



South Shelby Baptist Church Kids' Day Out Program Registration Form

OFFICE USE ONLY:

Date Received: _____

Received By: _____

Complete a separate sheet for each child & return to church office with non-refundable registration fee in order to secure spot in KDO.

Registration Fee is \$35.00

Child's Name: _____ DOB: _____

Address: _____

Mother's Name: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Employer: _____

Instructions on how mother may be reached in case of emergency:

Father's Name: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Employer: _____

Instructions on how father may be reached in case of emergency:

Describe any special needs/allergies of your child

Are your child's bowel and bladder functions well under control?

___ Yes ___ No What words does he/she use for these functions?

OFFICE USE ONLY:

Payment Amount: \$_____ Type: ___ Cash ___ Check (#____) ___ Money Order

Date Received: _____ Received by: _____

Please describe your child:

Personality: _____

Strengths: _____

Fears: _____

How do we calm them?

Please choose one:

Crawlers __Tuesday - Thursday \$185/mo __Monday - Friday \$225/mo

Toddlers __Tuesday - Thursday \$185/mo __Monday - Friday \$225/mo

2K __Tuesday-Thursday \$185/mo __Monday-Friday \$225/mo

3K __Tuesday-Thursday \$175/mo __Monday-Friday \$215/mo

4K __Tuesday-Thursday \$175/mo __Monday-Friday \$215/mo

KDO Child Pick-up Authorization Form

All persons other than parents **must be listed below** and **present their driver's license or photo identification** before a child is released to them.

My child may be released to the following people:

Name (as appears on Driver's License): _____

Relationship to child: _____

Name child refers to this person: _____

Address: _____

Home Phone: _____ Cell #: _____

Name (as appears on Driver's License): _____

Relationship to child: _____

Name child refers to this person: _____

Address: _____

Home Phone: _____ Cell #: _____

Name (as appears on Driver's License): _____

Relationship to child: _____

Name child refers to this person: _____

Address: _____

Home Phone: _____ Cell #: _____

Name (as appears on Driver's License): _____

Relationship to child: _____

Name child refers to this person: _____

Address: _____

Home Phone: _____ Cell #: _____

The KDO director or administrator needs be notified **if someone other than a parent is picking up a child, preferably in writing. If phone call must be made, a parent needs call the church office and speak directly to the KDO director or KDO Assistant Director.*

Tuition:

Tuition is due on the fifth day of the month *before* and no later than the 15th day of the month before (example: August tuition is due on July 5th, no later than July 15th). There will be a \$10.00 late fee assessed if payment is not received by the 15th day of the month. *There will be a \$35 fee assessed on any returned checks.

*There will be a \$5.00 discount for each additional child within the same immediate family. *Rates are subject to change at any time.*

Registration Fee:

\$35.00 non-refundable registration fee must be paid with return of this registration form.

Mission Statement

Our goal at South Shelby Baptist Church Kids' Day Out Ministry is to provide a loving and safe Christian environment that fosters the spiritual, mental, and physical growth of your children. We strive to create a nurturing atmosphere that minister to your child's individual needs.

Enrollment and Fees

- We will accept children ages 6 months to 5 years old.
- Our normal operating hours: Monday-Friday 8:30 a.m. to 12:00 p.m.
- Extended hours are available for additional fees. Times and fees listed below.
- A one time, non-refundable registration fee of \$35.00 is required with completed registration form in order to secure a place for your child. This is on a first come, first serve basis.
- In the event that your child is absent the parent is still responsible for the agreed upon monthly tuition.
- If it is necessary to withdraw or reduce the number of days for your child, please submit a 2 week notice in writing by the 15th of that month.
- All children must have an Alabama State immunization form with updated shot record presented along with copy of Birth Certificate upon registration to be placed on file.

Early Bird: \$2.00/day or

\$20/month for 3 day classes and \$30/month for 5 day classes.

Children needing to be dropped off before 8:20am may enroll in our Early Bird Program. This will be from 7:15am - 8:30am, Monday - Friday for an additional \$2.00 per day or \$30 per month.

Lunch Bunch: \$14.00/day or

\$150/month for 3 day classes or \$240/month for 5 day classes

Children needing extended care may enroll in our Lunch Bunch program. This will be from 12:00-3:30pm, Monday - Friday for an additional \$14.00 per day. This may be paid for on the day of or in advance for the week or month.

Children staying for Lunch Bunch will need:

- Lunch with drink
- Nap mat with blanket/pillow if desired (naps are **not** required)

Policies and Procedures

Our operating hours are from 8:30 am to 12:00 pm on Monday through Friday with a three or five day options. KDO is aligned with the Shelby County School System calendar (i.e. holidays, weather closings etc...). KDO will also be cancelled if there is an event at the church that will interfere with school hours (i.e. funeral, etc.). There will not be a make-up day for these cancellations.

Our drop off begins at 8:20am, any earlier and you will be charged the Early Bird fee. Our pick up begins at 11:55am and will end at 12:10pm. Any child not picked up by 12:10pm, he/she will be placed in Lunch Bunch and Lunch Bunch fee will be assessed.

Every child will need to be signed in upon arrival and signed out at the end of the day. Parents are responsible for walking children into the lobby, a teacher will receive your child at that point and walk them to class. NEVER leave your child if a teacher is not present. Only authorized persons will be permitted to pickup a child. If someone other than a parent will be picking up a child they must be listed on the pick-up authorization form and show a valid driver's license to the KDO Director or Administrator.

Prior notice should be given to KDO Director. Please be aware that **either parent** will be allowed to pick up a child, unless a Court Order restricting a parent from doing so is on file.

Health Policies and Procedures

The health of every child in our program is a priority. Any child with the following symptoms will **not** be allowed to attend:

- Unexplained Rash
- Fever of 100.5 or higher
- Chronic Cough
- Vomiting and Diarrhea
- Green or yellow runny nose (will allow with doctor's note stating child is not contagious)
- Hand, Foot, and Mouth disease must be symptom-free to return to school and all blisters must be completely dried up.

If your child develops any of these symptoms while at KDO a parent will be notified and arrangements will be made for pickup. Children should be symptom free for 24 hours before returning to KDO. This policy will be strictly enforced.

No medication, prescription or non prescription will be given. All medications must be given to your child prior to arrival at KDO. Please do not put any type of medication, vitamins, etc. in your child's sippy cup or drink container!!

Disciplinary Procedures

The use of corporal punishment is prohibited. If a problem should arise disciplinary action will be taken in the following order:

- Child is redirected.
- Child is given a warning.
- Time-out for one minute per year of age.
- Child is taken to the director.
- Parent will be notified and a conference will be held with the director.

Required Items for Enrollment:

Each child should have an appropriate change of clothes, backpack and insulated lunch box. All children must bring their own diapers and/or pull-ups. An Alabama State Blue Form and copy of Child's Birth Certificate is required before a child can be registered.

Snack Time/Lunch Time

Parents are required to provide each child with an appropriate snack each day and an adequate lunch if staying for Lunch Bunch. KDO is not able to heat or refrigerate food. Please provide a drink for snack and a separate drink for lunch in a spill proof container. No carbonated beverages!!

Holidays

SSBC KDO will be closed for July 4th, Labor Day, Thanksgiving week, and two weeks at Christmas, Spring Break (follows Shelby County Schools). Please refer to KDO Calendar for specific dates.

Closings for Inclement Weather

SSBC KDO will follow Shelby County Schools Inclement Weather closures.

Staff Qualifications

All staff will be required to submit an application for a position. This will include, but is not limited to, references, experience and spiritual aspects of their life including personal testimony and church involvement. All employees will require a background check, Ministry Safe Training and negative TB test. Staff will also be expected to participate in on going Professional Development through out the year as scheduled by the director.

Child to Teacher Ratios

- 6 months to 12 months - 1 teacher for 6 every students
- 13 months to 24 months - 1 teacher for every 8 students
- 2 years - 1 teacher for every 9 students
- 3 years - 1 teacher for every 12 students
- 4 to 5 years - 1 teacher for every 14 students

Curriculum

We utilize a curriculum that is a combination of beginning learning skills (colors, letters, etc.) and Christian beliefs. Religious teachings will include, but not limited to, Bible Stories, monthly Bible verses and daily prayer.



South Shelby Baptist Church
Kids' Day Out Program (KDO)



Parental Agreement with Policies and Procedures

I have read all the above and agree to the policies and procedures of South Shelby Baptist Church Kids' Day Out Program.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date



**South Shelby Baptist Church
Kids' Day Out Program (KDO)**



Emergency Medical Treatment

I give permission for this child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for all emergency medical expenses incurred.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Notary Public

Date

Notary Seal