

FOR OFFICE USE ONLY

Amount Paid	Check # or Cash	Date Received	Payment For	Supply Fee Paid	Immunizations

CHILDREN'S CORNER ENROLLMENT

Summer Session and/or Fall and Spring Session Date _____

Child's Name	Birthday	Grade going into (5yrs & up) Potty trained Y or N (4yrs & down)	Mark the session(s) for which you are enrolling:	
			Summer ___	Fall/Spring ___
			Summer ___	Fall/Spring ___
			Summer ___	Fall/Spring ___
			Summer ___	Fall/Spring ___
			Summer ___	Fall/Spring ___

Parent 1 _____ Parent 2 _____
 Primary # _____ Secondary # _____ Primary # _____ Secondary # _____
 Email: _____ Email: _____
 ADDRESS _____ ADDRESS (If different) _____
 CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____
 Profession _____ Profession _____

Please initial one of the choices for Summer and/or Fall & Spring to confirm the days your child will be enrolled and your commitment to fees, tuition, and policies:

Summer:

_____ **Both days:** \$240 summer tuition /child. \$120 due by June 15, \$120 due by July 1. \$40 activity fee/child due upon enrollment.

_____ **Tuesdays or _____ Thursdays** \$120 summer tuition per child. \$60 due by June 15, \$60 due by July 1. \$40 activity fee per child due upon enrollment.

Fall & Spring:

_____ **Both days:** \$140 per month per child due by the 10th of each month. \$40 activity fee per child due in May for the Fall session and January for the Spring session or upon enrollment.

ENROLLMENT POLICY & STATEMENT OF NON-DISCRIMINATION: Children's Corner does not discriminate on the basis of race, color, sex, national and/or ethnic origin in the administration of enrollment or our policies and programs. All enrolled children are granted the same rights, privileges, programs and activities. We will take every opportunity to teach children regardless of the lifestyle or beliefs of their parents, family members and/or friends. Parents and families of children enrolled understand that we are a Christian ministry with an evangelical commitment to teach historic Christianity. All those who represent an enrolled child are asked to honor and respect our Christian standards while in the First Christian Church facility or participating in a Children's Corner event in the community.

Signature: _____ **Date:** _____

PERMISSION TO USE PICTURES Please initial next to each option below to show your consent. Leave blank if you do not consent.

- _____ I give Children's Corner permission to post pictures of my child(ren) in the classroom and in the hallways of Children's Corner.
- _____ My child's picture may be used in a slide show shown in the church's lobby on CC days and days that church is in session.
- _____ My child's picture may be posted on a Children's Corner's public Facebook Page.
- _____ My child's picture may appear on a slide during Sunday church service which will broadcast on FCC MWC public YouTube channel.

Children's Corner Policy Summary
PLEASE INITIAL that you understand and agree to the following:

_____ **Enrollment and Supply Fee:** Enrollment in Children's Corner is complete when all enrollment forms have been filled out and turned in along with a copy of an updated immunization record and the supply fee. Future enrollment fees cannot be applied if there is an outstanding balance for past tuition.

_____ **Tuition:** Tuition is calculated by dividing our cost by the number of months in session. Tuition is due by the 10th of each month. If your tuition is paid after the 10th of the month, you must include a late fee of \$10.00.

_____ **Missed Days:** Tuition covers the days your child is enrolled. The teachers of Children's Corner must be paid for every day of the session, therefore the program cannot issue refunds for days missed (vacation/illness).

_____ **Snow Days:** Children's Corner will be cancelled when Choctaw/Nicoma Park Public Schools are canceled due to poor road conditions or severe weather forecasts. \$10 will be subtracted from May's tuition for every canceled day that occurred throughout the school year. May's tuition will be announced in late April.

_____ **CANCELATION POLICY:** If Children's Corner is no longer needed, **tuition will be charged for two weeks following notification of withdrawal.** Notify the director A.S.A.P. (820-6706). No refund can be given if cancellation occurs under 2 weeks prior to the session starting. Fees and enrollment are not transferable to another child.

_____ **Changing from Both Days to One Day:** If you enroll in both days per week and decide to drop to one day per week, you must pay for both days for 2 weeks following notice that you are dropping a day.

_____ **Drop-Ins:** The \$20 Drop-In fee is due on the day of the Drop-In. If you are enrolled for one day per week, that day cannot be switched for the other without paying a drop-in fee of \$20/day. Drop-Ins must be pre-arranged with the director.

_____ **Arrival Time:** Our program begins at 9:00 a.m. We encourage you to bring your child as close to that time as possible. Our teachers are preparing for the day until that time and no child may be left in their room unattended. In napping rooms, children may not be dropped off after 10:00 a.m.

_____ **Dismissal Time:** Dismissal time is at 2:20. Please be prompt in picking up your child. You will be charged \$1 for every minute after 2:30 p.m. that your child remains in our care.

_____ **Security:** Because we care about your child and his or her safety, we ask that you inform us of any change in arrangements of persons picking up your child. Teachers will ask to see the i.d. of unfamiliar people picking up.

_____ **Dress:** Please dress your child in comfortable clothing that will allow for freedom of movement and creative (sometimes messy) play. We will be playing outside whenever possible so be sure to send your children with a warm coat on cold days and apply sunscreen before school when needed. Close-toed shoes and socks are required. (Notify the director if your child has sensory sensitivity to these clothing items.) Label coats and other items that may get mixed up in the classroom.

_____ **Illness:** If your child has (or has had within the last 24 hours) a fever, non-clear drainage, diarrhea, vomiting or rash, please do not bring him/her to Children's Corner. If illness occurs during the day you will be notified immediately. By working together we will be able to cut down or eliminate outbreaks of disease and infections in our program. Please be aware that we are not physicians. Using our own discretion we will always lean toward caution for the safety of the majority in our decisions about calling a parent.

_____ **Supplies:** Please send 1 can of Lysol spray, 1 large container of Lysol wipes, 1 container of Wet Ones brand for hand washing and 2 boxes of nut-free store bought snacks with your child the first week of each session.
*Please read the ingredient label before purchasing snacks for Children's Corner. Avoid anything that has nuts, may contain traces of nuts, or is made in a facility where nut products are also made.

_____ **Lunch:** Your child will need to bring his/her lunch and a clear drink in a non-spill cup. Finger foods are best for toddlers. Please prepare all foods at home in bite size pieces that are not a choking risk. Older children enjoy sandwiches, cheese, chips, fruit and special treats. Please use an ice pack if your child's lunch must stay cold. **Please remember we are an allergy friendly facility. Please pack your child food that is nut-free just in case they have a classmate with airborne allergy issues that could be life threatening. (Sun butter is a great substitution for Peanut butter!)**

_____ **Parent Handbooks:** The Parent Handbook contains all the Children's Corner Policies in depth. You may pick up a hard copy from the Children's Corner office or access it on the church's website, www.fccmwc.org.

Children's Corner & FCC, MWC Medical Release/Authorization and Permission

Child Name _____ Male ___ Female ___ Age ___ Birthdate ___/___/___
Child Name _____ Male ___ Female ___ Age ___ Birthdate ___/___/___
Child Name _____ Male ___ Female ___ Age ___ Birthdate ___/___/___

Parents _____

Family Physician _____ Phone _____

Address _____ City /State/Zip _____

Dentist _____ Phone _____

Address _____ City /State/Zip _____

_____ has been diagnosed with [ADD] [ADHD] [Autism] [Asthma] [Other _____]

_____ has been diagnosed with [ADD] [ADHD] [Autism] [Asthma] [Other _____]

_____ is presently taking _____ medication for _____

_____ is presently taking _____ medication for _____

_____ is allergic to (medications): _____

_____ is allergic to (medications): _____

Describe special needs, illness, medical problems or physical limitations (use separate sheet if needed) :

Medical Insurance Company _____ Policy No. _____

I hereby grant permission for my child(ren) to use the play equipment and participate in the activities of Children's Corner. I will leave phone numbers on the daily sign in sheet if I will not be available at the usual numbers. I hereby grant permission for the staff or sponsors of Children's Corner and/or First Christian Church to take whatever steps necessary to obtain emergency medical care if warranted. Some steps we will take are as follows:

1. Attempt to contact a parent or guardian.
2. Attempt to contact parent through any of the persons listed on emergency contact form.
3. Attempt to contact the child's physician.
4. If we cannot contact a parent, guardian or physician, we will do any or all of the following:
(a) Call another physician or paramedic, (b) Call an ambulance, (c) Have the child taken to the most convenient medical facility under the escort of a staff member or sponsor.
5. Any expenses incurred will be borne by the child's family.

In case of emergency, By my signature below, hereby give permission to a physician or other medical personnel selected by a representative of Children's Corner or First Christian Church (staff member or adult volunteer leader) to arrange for medical care and to give oral or written consent on my behalf for medical treatment. I also agree to be responsible for the expenses incurred for such medical costs. *Children's Corner includes Mom's Day Out and Summer Camp.

Parent's Name: _____ Date: _____

(Print)

Parent's Signature: _____

CHILD'S NAME:

1ST CHILD _____

2ND CHILD _____

3RD CHILD _____

EMERGENCY CONTACT INFORMATION:

If your child becomes ill or injured, list in order of call preference all persons, **including parents**, that you would like to be contacted.

Name	Primary Phone	Secondary Phone	Relationship to Child

PICK UP INFORMATION:

List all persons, **including parents**, that you give permission to pick your child up from Children's Corner. Only those listed here will be allowed to pick up your child and will be asked to show identification until our staff becomes familiar with them.

Name	Primary Phone	Secondary Phone	Relationship to Child

CUSTODY AGREEMENT: If Parents are divorced or separated, is there a custody agreement? _____

If yes, provide a copy for our records.

FOOD ALLERGY INFORMATION: List any food your child(ren) are allergic to and their reaction and treatment plan if they should come in contact with the allergen.

1ST CHILD _____

2ND CHILD _____

3RD CHILD _____