

February 15, 2010

Dear Parents:

Thank you for your interest in Snyder Child Care Center. We look forward to partnering with you in helping your child grow as Jesus grew – “in wisdom and stature, and in favor with God and men” (Luke 2:52).

Attached, you will find the following information and forms:

- 2010-2011 Fee Schedule
- Child’s Application for Enrollment
- Child’s Medical Form and Immunization Report
- One Time Permission for Travel and Transportation
- Discipline and Behavior Management Policy
- Parent Agreement
- Signature Form for **ALL** Permission Forms and Policies

The registration fee must accompany all applications or we will not be able to process the application. All forms must be filled in entirely for you application process to be considered complete.

Again, thank you for your interest. Please call if you have any questions or concerns.

Sincerely,

Glynnis Newkirk, MBA
Director

2010-2011 Fee Schedule

Tuition at Snyder Child Care Center is **due on the first day of each month and becomes past due after the tenth.** We will assess a fifteen-dollar late fee to each account paid after the tenth, which will be due at the time of payment. **Child care services will cease once the account becomes thirty days delinquent.**

Registration Fees:

Summer:

A non-refundable registration fee of \$45.00 is required for the application process to begin.

Fall:

A non-refundable registration fee of \$85.00 is required for the application process to begin.

Summer Activity Fees:

A non-refundable summer activity fee of \$45.00 is required for summer activities.

Monthly tuition is as follows:

Two Year Olds	Tues-Thu	9:00AM-12:00 Noon	145.00
Two Year Olds	Mon-Wed-Fri	9:00 AM-12:00 Noon	186.00
Three Year Olds	Tues-Thu	9:00 AM-12:00 Noon	123.00
Three Year Olds	Mon-Wed-Fri	9:00 AM-12:00 Noon	174.00
Four Year Olds	Mon through Fri	9:00AM-12:00 Noon	256.00
Kindergarten	Mon through Fri	9:00AM-12:00 Noon	272.00
Full Day Care			
Two Year Olds	Mon through Fri	7:30 AM-6:00 PM	583.00
Three Year Olds	Mon through Fri	7:30 AM-6:00 PM	577.00
Four Year Olds	Mon through Fri	7:30 AM-6:00 PM	577.00
Five Year Olds	Mon through Fri	7:30 AM-6:00 PM	577.00
After School	Mon through Fri	2:00 PM-6:00 PM	240.00

*Full day services are available when children enrolled in the Afterschool program do not attend their primary school. There is an additional charge of \$22.00 per day for this service.

*Lunch Bunch is offered from 12:00 pm to 2:00 pm at the cost of \$5.00 per hour.

Late Pick Up Fees

A charge of \$15.00 will accrue every 30 minutes that a child is left past the closing time of 6:00 p.m. if the child is enrolled in the Full Care Program. A charge of \$15.00 will accrue every 30 minutes that a child is left past the closing time of 2:00 pm if the child is enrolled in the Lunch Bunch Program. A "Fees Due" note will be placed in the child's cubby to remind you to pay the \$15.00 charge. The clock in the Snyder Child Care front office will be used as the "official" clock.

Application Date _____
Date of Enrollment _____

CHILD'S APPLICATION FOR CHILD CARE
To be completed and placed on file prior to enrollment

Name of Child _____ Birth Date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Email Address _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Email Address _____ Cell Phone _____

Insurance Carrier _____ Policy# _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___

Explain:

Please give any information concerning your child which will be helpful in his experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Name of child's dentist: _____ Office Phone _____

Address _____

Hospital preference: _____ Phone _____

If neither father nor mother (nor guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)

Class Enrollment (Check One)

Morning Only Classes:

2 year/Tuesday - Thursday _____

2 year/Monday – Wednesday - Friday _____

3 year/Tuesday - Thursday _____

3 year/Monday – Wednesday - Friday _____

4 year/Monday thru Friday _____

Kindergarten Morning Only _____

Full Care Classes:

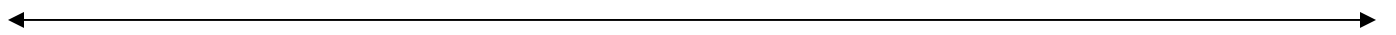
2 year____ 3 year____ 4 year ____ Kindergarten Full Care _____

Kindergarten After School Care. _____

Name of Public School _____

Children enrolled in the Full Care Three-Year-Old classes may not begin until fully potty trained.

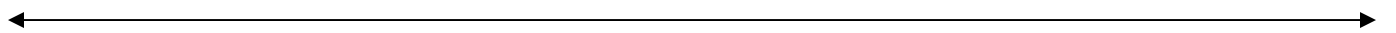
Children enrolled in the Full Care Two Year Old classes may not begin until they have reached their second birthday.



Since Snyder Child Care is a ministry of Snyder Memorial Baptist Church, we would like to encourage you to visit with us if you don't have a church home. Please check one or more of the following boxes:

- Yes! I'm interested in receiving more information about Snyder Memorial Baptist Church.
 - I would like someone to visit me.
 - I would like someone to call me.
 - Please mail the information to me.

No, thank you.



Office Use Only:

Date of Enrollment _____ **Class Assignment** _____

Posted to Computer _____

- Medical Form**
- Travel Authorization**
- Shot Record**
- Discipline/Behavior Policy**
- Parent Agreement**
- Copy to Emergency Book**

CHILDREN'S MEDICAL REPORT

Name of Child _____ Date of Birth _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History (may be completed by parent)

1. Is child allergic to anything? No _____ Yes _____ If yes, what? _____

2. Is child currently under a doctor's care? No _____ Yes _____ If yes, for what reason?

3. Is the child on any continuous medication? No _____ Yes _____ If yes, what? _____

4. Any previous hospitalizations or operations? No _____ Yes _____ If yes, when and for
what? _____
5. Any history of significant previous diseases or recurrent illnesses? No _____ Yes _____
Diabetes? No ___ Yes ___ Convulsions? No ___ Yes ___ Heart Trouble? No ___ Yes ___
If others, what/when? _____
6. Does the child have any physical disabilities? No _____ Yes _____ If yes, please describe.

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR Standards for EPSDT program.

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____

Ext _____ Skin _____ Neurological System _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal _____ Abnormal _____

Should activities be limited? No _____ Yes _____ If yes, explain: _____

Any other recommendations: _____

Date of Examination: _____

Signature of authorized examiner/title _____ Phone # _____

TRAVEL AND ACTIVITY AUTHORIZATION

ONE TIME PERMISSION FOR ALL GIVEN ACTIVITIES

I, _____, parent/guardian of
Name of parent/guardian

_____ give my permission to
Name of child

Snyder Child Care Center for my child to participate in any field trips away from the facility and give permission for my child to be transported by vehicles owned by **Snyder Memorial Baptist Church**. I understand **Snyder Child Care Center** will use appropriate child restraint devices and will abide by all the safety rules in Rule .1000 of the North Carolina Division of Child Development requirements when my child is transported in a vehicle. **Snyder Child Care Center**, through my child's teacher, will notify me each time my child is to participate in an activity that involves transportation.

If **Snyder Child Care Center** has planned, supervised activities outside the fenced area of the facility,

_____ I will allow my child to play outside the fenced area

_____ I will not allow my child to play outside the fenced area.

Signature of Parent/Guardian

Date

Date of Enrollment _____

This authorization is valid from June 1, 2010 to Termination of Child Care.

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, Snyder Child Care Center will practice the following discipline and behavior management policy:

We:

- DO praise, reward, and encourage the children
- DO reason with and set limits for the children
- DO model appropriate behavior for the children
- DO modify the classroom environment to attempt to prevent problems before they occur
- DO listen to the children
- DO provide alternatives for inappropriate behavior to the children
- DO provide the children with natural and logical consequences of their behaviors
- DO treat the children as people and respect their needs, desires, and feelings
- DO ignore minor misbehaviors
- DO explain things to children on their level
- DO use short supervised periods of "Time Out" as described on next page
- DO stay consistent in our behavior management program

We:

- DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children
- DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children
- DO NOT punish or shame the children when bathroom accidents occur
- DO NOT deny food or rest as punishment
- DO NOT relate discipline to eating, sleeping, or resting
- DO NOT leave the children alone, unattended, or without supervision
- DO NOT place children in locked rooms, closets, or boxes as punishment
- DO NOT allow discipline of children by children
- DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups

I, the undersigned parent/guardian of _____

Child's full name

do hereby state that have I read and received a copy of Snyder Child Care Center's Discipline and Behavior Management Policy (page 4 of the Parent Handbook) and that the Director or Administrative Assistant has discussed the Discipline and Behavior Management Policy with me.

Signature of Parent/Guardian

Date

Signature of Child Care Rep

Date

Date of Child's Enrollment: _____

TIME OUT

Time out is the removal of a child for a short period of time, approximately three to five minutes, from a situation in which the child is misbehaving and has not responded to other discipline techniques. The time out space, usually a chair, is located away from classroom activity but within the teacher's sight. During time out, the child has a chance to think about the misbehavior that led to his/her removal from the group. After a brief interval of no more than five minutes, the teacher will discuss the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

Parent Copy

Adapted from original prepared by Elizabeth Wilson, Catawba Valley Technical College

PARENT AGREEMENT

Child's Name _____

Parent's Name _____

I have read the Snyder Child Care Center Handbook and understand the policies, procedures, and regulations of the Center.

I agree to:

- Pay no later than the tenth of each month or add the \$15.00 late fee. I understand that if my account goes more than thirty days in arrears, child care services will cease and I will remain liable for the past due amount.
- Keep the Director or Administrative Assistant informed about any changes in address, phone number, job location, etc. to keep my child's records accurate.
- Pick up my child by 6:00 p.m. or pay a \$15.00 late pick up fee (Full Care enrollment) per every 30 minutes that my child remains in care.
- Pick up my child by 2:00 p.m. or pay a \$15.00 late pick up fee (Lunch Bunch) per every 30 minutes that my child remains in care.
- Put my child's name in clothing that will be removed such as coats, sweaters, hats, gloves, and extra clothing as well as lunch boxes brought for Lunch Bunch.
- Keep my child at home when ill and come as soon as possible to pick up my child if called to do so.

Parent Signature

Date

**Snyder Child Care Center
Parent's Signature Form**

Facility Name: Snyder Child Care Center

Please complete the following information, initial each statement, and sign below.

Child Name: _____

Child's Birthday: _____ **Child's Date of Enrollment:** _____

Parent's Name (please print your name here): _____

Summary of NC Child Care Law

I have received a copy of the summary of NC Child Care Law. INITIALS _____

Travel and Activity Authorization

I give permission to Snyder Child Care Center for my child to participate in field trips in the Center Buses away from the center as long as I am notified in writing and in advance. I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in the center vehicles. If Snyder Child Care Center has planned, supervised activities outside the fenced area of the facility,

_____ I will allow my child to play outside the fenced area

_____ I will not allow my child to play outside the fenced area.

INITIALS _____

Discipline and Behavior Management Policy

I have read and received a copy of the facility's Discipline and Behavior Management Policy. This also includes a copy of the center's Time Out Policy. The Director or Admin Assistant has reviewed the policies with me. INITIALS _____

Parent Handbook

I have read and received a copy of the facility's operational policies (parent handbook). The Director or Admin Assistant has reviewed the policies with me. INITIALS _____

Parent Agreement

I have read and received a copy of the facility's parent agreement. The Director or Admin Assistant has reviewed the policies with me and I will abide by the terms in the agreement. INITIALS _____

Parent's Signature: _____

Date: _____

Director or Admin Signature: _____

Date: _____

This authorization is valid from June 1, 2010 to Termination of Child Care.