TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST DAY OF ATTENDANDCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Mother’s Day Out

Enrollment Agreement

2019 - 2020

NAME OF CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHILD’S AGE&D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_   
I agree to enroll my child in the First United Methodist Church’s Mother’s Day Out Program. I understand that the hours of operation are from 8:30 am – 2:30 pm on Tuesday and Thursday. Half-days will be from 8:30 am – 12:30 am.

I agree to pay all fees and charges for services regardless of my child’s attendance. Payments are due the first of every month; payments will be considered late after the 10th of the month. If payments are not received by the last day of the month your child’s spot will be given to a family on the wait list. We accept the following payment methods: Cash, Check, and Online through fumcclovis.net. If you choose to utilize our online payment method you must add an additional $**4.00** to cover processing fees for each payment.

The program will begin Tuesday, August 20th and end on Thursday, May 14th. We will follow the Clovis School calendar for holidays, and any other closings. I also understand that any change in the fee schedule will require the completion of a new agreement.

**Late fees will be charged at the rate of $1.75 per minute per child** for children **picked up after 2:30 pm**. When withdrawing my child from the program, I will give a **two week** notice to the Director or pay two weeks minimum fees. A $50.00 supply fee will be invoiced on the August invoice.

**Snacks**

The program will provide a daily balanced snack. If your child has a ***severe*** allergy to foods please notify the director for special accommodations, and or exemption. The infant room will be required to provide their own snacks.

**In order to reserve a spot in the Mother’s Day Out Program, there is a $35.00 non-refundable registration fee per child.**

MONTHLY FEES FOR THE TUESDAY **AND/OR** THURSDAY SCHEDULE:

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Age | Schedule | Tuition: 1 Day Per Week | Tuition: 2 Days Per Week |
| 9 - 15 months | 1/2 day **ONLY** (8:30 - 11:30) | $65.00 per month | $115.00 per month |
| 15 - 24 months | 1/2 day (8:30 - 11:30) | $65.00 per month | $115.00 per month |
|  | 1 day (8:30 - 2:30) | $95.00 per month | $175.00 per month |
| 24 - 36 months | 1/2 day (8:30 - 11:30) | $65.00 per month | $115.00 per month |
|  | 1 day (8:30 - 2:30) | $95.00 per month | $175.00 per month |
| 3 yrs & 4 yrs | 1/2 day (8:30 - 11:30) | $65.00 per month | $115.00 per month |
|  | 1 day (8:30 - 2:30) | $95.00 per month | $175.00 per month |

**Please initial and circle the desired and/or option**

\_\_\_\_\_\_\_\_ I agree to pay the fees for ½ day Tuesday **AND/OR** 1.2 day Thursday schedule(s) as stated

above.

\_\_\_\_\_\_\_\_\_\_ I agree to pay the fees for Tuesday **AND/OR** Thursday schedule as stated above.

**August will be billed as a full month and no payment will be due in May. December will be prorated as follows:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1- ½ day** | **1 – Full day** | **2 – ½ days** | **2 – Full days** |
| December | 41.25 | 75.00 | 71.25 | 131.25 |

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, the Director will attempt to call persons listed for emergency contact. I give my permission for the Director or other personnel designated by the Director the right to request emergency service immediately and/or emergency transportation for my child**

**I will NOT hold First United Methodist Church responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child’s physician, and other persons listed for emergency contact.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for our staff to give any kind of medication, we need signed permission from parent and written directions about when and how much medication to administer. Please secure the proper form which needs to be signed by the doctor, when leaving medication for your child. **ALL CHILDRENS’ MEDICATIONS MUST BE LABELED AND BROUGHT IN ITS ORIGINAL CONTAINER, WHICH SHALL INCLUDE THE NAME OF THE CHILD, DOSAGE, AND THE HOURS WHEN THE MEDICATION SHOULD BE GIVEN.**

New Mexico Licensing requires parents to acknowledge daily, any sunscreen ointment or other over-the-counter medications given to your child. Your signature when you sign your child out is your acknowledgement that you are aware of any medications that were given or applied.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCIPLINE:**

Means training that teaches one to obey rules and control one’s behavior. It is an ongoing process with children and for maximum learning to occur, immediate and consistent reinforcement is important. We encourage self-control and responsibility for one’s own actions. Respect for each other, self, peers, and authority is taught with love and consistency. However, there are occasions when a child creates a situation which infringes upon the rights of the other children and the provider. The child **needs** to know that you, as a parent, support us as the authority while the child is in our care.

|  |  |
| --- | --- |
| Discipline Policy:   1. Redirection 2. Child asked about the rule that has been broken 3. Time out 4. Taken to the Director 5. Incident report (parent signature) 6. Conference with parents | Examples of behavior that will **not** be tolerated are:   1. Fighting or touching others in inappropriate ways 2. Profanity and name calling 3. Destructive acts against FUMC property 4. Lack of respect for staff and peers 5. Deliberate disobedience 6. Throwing playground covering, rocks or dirt 7. Continued disruption 8. Harming other children |

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that First United Methodist Church MDO Program has a late fee policy. This policy will only affect me if, I pick up my child after 12:30 am/ 2:30 pm**. I understand late fees will be charged at the rate of $1.75 per minute per child.**

**I agree to honor the enrollment for the 2018-2019 MDO Program. When withdrawing my child from the program, I will give a two week notice to the Director.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **give/do not give** the First United Methodist Church permission to use my child’s picture for FUMC Mother’s Day Out uses. The intended use of the pictures is to virtually display the activities of FUMC Mother’s Day Out to enrolled families, and church members. Pictures will not be captioned with children’s names.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MDO POLICY AND HANDBOOK AGREEMENT**

I have digitally read, and understand the First UMC Child Care Program Policies Handbook for Mother’s Day Out. The Handbook can be accessed on fumcclovis.net under the childcare ministries tab. I have read the policy statement and I agree to abide by the FUMC Child Care Program Policies Handbook for Mother’s Day Out. I understand that it is my responsibility to notify the First United Methodist Church if my child is ill and will not be in attendance.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We welcome our parents anytime to participate in our programs and be a part of our activities. We know communication is **Everything** between teacher and parent. We will make ourselves available to parents who would like to drop-in or need to have a conference with the teachers or Mother’s Day Out Director. We ask that if you have a question or concern please bring it to us. We can’t solve a problem if we don’t know about it. We can be reached at (575) 763-8969, or by e-mail at childcare@fumcclovis.net. Your comments are always welcomed. **Please respect us enough to talk to the Director rather than to others about a complaint or problem you may have. Taking to any form of social media to “bash” the school or any employee will be grounds for expulsion.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ALL AREAS OF THIS FORM MUST BE FILLED OUT. DO NOT LEAVE ANYTHING BLANK.***

**Child Admission Form**

**First United Methodist Church - Mother’s Day Out**

**1501 Sycamore St., Clovis, NM. 88101 - 575.763.8969**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Day of Attendance Last Day of Attendance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: Last, First, MI. Birth Date Sex: ❐ Male ❐ Female

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Street Address City State Zip

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name Place of Business Business/Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name Place of Business Business/Cell Phone

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❐ None

Allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❐ None

Significant Medical Information or Special Needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I give permission for Emergency**

Physician Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical: Transportation:** ❐Yes ❐ NO

Hospital Phone **Treatment:** ❐Yes ❐ No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name two (2) Local Emergency Contacts (other than parents or guardians):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

**At the end of the day or during any day my child may be released to the person or persons that have legal custody or the following persons:**

**1.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: Date

Revised 8/19

***…If any of the following fields are not applicable please leave blank…***

**Something that helps calm my child when they are sad or upset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**People who are special to my child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Pets, Toys, or Hobbies my child enjoys**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Child Is Allergic to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**My child is currently taking these following medications. If the FUMC staff will be administering certain medications during the day please fill out a “Request for Administration of Medications” We are only permitted to give prescribed medications if they are in their original container with prescription intact:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any behaviors and special techniques that we need to know for your child. As a staff we want to strive to create a healthy environment for every child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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