

MOTHER'S DAY OUT 2021-2022 REGISTRATION CHECKLIST

Registration for the MDO 2021-2022 school year is here! You will need to have the following items completed, and compiled to register your child. Pre-registration will open to the public on Tuesday, April 13th at 8 am. If you have any question during the registration process please contact Melissa at (575) 763 -8969, or by e-mail childcare@fumcclovis.net. All registration packets and handbooks can be accessed on our website at www.fumcclovis.net.

Incomplete packets will not be accepted

- Enrollment Agreement filled out and signed
 - * You must fill out one option on the Payment Agreement. This is will only be used in the case of late payment. Please see the tuition policy.
- Read the parent handbook. You can read the handbook on the website or email Melissa for a digital copy at the email address provided above.
- Most recent copy of your child's immunization record.
- \$35.00 non-refundable registration fee (If you want to pay by credit card you can pay online at our website under the contributions tab)
- Any other fees will be due on the first day of the program

Enrollment Packets can be submitted in 4 ways:

1. Email – you can email completed packets to Melissa at childcare@fumcclovis.net and pay the registration fee online at www.fumcclovis.net under the contributions tab or mail a check or money order to the address listed below (Please state in your email how you have chosen to pay).
2. Mail - you can mail the completed packets with a check or money order to the address listed below.
3. Drop off – you can drop off completed packets with a check or money order to the church office. The office is open Monday – Thursday 8am – 12pm & 1pm – 4pm.
4. By Appointment – If you would like to drop off your completed packet and registration fee directly to the childcare office you will need to email Melissa at childcare@fumcclovis.net and we can set up an appointment.

**First UMC Childcare
1501 Sycamore St
Clovis, NM 88101**

We are excited to see you all very soon!!

TODAY'S DATE: _____ FIRST DAY OF ATTENDANCE: _____



Mother's Day Out Enrollment Agreement 2021 - 2022

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 – 12:30 pm on Tuesday and Thursday.

I agree to pay all fees and charges for services regardless of my child's attendance. Payments are due the 1st of every month; payments will be considered late the 10th of the month. If payments or a payment arrangement has not been made by the 10th I agree that the full month's tuition may be charged to my account on file the first business day following the 10th. We accept the following payment methods: Cash or Check in office and Credit card online at our website www.fumcclovis.net. There is no longer a fee for using a credit card.

The program will begin Tuesday, August 24th and end on Thursday, May 19th. 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 by filling out the withdrawal form or pay two weeks minimum fees. A \$50.00/year non-refundable supply fee will be charged.

In order to reserve a spot in the Mother's Day Out Program, there is a \$35.00 non-refundable registration fee per child, a copy of your child's current shot records, and the completed Enrollment Agreement including the payment agreement.

DATE: _____ PARENT SIGNATURE: _____

MONTHLY FEES FOR THE TUESDAY AND/OR THURSDAY SCHEDULE:

| <u>Child's Age</u> | <u>Schedule</u> | <u>Tuition: 1 Day Per Week</u> | <u>Tuition: 2 Days Per Week</u> |
|--------------------|------------------------|--------------------------------|---------------------------------|
| Infant – 4 years | 1/2 day (8:30 - 12:30) | \$80.00 per month | \$150.00 per month |

Please initial the desired option

| | | | | | | |
|------------------------|-----------------|--|------------------|--|-----------------------|--|
| <u>Half Day</u> | Tuesday only | | Thursday only | | Tuesday & Thursday | |
|------------------------|-----------------|--|------------------|--|-----------------------|--|

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 Executive 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: _____

MDO POLICY AND HANDBOOK AGREEMENT

I have read, and understand the digital copy of First UMC Child Care Program Policies Handbook for Mother's Day Out. The Handbook can be accessed on www.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: _____

In order for our staff to give any kind of medication, we need signed permission from a parent and written directions about when and how much medication to administer from a doctor. 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 diaper cream used on your child. Your signature when you sign your child out is your acknowledgement that you are aware of any medications that were 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 or staff. The child **needs** to know that I, as a parent, support the program as the authority while the child is in their care.

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 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 2021-2022 MDO Program. When withdrawing my child from the program, I will give a two week notice to the Director by filling out the withdrawal form.

DATE: _____ PARENT SIGNATURE: _____

I **give/do not give** the First United Methodist Church **Childcare** 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: _____

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 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: _____

SNACKS:

The program will provide a daily snack. If your child has a **severe** allergy to foods please notify the director for special accommodations, and or exemption.

TUITION POLICIES

2021-2022

First United Methodist Church Childcare is a non-profit organization and maintains a tight budget; we try to keep our rates affordable and as low as possible. For this reason, it is necessary that parents cooperate in paying accounts on time so that we in turn can meet our obligations.

Tuition payments are due on the 1st of each month and considered late by the 10th. A Payment agreement form is required for each child's registration packet to be complete. This form must have a debit/credit card or checking account listed as a reliable payment source. This is **NOT** optional.

The first business day after the 10th of each month any account with a balance will be drafted from the card/account on file. The full balance due on the current invoice will be drafted on the 11th of each month. If for any reason the 11th falls on a weekend or if we are closed on Monday, those charges will be drafted the following business day. At any time you may pay your account in advance to alleviate your card being drafted. Please be sure this is a reliable payment source because any payments that are returned to us will be charged a \$30.00 returned payment fee.

No credit will be given for absences due to illness (this includes COVID 19 quarantine regulations.) or vacation during the school year.

Please be sure your payment method is a reliable payment source. If a parent gives FUMC a check that **is returned for insufficient funds**, the parent will be contacted, requesting that cash for the fees owed plus a \$30.00 fee be brought to the church as soon as possible. If it happens a second time the parent will be notified that the child can remain enrolled but all fees will need to **be paid in cash only**. FUMC will reserve the right not to accept checks from parents that have more than two returned checks to the church for non-payment.

If your child is not picked up by 12:30(half-day) or 2:30(full day) a late charge of \$1.75 a minute will be charged to your account.

If your account is not current and arrangements have not been made, we will be forced to withdraw your child. Your child may re-enroll upon availability and all accounts are paid in full. No child will be allowed to re-enroll for the following school year until all accounts are paid in full and arrangements are made to stay current with payments.

First United Methodist Church Childcare accepts cash and checks in office or credit cards online at our website www.fumcclovis.net. **There is no longer a fee for credit card payments.**

You may also request set up an auto pay through the website.

DATE: _____ PARENT SIGNATURE: _____

**First United Methodist Church
Mother's Day Out
Payment Agreement
2021 - 2022**

I hereby authorize First United Methodist Church Childcare to initiate credit/debit card charges to the below-referenced credit/debit card or checking account. I understand it is my responsibility, as the owner of said account; to keep a reliable payment source on file at all times to avoid any additional fees for payments returned. If there is a payment arrangement made between an outside party and/or two separate households, each cardholder will need to complete a separate payment agreement. You only need to fill out one option. Thank you!

CREDIT/DEBIT CARD:

Cardholder Name: _____ Phone Number: _____

Address: _____ City & State: _____ Zip: _____

Card Number: _____ Expiration Date: _____ CVC # _____

Cardholder Signature: _____ Date: _____

CHECKING ACCOUNT:

Account holder name: _____ Phone Number: _____

Routing number: _____ Checking

Account number: _____ Savings

Account holder Signature: _____ Date: _____

For Office Use Only:

Date Received:

Employee Initials:

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 3/20

...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: _____

Pets, Toys, or Hobbies my child enjoys: _____

My Child Is Allergic to: _____

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: _____
