

SUMMER LATCHKEY 2021 REGISTRATION CHECKLIST

Registration for the 2021 summer 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 Monday, April 12th 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: _____



First United Methodist Church Summer Latch Key

2021 SUMMER ENROLLMENT AGREEMENT
June 1st – July 30th

NAME OF CHILD: _____ **Birth date** _____

PARENTS NAME: _____ **PHONE:** _____

PARENTS NAME: _____ **PHONE:** _____

E-MAIL: _____ **Age:** _____ **GRADE:** _____

Mailing Address: _____ **City** _____ **Zip** _____

I agree to enroll my child in the First United Methodist Church's Summer Latch Key Program. I understand that the hours of operation are Monday through Friday from 7:30 a.m. – 5:30 p.m. **Late fees will be charged at the rate of \$1.75 per minute per child for children picked up after 5:30 p.m.** I agree to honor this enrollment for the 2021 Summer Program. I fully understand that I am responsible for the tuition for the current billing period for the schedule that I have chosen at enrollment full time, or Part time. Changes in schedule must be made to the director before invoices are sent for the next billing period but tuition will not be adjusted due to absence or illness. This policy is necessary for the program to plan staffing and supplies as well as meeting state mandated teacher - child ratios. When withdrawing my child from the program I will give a two-week notice to the Program Director by filling out a withdrawal form or pay two weeks minimum fees.

In order to reserve a spot in the Summer Program, there is a \$35.00 non-refundable registration fee per child.

There is a onetime supply fee of \$25 per child for the summer program.

This helps offset some of our more expensive field trips and allow for us to do our day camps for all kids without an additional charge.

I agree to pay all fees and charges for these above-mentioned services. We accept the following payment methods: Cash or Check in office and Credit card online at www.fumcclovis.net. There is no longer a fee for credit card payments. I also understand that any change in the fee schedule will require the completion of a new agreement. All summer activity fees are included in the bi-weekly.

DATE: _____ PARENT SIGNATURE: _____

	Weekly Fees	Daily Fees
Per child	\$125.00	\$35.00
Due to the current public health crisis we will not be accepting Drop Ins. We are sorry for any inconvenience!		

***Part Time is a consistent daily set schedule of at least 3 days a week**

Please initial the desired option

Part Times - 4 equal payments	
Full Time - 4 equal payments	
Part Times - Pay in Full	
Full Time - Pay in Full	

PARENT SIGNATURE: _____

DATE: _____

**SUMMER PROGRAM
ENROLLMENT**

For security purposes, First United Methodist Church will **NOT** allow children to be dropped off at any locations **EXCEPT 1501 Sycamore**. **A signed permission slip is required before children are allowed to participate in the fieldtrip; failure to authorize permission will result in denied care for the day.** Parents **will be able to pick up** children at the activity for the day, but will be required to sign children out of the program. If this creates a hardship, then prior arrangements will need to be made with the director.

DATE: _____

PARENT SIGNATURE: _____

I understand that for the program to do its part in keeping the children safe my child will be expected to do their part to remain safe while off site. If my child is unable to follow all program rules on field trips I will be notified that day and I will have to find arrangements for my child the day of the next fieldtrip for they will be suspended from the field trip. If my child gets suspended from 3 field trips they will no longer be able to attend the program.

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. I give my permission for the Program Director or other personnel designated by the Program Director the right to authorize 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 from a doctor 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 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 or staff

DATE: _____ PARENT SIGNATURE: _____

We have a zero tolerance policy in regards to violence. If my child harms another child or teacher in any way I understand that I will be notified by staff and be responsible to pick my child up from camp within 30 minutes of the notification. Parents and child will be required to enter into a behavior agreement. If issues persist the program reserves the right to withdrawal the child from the program.

DATE: _____ PARENT SIGNATURE: _____

I have read and understand the digital copy of the FUMC Child Care Program Policies Handbook for Summer Latch Key and agree to all terms set within it. The handbook can be accessed on the church website www.fumcclovis.net.

DATE: _____ PARENT SIGNATURE: _____

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, Supervisor, or Childcare 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 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: _____

TUITION POLICIES

2021

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 following schedule:

Payment due date	June 1 st	June 15 th	July 1st	July 15 th
Late by date	June 7 th	June 21 st	July 7 th	July 21 st

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.

On the first business day after the **Late by date** any account with a balance will have the full balance due on the current invoice drafted from the card/account on file. 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 days taken during the program.

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 5:30pm 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 www.fumcclovis.net. There is no longer a fee for credit card payments.

You may also set up auto pay through the website.

DATE: _____ PARENT SIGNATURE: _____

**First United Methodist Church
Summer Latchkey
Payment Agreement
2021**

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. Only one option must be filled out.

CREDIT/DEBIT CARD:

Cardholder Name: _____ Phone Number: _____

Address: _____ City & State: _____ Zip: _____

Card Number: _____ Expiration Date: _____ CVC # _____

Cardholder Signature: _____ Date: _____

E-CHECK:

Account holder name: _____ Phone Number: _____

Routing number: _____ Checking

Account number: _____ Savings

Account holder Signature: _____ Date: _____

<p><u>For Office Use Only:</u></p> <p>Date Received: _____</p> <p>Employee Initials: _____</p>

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

**Child Admission Form
First United Methodist Church – Summer Latch Key
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:

Physician

Phone

I give permission for Emergency

Hospital

Phone

Medical: Transportation: Yes No

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:
Revised 3/20

Date

CONSENT, INDEMNIFICATION, AND RELEASE FROM LIABILITY

EVENT: Transportation to/from fieldtrips for the 2021 Summer Latchkey Program

DATE(S): June 1, 2021 – July 30, 2021

I acknowledge that it is my desire for my child, _____, to participate in the activities of First United Methodist Church in the above listed event(s) on the above listed date(s) and related activities, including activities on and/or away from the church premises, as well as transportation to and from such activities.

In consideration of being permitted to participate in such activities, including the transportation to and from such activities, I hereby discharge First United Methodist Church, its officers, employees, agents, and members of the Board of Trustees from all actions claims or demands I and my heirs, distributives, guardians, legal representatives, or assigns now have or may have hereafter for any and all loss or damage and any claim for damages resulting there from on account of injury to my child's person or property, even injury resulting in death of my child, whether caused by negligence of my child or otherwise, while my child is for any purposes participating in such activity.

I further agree to indemnify First United Methodist Church its officers, employees, agents, and members of the Board of Trustees and each of them from any loss, liability, damage, or cost they may incur due to the participation of my child in such activity, whether caused by the negligence of my child or otherwise.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, an indemnification, and an assumption of risks and I'm signing it of my own free will.

This consent, indemnification, and release from liability shall remain effective until revoked in writing and delivered to any officer, employee, or agent of First United Methodist Church or the finish date listed above.

Parent's Signature

Date