and causes concern, we will call you.

DROP OFF AND PICK UP PROCEDURES

The Mother's Day Out entrance is located in the back of the church under the drive through awning. The door will be set to automatically unlock at 8:15 and lock at 9:00. Then it will unlock at 2:15 and lock at 2:45. If you come at any time that the door is locked you will need to text Ms. Becky to let you in.

MEDICAL INFORMATION

All children are required to have an updated shot record as the health and well-being of your child is important to us. Please do not bring a sick child to the program. If a child shows any sign of illness, the parent will be contacted in order to keep a well-child environment.

It is required that a child have a vision and hearing test done by age 4 years. The program does not accept children with contagious diseases and will only administer medication clearly marked with the child's name and physician prescribed dosage.

If your child requires medication, you must sign a release form naming the medication and the time to be given. Only Tylenol or teething gel will be given without a printed doctor prescription and only with a parent permission form filled out completely. All medications must be left in the director's office. Medications should never be left with the child's belongings for any reason. The forms are available from the director. Parents are responsible for pick-up of medication from the office at the end of the day.

Prescription medication can only be given to the child whose name is on the container. If any medication is to be given to more than one child in the family the names must be on the container. If your child has a food allergy an allergy form must be filled out by child's doctor and displayed in caregiver's sight before any instruction can be followed. If a child with a severe food allergy is in your child's class and only attends one or two days a week we will send a note home in all the children's folders and post a note not permitting that food on the days that child is present. If a child with a severe food allergy attends 3 or 4 days a week then it will state that we are a _____ free zone. We wish to be fair while keeping our children safe.

Health inspections/illness

- Sickness – A child should not be admitted to class if he/she is sick.
 - Temperature over 99 degrees;
 - Signs of a cold, sore throat, cough, frequent sneezing, discharge from eyes and/or ears
 - Signs of an upset stomach, diarrhea, or an unidentified rash, or have had any of these symptoms in the last 24 hours.

- A well child check will be done each morning upon the child's arrival to MDO. According to State of Texas guidelines, if the child has a fever of 99 degrees F., an unexplained rash, pink eye or other symptoms of illness, the parent will be instructed to take the child home.
- If a child becomes sick during the day, he/she will be placed in the director's office and made comfortable until the parent can pick-up the child. The child is to be picked up within an hour. The child will not be permitted to return until he/she has been without symptoms or fever for 24 hours.

MEDICAL EMERGENCIES & PARENTAL NOTIFICATION

In case of medical emergency, we will make every effort to follow your directions regarding where to take your child for emergency care. In a 911 emergency, we will follow the protocol of the emergency personnel.

It is very important that we be able to reach you during the school day in case of an emergency regarding your child at our facility. Please be sure that your emergency notification form is up to date and that you sign-in and out completely each day.

DISCIPLINE

The first and primary step of discipline is redirection. Second is separation from the situation or other children. If this does not solve the problem, intervention will come from the director. If a severe or re-occurring problem exists, the parent will be notified. After 5 incidents in a month with no show of improvement, that child will no longer be permitted to attend until the habit is under control.

We reserve the right to remove any child from the program who consistently causes harm to himself or others, uses disturbing language or if fees/tuition have not been paid.

HOLIDAYS AND PARTIES

If you wish to share your child's birthday with his/her class by bringing a snack for snack time you are welcome to do so. We recommend fruit or cookies as they are easy for children to handle and are less messy. In order that each child receives a treat, let the teacher know ahead of time so they can let you know how many children will be there that day.

We will send a notice home with your child when parties are planned. As most party favors are not recommended for preschool children, we suggest your child help select a toy, book or puzzle to be given to the program for all the children to enjoy.

WHAT TO BRING

Infants – you need to bring their milk or formula and any food they will need for the day. Moms, you have the right to breastfeed your baby or send breast milk for your baby. We have a mother's room set-up for your privacy located across the hall from the one year old class. **Make sure all bottles and cups are clearly labeled with child's name.**

Children 12 months and up - you are responsible to bring them a nutritious meal and drink, with a no spill cup. We do not supply a nutritious meal for your child. **Please label all personal items with their First names and first initial of last name.** Please do not send carbonated drinks, red, purple or high sugar drinks. Please be sure all food is prepared in bite size pieces ready for your child to eat. We prefer candy not be included in your child's lunch. Please be cautious of sending foods that could be easily choked on such as whole grapes and wieners.

Children 12 months and up classes - need to bring a nap mat for rest time. Please bring a change of clothes (for all ages), and enough pull-ups or diapers for the day. Children potty training must be in pull-ups until they are able to go by themselves and tell the teacher they need to go. Nap mats are to be taken home weekly to be washed. We ask that you do not allow your child to bring toys from home, except for special event days when your child is asked to bring them. Small toys or toys with small parts are never allowed for safety reasons. However, a comfort item such as a teddy bear or blanket for nap time is acceptable.

SUPPLY LIST

Each child needs to bring the following supplies with them on the first day of preschool:

3 packages of baby wipes (sensitive/Hypo-allergenic)

2 boxes of Kleenex

1 roll of paper towels

Children in diapers/pull-ups may be asked to bring more wet wipes as needed

*Art and craft supplies will be supplied by MDO

PROCEDURES FOR CHANGES

If a change is made to the policies and procedures during the school year, each family will receive notice. It will need to be read, signed and returned for compliance.

Questions and concerns regarding policies and procedures should be addressed to the MDO Director or our Children's Director by scheduling a meeting with them. Any changes will be decided by our Weekday Education Committee.

ABUSE AND NEGLECT REPORTING

By law, any person having cause to believe a child's physical/mental health or welfare has been or may be adversely affected by abuse or neglect must report any such concerns to the Texas Department of Family and Protective Services at 1-800-252-5400 immediately. Employees are also to report such concerns to the director and make a written report of the suspected abuse. Any employee suspected of abuse, sexual or otherwise, will be immediately released of duty and reported as well.

ACCIDENTS

- Assess the severity of the accident. If it is severe (requires stitches, possible fracture or neck injury or any other injury that a physician should see immediately) call 911, the child's emergency file should be pulled, and the instructions followed. Notify the appropriate parent or guardian. Be sure to always fill out an accident report.
- For any emergency, the staff must not leave the child without supervision. They should alert another teacher and the director of the problem and then proceed with the proper steps.

Under the Texas Penal Code, any area within 1000 feet of a child-care center is a gang free zone, where criminal offenses related to organized criminal activity are subject to harsher penalty.

ADMISSION REQUIREMENTS

- **Enrollment forms containing:**
 - Child's name
 - Birth date
 - Home address
 - Telephone number
 - Date of admission
 - Name and address of each parent and telephone number at which parents can be reached
 - Names of persons to whom the child may be released (children will only be released to those listed)
 - A statement of the child's health, special needs, allergies, existing illness, etc.
 - Transportation permission
 - Water activity permission
 - Emergency medical authorization

- A record of the child's immunizations

Amber beads or necklaces of any kind worn by the child will be removed and placed in the bag upon arrival at Ark of Friendship Mother's Day Out.

Be sure to sign-up on myprocare.com where you can get information on your account, make payments on tuition express And also, our private Facebook page if you would like these options.

The following pages are included for your information from DFPS:

ATTENTION PARENTS

You are entitled to see the following information. You may ask the director to show you the most recent copy of:

- **The Minimum Standards for this Licensed Center (*also available on the web at www.dfps.state.tx.us or at your local Licensing office*),**
- **The most recent Department of Family and Protective Services Inspection / Investigation Report, (*compliance information is also available on the web at www.dfps.state.tx.us or from your local Licensing office*),**
- **Documentation of liability insurance that complies with Human Resources Code, Section 42.049,**
- **The most recent Fire Marshal's Inspection Report,**
- **The most recent Health Department's Sanitation Inspection Report,**
- **The most recent Gas Pipe Inspection Report, and**
- **The Licensed Center's operational policies.**



**Department of Family and Protective Services
Child Care Licensing Division**

Keeping Children Safe



Reporting Abuse and Neglect

Texas law requires caregivers to report suspected child abuse or neglect to the Texas Department of Family and Protective Services or law enforcement. Call **1-800-252-5400** to make confidential reports. Failure to report suspected abuse or neglect is a crime. Employers are prohibited from retaliating against caregivers who make reports in good faith.

Protecting Children

Shaken Baby Syndrome is the result of violently shaking young children. Injuries can include brain swelling and damage, subdural hemorrhaging, mental retardation and death. **NEVER SHAKE A BABY!**

Sudden Infant Death Syndrome, or SIDS, is the unexplained death of a sleeping baby. Always place infants to sleep on their backs on a firm surface, free from soft items such as quilts, pillows or toys.



Unsafe Children's Products

Recalls of unsafe consumer products, including children's products, are available. It is easy and free to find out. Just go to the United States Consumer Product Safety Commission web site at www.cpsc.gov or you may access the recall information at the Texas Department of Family and Protective Services web site at www.dfps.state.tx.us.

Keeping Children Healthy

Protect children from illness and disease:

- Wash your hands and children's hands often.
- Immunize children.
- Keep ill children at home.
- Learn CPR and First Aid.
- Make sure that children drink plenty of water.
- Discuss special-care needs with caregivers.
- Learn more about childhood diabetes, which impairs a body's ability to regulate blood sugar levels, and other medical conditions from your child's health-care provider.



Texas Department of Family and Protective Services
www.dfps.state.tx.us

* Texas Family Code, Title 5. The Parent-Child Relationship and the Suit Affecting the Parent-Child Relationship, Subtitle E. Protection of the Child, Chapter 261. Investigation of Report of Child Abuse or Neglect, Subchapter B. Report of Abuse or Neglect; Immunities

F2958-0000

INFORMATION ON REPORTING CHILD ABUSE

- **Child abuse and neglect are against the law in Texas, and so is failure to report it.***
- *If you suspect a child has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services or to a law enforcement agency.*
- You are required to make a report within 48 hours of the time you suspected the child has been or may be abused or neglected.

What is Abuse? Abuse is mental, emotional, physical, or sexual injury to a child or failure to prevent such injury to a child

What is Neglect? Neglect includes (1) failure to provide a child with food, clothing, shelter and/or medical care; and/or (2) leaving a child in a situation where the child is at risk of harm.

How do I make a report?

1. Call the abuse and neglect hotline at **1-800-252-5400**.
2. When you make a report, be specific. Tell exactly what happened and when. Be sure to record all injuries or incidents you have observed, including dates and time of day and keep this information secured.
3. Reports should be made as soon as possible but no later than 48 hours before bruises and marks start to fade. It is important for the investigators to be able to see the physical signs.
4. Give the agency person any information you have about the relationship between the child and the suspected abuser.
5. Please provide at least the following information in your report.
 - Name, age, and address of the child
 - Brief description of the child
 - Current injuries, medical problems, or behavioral problems
 - Parents names and names of siblings in the home

Will the person know I've reported him or her? Your report is confidential and is not subject to public release under the Open Records Act. The law provides for immunity from civil or criminal liability for innocent persons who report even unfounded suspicions, as long as your report is made in good faith. *Your identity is kept confidential.*

Finally, err on the side of caution. If you have reason to suspect child abuse, but are not positive, *make the report*. If you have any doubts about whether or not it is abuse, call the hotline. They can advise you if the signs you have observed are abuse.

* Failure to report is a Class B criminal offense, punishable by a \$2,000 fine and/or imprisonment for up to 180 days. Failure to report also could subject you to considerable monetary liability in a civil rights action.

CHILD ABUSE HOTLINE 1-800-252-5400

CLASSROOM SCHEDULES

Infants 2 mo. – Follow Parent given schedule	
Lions	
8:30 – 8:45	Arrival and play
8:45 – 9:00	Breakfast/ Snack
9:00 – 9:20	Diaper check
9:20 – 10:00	Nap time
10:00 – 10:20	Music, Story time & Sign language
10:20 – 10:50	Diaper check
10:50 – 11:10	Lunch time & Sign language
11:10 – 11:40	Outside time / Stroll
11:40 – 12:10	Diaper check
12:10 – 2:00	playtime
2:20 – 2:30	Diaper check/prepare bags for home

Giraffe	
8:30 – 8:45	Arrival / Puzzles & Blocks
8:45 – 9:00	Snack
9:00 – 9:20	Diaper Change / Hand Washing
9:20 – 9:40	Outside / Gym
9:40 – 9:50	Wash hands get a drink
9:50 – 10:10	Chapel/Bible Study
10:10 – 10:15	Letters & Numbers coloring
10:15 – 10:40	Language & Crafts
10:40 – 10:45	Wash Hands
10:45 -11:15	Lunch
11:15 – 11:30	Diaper Change/Hands Wash
11:30 – 2:00	Rest/Nap
2:00 – 2:15	Diaper Change/ Hands Wash
2:15 – 2:30	Dance & Movement

Bears	
8:30 – 8:45	Arrival / Snack
8:45 - 9:00	Snack
9:00 – 9:20	Alphabet/Numbers/Bible Lesson
9:20 – 9:40	Chapel
9:40 – 10:00	Restroom
10:00 – 10:20	Playground/Gym
10:20 – 10:40	Craft/Colors/Shapes
10:40 – 11:00	Restroom Break
11:00 – 11:20	Lunch
11:20 – 1:00	Rest Time
1:00 – 1:20	Restroom Break
1:20 – 1:40	Free Play
1:40 – 2:00	Take A Walk
2:00 – 2:30	Ready for Parents
Honeybees & Zebra	
8:30 – 8:45	Arrival / Free play
8:45 - 9:10	Snack & Potty Break
9:10 – 9:20	Bible Story/ Music
9:20 – 9:40	Colors, Numbers & Shapes
9:40 – 10:00	Writing Practice/Alphabet
10:00 – 10:20	Potty / Hand washing
10:20 – 10:40	Chapel
10:40 – 11:00	Playground/Gym
11:00 – 11:20	Crafts
11:20 – 11:50	Lunch
11:50 – 12:00	Potty Break/Wash Hands
12:00 – 2:00	Rest/ Nap
2:00 – 2:30	Potty Break/Handwashing / Prepare for Home

Theater	
8:30 – 9:00	Arrival/Snack
9:00 - 9:20	Bible Lesson
9:20 – 9:40	Restroom Break
9:40 – 10:00	Playground/Gym
10:00 - 10:20	Chapel
10:20 – 10:40	Writing/Alphabet
10:40 - 11:00	Numbers/Shapes
11:00 – 11:20	Lunch
11:20 – 11:40	Restroom Break
11:40 – 12:00	Craft/Colors
12:20 – 1:40	Rest Time
1:40 - 2:00	Restroom Break
2:00 – 2:30	Ready for Parents

School	
8:30 – 8:40	Arrival / Free Play
8:30 – 9:00	Snack
9:00 – 9:20	Bible Lesson
9:20 – 9:40	Writing/Alphabet
9:40 – 10:00	Restroom Break
10:00 – 10:20	Chapel
10:20 - 10:40	Playground/Gym
10:40 – 11:00	Numbers/Shapes
11:20 – 11:40	Lunch
11:40 – 12:00	Restroom Break
12:20 – 1:40	Rest Time
1:40 – 2:00	Restroom Break
2:00 – 2:30	Free Play/ Ready for Parents

Bakery & Train Station 1	
8:30 – 9:00	Free Play
9:00 – 9:15	Snack
9:15 – 9:20	Story Time/Circle Time
9:20 – 9:40	Gym/Outside
9:40 – 9:55	Restroom Break
9:55 – 10:05	Bible Story/SEI
10:05 – 10:10	Calendar/Day of Week/Weather
10:10 – 10:13	Brain Break
10:13 – 10:20	Letter/Word of the Week
10:20 - 10:40	Chapel
10:40 - 10:47	Number/Shape/Color(s) of the Week
10:47 - 11:05	Application: Worksheet/Activity Page/Game
11:05 – 11:20	Tabletop/Center Activities
11:20 - 11:45	Lunch
11:45 – 12:10	Class Restroom Break
12:10 – 12:30	Independent Reading/Clean Up
12:35 – 1:35	Rest
1:35 – 1:50	Wake-up/Pack-up
1:40 – 2:00	Restroom Break
2:00 – 2:30	Gym/Outside – Ready for Parents

Train Station 2	
8:30 – 9:00	Arrival / Playground or Gym
9:00 – 9:20	Restroom Break
9:20 – 9:40	Snack
9:40 – 10:00	Bible Lesson
10:00 – 10:20	Writing/Alphabet
10:20 - 10:40	Numbers/Shapes
10:40 – 11:00	Chapel
11:00 – 11:20	Restroom Break
11:40 – 12:00	Craft/Colors
12:20 – 1:20	Rest Time
1:20 – 2:00	Pack-up/Restroom Break
2:00 – 2:30	Free Play/ Ready for Parents

School	
8:30 – 8:40	Arrival / Free Play
8:30 – 9:00	Snack
9:00 – 9:20	Bible Lesson
9:20 – 9:40	Writing/Alphabet
9:40 – 10:00	Restroom Break
10:00 – 10:20	Chapel
10:20 - 10:40	Playground/Gym
10:40 – 11:00	Numbers/Shapes
11:20 – 11:40	Lunch
11:40 – 12:00	Restroom Break
12:20 – 1:40	Rest Time
1:40 – 2:00	Restroom Break
2:00 – 2:30	Free Play/ Ready for Parents



Farley Street Baptist Church
ARK OF FRIENDSHIP REGISTRATION FORM

Date _____ Admission Date _____ Withdrawal Date _____

Child's Full Name _____ Date of Birth _____

Home Address _____ City _____ Zip _____

Child's Home Telephone # _____

My child will be attending the following days:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

Note: Any future enrollment changes must be made with a 30 - day notice to control teacher student ratio and cost by filling out a new form.

Mother's Name _____ Cell Phone _____

Home Address (if different from child's) _____ Home Phone _____

Business Address _____ Business Phone _____

Occupation _____ DL# _____

Email _____

Father's Name _____ Cell Phone _____

Home Address (if different from child's) _____ Home Phone _____

Business Address _____ Business Phone _____

Occupation _____ DL# _____

Email _____

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

If parents are separated or divorced who has custody of the child? _____

Are there any restrictions regarding custody? _____

Church Affiliation:

Mother Attends _____ Member ☐ Yes ☐ No Active ☐ Yes ☐ No

Father Attends _____ Member ☐ Yes ☐ No Active ☐ Yes ☐ No

Name & age of brothers & sisters _____

Your child will be left with staff members and released only to the person or persons named by parent. Please list person(s) approved to pick up child other than parent. **Child will not be released to others without specific permission from parents. We are not allowed by law to give your child to anyone who is not listed on our records.**

Name _____ Relationship _____ Cell Phone # _____

Address _____

Name _____ Relationship _____ Cell Phone # _____

Name _____ Relationship _____ Cell Phone # _____

Name _____ Relationship _____ Cell Phone # _____

Other Instructions _____

MEDICAL INFORMATION

Child's Full Name _____ Date of Birth _____

Person to be contacted in an emergency if parents can't be reached: Parents should advise these people they may be called if needed.

Emergency Authorization

Child's Name _____ Date _____

Please list in order, the name and numbers of person(s) to be called in an emergency.

1. Name _____ Relationship _____ Phone # _____
Address _____

2. Name _____ Relationship _____ Phone # _____

3. Name _____ Relationship _____ Phone # _____

4. Name _____ Relationship _____ Phone # _____

Name of Physician _____ Phone # _____

Address _____

Name of Hospital _____ Phone # _____

Address _____

Allergies or information the hospital/clinic may need to be aware of before treatment:

I give consent for necessary emergency medical treatment when my child is in the care of this Physician or Hospital/Clinic.

Signature of Parent or Guardian

Date

Any distinguishing marks (i.e., birthmarks, scars, etc.)? Please describe location and shape of each distinguishing mark. _____

A Doctor's Signature is required for each child entering Ark of Friendship Preschool.

This child was given a complete physical examination. No disabling physical condition was discovered; and he/she was found to be free of infectious and contagious disease. This child is able to participate freely and without restrictions in group activities in day care, except for the following:

Restrictions or Special Care Needed:

Doctor's Signature _____ **Date** _____ **Phone #** _____

A copy of child's Immunization Record and insurance card should be attached to this sheet.

Parental Authorization for Medical Care

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize the Farley Street Baptist Church staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand this includes calling our Physician, implementing his/her instructions, and/or transporting my child to a hospital or clinic without first obtaining my consent. I will not hold the staff liable for any accident or injury to the child while in their care, provided it is not caused by the staff's negligence or willful acts.

Child's Full Name: _____

Child's Health Care Professional: _____

Address of Health Care Professional: _____

Phone Number: _____

A copy of your child's immunization must be up-to-date and on file at the center. Ark of Friendship will be letting you know 2 weeks before your child is due an immunization. It is understood that if the required immunization is not received by the due date, the child will not be allowed to attend care.

Please make sure one of the following three is done before child's first day.

1. **Health Care Professional's statement:** I have examined the above-named child within the past year and find that he/she is physically able to take part in the MDO program.

Name: _____ Phone # _____

Address: _____

Health Care Professional's Signature: _____

Date: _____ Any comments: _____

2. A signed and dated copy of a Health Care Professional's statement is attached.

3. **Parent's Statement:** My child has been examined within the past year by _____

Phone # _____ at the address of _____

My child is healthy to participate in the day care program activities. I will obtain a health professional's signed statement within the next three months and present it to the Center.

Parent's Signature

Date

It is required that a child have a vision and hearing test done by age 4 years. If your child has had either or both, please fill in this section or bring a copy when your child has had one.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

I give my permission for my child to participate in water activities such as:

☐ sprinklers

☐ splashing pools

☐ Water table play

These outside activities will require some parent's participation.

Parent or Guardian's Signature

Date

ARK OF FRIENDSHIP HANDBOOK ACKNOWLEDGEMENT

By my signature I acknowledge that I have received, read and agree to the policies and procedures stated in this handbook. I also understand that a desire to participate in classroom activities I must first complete Ark of Friendship Safety Policies & Procedures Manual.

Printed Name _____

Signature _____

Date _____

PAYMENT AGREEMENT

I have read and agree to the payment schedule lined out in the Mother's Day Out Handbook including Enrollment, Tuition, Late Fees, and Late Pick Up Fees.

Signature _____

Date: _____

I understand that photos and videos may be taken of the children at the school through the year. I give permission for photos and videos to be used for:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Internal. For example, identification purposes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parent Newsletters' school scrapbook and end - of - year take home scrapbook |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Website, brochures, or training material for other child care providers |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other parents for private use only. Photographer's child must be in the picture also. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Promotional use including print media, school/church Directory and church websites |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pictures and Videotape for documentation of achieved skill |

Parent or Guardian's Signature

Date

DISCIPLINE AND GUIDANCE POLICY for _____

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



ARK OF FRIENDSHIP PRESCHOOL

Dear Parents,

We are so delighted to have your child to be part of our Ark of Friendship Preschool. We are looking forward to getting to know your little one(s), teaching and caring for them. It is a joy to serve your family through this ministry. We want this new experience for your child to be an enjoyable one where they will be excited to come and play with their new friends and learn. To make the adjustment of nap time more restful for your child please fill out the information below.

Child's

Name

At what time is your child used to having lunch? _

Does he/she require a morning nap? ☐ Yes ☐ No Time _____ Length of nap _

What is his/her normal afternoon nap time? _____ How long is nap time? _

Does your child go to sleep with music? ☐ Yes, ☐ No

Does your child take a bottle to go to sleep? ☐ Yes ☐ No

Additional information _

Does your child need to be rocked to go to sleep? ☐ Yes ☐ No

Additional information _

0 Does your child prefer to just be laid in the crib and go to sleep on his/her own? ☐ YES ☐ NO

Does your child sleep on ☐ back ☐ stomach ☐ right side or ☐ left side?

Other _

TEACHER INFORMATION

Child's Full Name _____

Name or Nickname child prefers to be called _____

Child's Birthday _____

Mom's Name _____

Dad's Name _____

Step - Mom _____

Step - Dad _____

Brothers _____

Sisters _____

My Grandparents Names Are: (Nanny & Papa) _____

What do we look for and how do we need to respond to the allergy? _____

Any other medical conditions we need to know about in caring for your child? _____

Is your child potty trained? ☐ Yes ☐ No ☐ Training ☐ Not at this time

When your child is upset he likes his pacifier, blanket, to be held, etc.? _____

Of what things has your child shown fear? _____

Does your child attend Sunday school? ☐ Yes ☐ No

Is this your child's first separation from home? ☐ Yes ☐ No

Does your child make friends easily? ☐ Yes ☐ No

Does he/she prefer playing ☐ with others or ☐ playing alone

He/she enjoys playing with _____

His/Her favorite outside activity is _____

His/Her favorite song or music is _____

His/Her favorite snack is _____

Does your child get angry easily? ☐ Yes ☐ No Temper Tantrums? ☐ Yes ☐ No

Your normal response to a tantrum is _____

What method of discipline do you use at home? _____

INFANT INFORMATION

Child's Full Name _____ Date of Birth _____

My child uses a _____ bottle with a _____ flow nipple.

My child takes a _____ pacifier/thumb.

My child likes to be put to sleep by:

(Remember State Law requires all infants be put to sleep on their back.)

My child likes to:

Currently my child is wearing a _____ size diaper.

My child may have the following formula/infant food: _____

My child should be fed on this schedule and approximately these amounts: _____

I understand that it is my responsibility to update this form as needed. By the State of Texas Law, my child's teacher will have me update it at least monthly, even if nothing has changed.

Parent or Guardian's Signature

Date

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -- Street or P.O. Box	City	County	Zip
Telephone No. (include AIC)			

* If applicable.

1. Health

Does your child have any allergies?	LJ Yes	LJ No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	LJ Yes	LJ No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	LJ Yes	LJ No
Is your child taking any medication?	LJ Yes	LJ No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	LJ Yes	LJ No
Are there any side effects we should be alerted to?	LJ Yes	U No

2 Toileting mg:

Does your child need assistance with toileting?	LJ Yes	U No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	LJ Yes	U No
How does your child communicate his/her needs?	U Yes	LJ No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any routines that are particularly helpful at naptime?		

DIAGNOSED FOOD ALLERGY NOTIFICATION

If your child has food allergies, according to new State of Texas guidelines for daycare, please have your physician fill out the form below and sign.

MUST BE POSTED IN DAYCARE CLASSROOM.

Diagnosed food allergy:_____

(child's name)

Symptoms of allergic reaction to

food: _ _ _ _ _

How to Respond if Reaction

Occurs: _ _ _ _ _

PHYSICIAN'S SIGNATURE _ _ _ _ _

PARENT'S SIGNATURE _ _ _ _ _