



February 14, 2011

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:

- 2011-2012 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

## 2011-2012 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 \$50.00 is required for the application process to begin.

Fall:

A non-refundable registration fee of \$90.00 is required for the application process to begin.

### Summer Activity Fees:

A non-refundable summer activity fee of \$50.00 is required for summer activities.

Monthly tuition is as follows:

Two Year Olds	Mon-Wed-Fri	9:00 AM-12:00 Noon	191.00
Two Year Olds	Tues-Thu	9:00 AM-12:00 Noon	150.00
Three Year Olds	Mon-Wed-Fri	9:00 AM-12:00 Noon	179.00
Three Year Olds	Tues-Thu	9:00 AM-12:00 Noon	128.00
Four Year Olds	Mon through Fri	9:00 AM-12:00 Noon	261.00
Kindergarten	Mon through Fri	9:00 AM-12:00 Noon	277.00
Full Day Care			
Two Year Olds	Mon through Fri	7:00 AM-6:00 PM	588.00
Three Year Olds	Mon through Fri	7:00 AM-6:00 PM	582.00
Four Year Olds	Mon through Fri	7:00 AM-6:00 PM	582.00
Five Year Olds	Mon through Fri	7:00 AM-6:00 PM	582.00
After School	Mon through Fri	2:00 PM-6:00 PM	245.00

\*Full day services are available when children enrolled in the After School Program do not attend their primary school. There is an additional charge of \$27.00 per day for this service.

\*After School Program children that are released early from school will be assessed a charge of \$5.00 per hour 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.

\*A charge of \$2.00 will be assessed for children receiving a hot lunch provided by the Center.

### 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.

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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.

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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.

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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.**