

Mission statement:

*Parents' Day Out mission is to provide quality day care with an emphasis on teaching children about the love of God while providing flexibility for stay at home parents that contributes to a healthy home environment.*

Welcome to Parents' Day Out program for 2007-2008. We are excited about the opportunities the upcoming year will bring us. This program is designed for Parents' who wish to have their children involved in a fun, Christian environment with loving caregivers. This program is for children ages 2 to Pre-K.

This packet includes:

- Registration Forms
- Fees and monthly payments
- Calendar for the school year
- What to bring to Parents' Day Out
- Sickness Policy
- Immunization Policy

Please note that completed paperwork and payment of your registration fees are the only way to guarantee your child's spot in our program.

God's blessings to your family,

Brenda Story  
Children's Pastor

Holly Wenning  
Director of Parents' Day Out

## 2007-2008 Year Parents' Day Out Program

Christ Church is please to announce the 2007-2008 Parents' Day Out Program. You may choose to enroll your child for our three day program (Monday, Wednesday, & Friday) or our two day program (Tuesday & Thursday).

Program cost is as follows:

Registration Fees ( <i>non-refundable</i> )	\$51.00 for three days per week program \$34.00 for two days per week program
Monthly commitment	\$199.00 for three days per week program \$132.50 for two days per week program

Monthly payment is due between the 15th-19th of each month for August, September, October, November, December, January, February, March and April. The monthly payment has been calculated on the total program weeks, divided by the total program months. Please note that you will not receive an invoice for your monthly payment. It is your responsibility to get your payment turned in by the due date.

Please note that our hours are 9:00 a.m. to 2:00 p.m. We cannot accommodate early drop off. If you are late in picking up your child, the following fees are payable immediately to the child care worker.

If you pick up between:	Late Fee payable:
2:01 p.m. and 2:15 p.m.	\$10.00
2:16 p.m. and 2:30 p.m.	\$15.00
2:31 p.m. and 2:45 p.m.	\$20.00
2:46 p.m. and 3:00 p.m.	\$30.00

This program begins on Tuesday, August 13<sup>th</sup> and runs an entire school year, ending on May 23<sup>rd</sup>. We will follow Fayette County's school vacation calendar and snow-closings.

As this is a school year program, we require **two weeks advance written notice** to formally withdraw from our program and be released from your financial commitment.

Along with fun recreation, your child(ren) will participate in faith-building activities using music, crafts, storytelling and play. Parents' Day Out will have recreation time both indoor and outdoors (weather permitting). The church will provide a morning snack. Children are to bring a ready-to-eat lunch. Children are invited to bring toys and books that are related to the theme that week, or are needed for attachment/security reasons.

Christ Church 2007-2008 Parents' Day Out Program  
Registration and Financial Commitment form

\_\_\_\_\_ M/W/F program      \_\_\_\_\_ Tu/Th program

Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Home Address \_\_\_\_\_

Authorized persons to pick up your child:

Name	telephone	Driver's License # (required for each person)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency telephone numbers (9:00 am-2:00 pm)

Mom \_\_\_\_\_ cell \_\_\_\_\_

Dad \_\_\_\_\_ cell \_\_\_\_\_

Other \_\_\_\_\_ cell \_\_\_\_\_

*Things we should know about your child – ie – allergies, fears, special needs, interests, etc.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a current Commonwealth of Kentucky Immunization Certificate to this registration form.

\_\_\_\_\_ Immunization received

Release statement: Inconsideration of your accepting my child's registration for 2007-2008 Parents' Day Out, I hereby for my child, his/her representatives, guardians, heirs, executors, and administrators, waive and release forever any and all rights, claims and damages he/she may accrue against Christ Church representatives while participating in the 2007-2008 program. I give my child permission to participate in all activities and programs scheduled by the Parents' Day Out Program. I further accept that Parents' Day Out will utilize Christian Faith-based curriculum. (All curriculum plans are available for review upon request.)

\_\_\_\_\_ (initial)

**Financial Obligation:** Please read carefully:

*Registration fee is due at the time of registration and is non-refundable. Program costs are payable, monthly, one month in advance, beginning August 15<sup>th</sup>. Prior to withdrawal, a two week (14 day) written notice is required to avoid additional program cost liability.*

Signature \_\_\_\_\_

date \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ ck #

Monthly Program Fee \$ \_\_\_\_\_ ck#

Received by \_\_\_\_\_

Date \_\_\_\_\_

## **Parents' Day Out School Closing Calendar 2007-2008**

Please note that we will follow Fayette County Public School severe weather closing for Parents' Day Out. In the event that we close due to bad weather, a make up day will be announced.

Labor Day, Monday, September 3

Fall Break, Thursday-Friday, October 18-19

Election Day, Tuesday, November 6

Thanksgiving break, Wednesday, November 21 -Friday, November 23

Christmas break, Thursday, December 20 -Tuesday, January 1  
(will resume Wednesday, December 2)

Martin Luther King, Jr. Day, Monday, January 21

President's Day, Monday, February 18

Spring break, Monday, March 31 -Friday, April 4

Election Day, Tuesday, May 20

Last Day, Friday, May 23

(All of the above days off have been calculated into your Monthly Payment)

### **What to bring to Parents' Day Out**

Each day please send:

Ready-to-eat lunch  
Change of clothes  
Diapers and wipes, if needed  
Backpack

Please mark your child's name on each item that is brought to Parents' Day Out.

## Sickness Policy

An infectious disease is generally defined as any disease that is capable of being spread from one person to another person. Infectious disease signs and symptoms include, *but are not limited to*, the following:

- Temperature above 100.5 degrees
- Vomiting 2 or more times and/or diarrhea (increased number of stools compared to the child's normal pattern, with increased stool water and/or decreased form, i.e. not contained in diapers or toilet use)
- Any symptom of the usual childhood diseases
- Common cold – from onset through one week
- Sore throat
- Croup
- Any unexplained rash
- Any skin infection (open sores, boils, ring worm, impetigo, etc.)
- Pink eye and other eye infections
- Mouth sores accompanied by inability to control saliva
- Head lice

Parents' Day Out believes that it is in the best interest of every child to have children with an infectious disease to rest and heal at home. This is especially true if the disease results in a greater need for care than can be provided by the staff without compromising the health and safety of other children. It is the responsibility of the parents to ensure that any child with an infectious disease not return to Parents' Day Out until he/she are no longer contagious.

The following list of infectious diseases require written notification from a physician that the child is no longer contagious, to be submitted prior to the child returning to Parents' Day Out.

- Bacterial meningitis
- Hepatitis A , B and C
- Measles (rubeola)
- Parvovirus B19
- CMS
- Giardia
- Asian flu, infectious
- Meningococcal infections
- Mumps
- Pertussis
- Rubella
- Salmonella infections
- Shigella infections
- Tuberculosis
- HSV, stomatitis
- Campylobacter
- Cryptosporidium
- HIB infection

\_\_\_\_\_ (initial) acceptance of symptom free policy

## Immunization and Medication Policies

### ***Immunization policy***

We require a Commonwealth of Kentucky Immunization Certificate to be on file for each child that is enrolled at Parents' Day Out. All required immunizations must be up to date. Your certificate must be turned in no more than 2 weeks after their first day, or they will not be able to attend Parents' Day Out until the certificate is received by Parents' Day Out staff or director. For your convenience, your pediatrician's office may fax the certificate to us. Our fax number is 223-8893.

\_\_\_\_\_ **(initial) acceptance of immunization policy**

### ***Medication policy***

In order for Parents' Day Out personnel to administer any type of medicine to your child at Parents' Day Out, we must have on file a completed and signed form giving us permission to do so. The medicine must be sent to school with COMPLETE instructions and in its original container. This applies to over-the-counter medication as well as prescription. There is a section which your doctor must also complete and sign indicating to us that it is necessary for your child to receive this medicine during Parent's Day Out hours (9:00 a.m. to 2:00 p.m.)

**NO TELEPHONE PERMISSION WILL BE ACCEPTED.**

\_\_\_\_\_ **(initial) acceptance of medication policy**

**Christ Church – Parents’ Day Out  
Authorization to Administer Medication Form**

**For use by P.D.O. only:**

Date Received \_\_\_\_\_

Name of Student \_\_\_\_\_

DOB \_\_\_\_\_

Teacher \_\_\_\_\_

**To Be Completed by Parent/Guardian**

Date \_\_\_\_\_

I hereby request the personnel of Christ Church’s Parents’ Day Out Program to give medication to my child, \_\_\_\_\_. This medicine has been prescribed for my child by Dr. \_\_\_\_\_, whose address and telephone number are :

\_\_\_\_\_. I understand that his medication will be administered according to Parents’ Day Out policy.

I expressly waive any liability on behalf of Christ Church and Parents’ Day Out as a result of administration of this medication.

Parents Telephone numbers:

\_\_\_\_\_ (home)

\_\_\_\_\_ (work)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (emergency)

Signature of Parent/Guardian

\_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Program days \_\_\_\_\_

Student name \_\_\_\_\_ DOB \_\_\_\_\_

**To be completed by the physician or authorized prescriber:**

1. Name of Medication \_\_\_\_\_

2. Dosage \_\_\_\_\_

3. Time of Day \_\_\_\_\_

4. Reason for Medication \_\_\_\_\_

5. Form of Medication \_\_\_\_\_

\_\_\_Tablet/Capsule \_\_\_Liquid \_\_\_Injection \_\_\_Inhalant \_\_\_Nebulizer

\_\_\_Other \_\_\_\_\_

\_\_\_ if inhaler, patient has been trained in the proper use of the inhaler.

\_\_\_for episode or emergency only

6. Instructions (Please use terminology that non-medical personnel can understand.)

7. Reactions or Side Effects (Please list any potential reactions the child may have.)

8. Does the medication need to be refrigerated? \_\_\_yes \_\_\_no

This student is capable of self administering this medication: \_\_\_yes \_\_\_no

This student needs to carry this medication at all times during school hours

(9:00 a.m.-2:00 p.m.) \_\_\_yes \_\_\_no

Physician or Authorized Prescriber's signature

\_\_\_\_\_ (date)

