



# Lebanon FUMC Parents' Day Out

415 West Main St., Lebanon, TN 37087 | 615-444-3315 | lebanonfumc.com

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## Policies & Procedures 2025-2026

### Mission

To provide a loving and safe environment for our children in which learning, getting along with others, and creativity are encouraged.

### Hours of Operation: Mondays and Wednesdays, 8:30AM-2PM, August-May

We follow the Lebanon Special School District calendar, as well as snow, weather, and other closings. If schools schedule a two-hour delay, we will begin at 10:30AM.

Children and families are not admitted before 8:30AM. Children are dismissed promptly at 2PM. Excessive tardiness may result in late fees of \$1.00 per minute after 2:05PM. Extenuating circumstances will be considered by the Director. *Children's entrance doors are locked at all times. Late arrivals and early pick-ups must enter through the Church Office doors.*

### Ages: 1 to 4 years old

Children eligible for kindergarten will age out of the program at the end of May.

### Fees

- **\$75 supply fee due upon enrollment** (or prorated according to first day of attendance) Supply fees are non-refundable, and go toward curriculum, supplies, and equipment.
- **\$185 tuition fee due on the first day of class day each month** (first month's fee may be prorated depending on first day of attendance) Tuition fees are considered late if not paid by the 10th of each month and may result in a \$10 late fee.

### Illness

*If your child shows any symptoms of illness, please keep them at home. **Children must be symptom-free (including fever, sore throat, diarrhea, vomiting, rash, headache, lethargy, etc.) for at least 24 hours (as in, by 8:30 on the previous day) before returning to school.*** If a child presents any symptoms of illness, families will be notified and expected to pick up the child immediately. We do not administer medication. There are no tuition deductions for absence or early departure due to illness.

### Safety and Security

- All PDO employees and volunteers are background-checked and required to work in adherence to Lebanon FUMC Safe Spaces/Safe Sanctuaries policies.
- Children's entrance doors are locked at all times. Late arrivals and early pick-ups must enter through the Church Office doors.

- No child will be released to anyone other than their parents/legal guardians and designated authorized persons on file unless notified in writing in advance.

### **Learning at PDO**

Our desire is to help foster a love of learning for all children. As a Christian-based organization, Lebanon FUMC PDO may incorporate the following in classroom activities:

- Story time, including Bible stories
- Learning centers
- Creative arts, crafts, building, and music
- Games and outdoor play
- Motor skills practice
- Introduction to simple shapes, colors, and opposites
- Social skills and manners practice
- Sharing/Show-and-Tell time
- PreK readiness and socialization

### **Discipline**

Our PDO caregivers set simple, age-appropriate rules to define expectations based on individual needs and behaviors of children at varying developmental levels. Disciplinary methods will be constructive in nature, including such strategies as diversion, removal of child from situations, positive reinforcement, and praise.

If a child is unresponsive to these methods, families may be contacted by the Director and/or asked to bring the child home for the day.

### **Immunization Records**

Every child must have an up-to-date Certificate of Immunization from their pediatrician's office based on the recommendations of the TN Department of Health. Exemptions will not be accepted. If you have any questions, please contact the Director.

### **Withdrawal**

One-month advance notice is requested for withdrawing a student. There is no reimbursement for tuition that has been paid for the month when withdrawing before the month's end.

## PDO Checklist



### **On File by Day 1 (Required)**

- Completed Enrollment Form
- Notarized, completed Medical Consent Form
- Completed Photo Release Form
- Up-to-Date Immunization Form
- Custodial Order (if applicable)
- \$75 supply fee (or amount prorated from start day)
- \$185 first month's tuition (or amount prorated from start day)

### **\*To Keep in the Classroom** *(labeled with child's name in permanent ink)*

- Napping mat and blanket or sleeping bag—These will be sent home periodically for cleaning.

### **\*Bring Daily** *(labeled with child's name in permanent ink)*

- **Backpack** (regular size only; oversize or roller packs will not fit on our hooks)  
*Note: Any non-school-related personal items brought from home will need to stay in backpacks all day.*
- **Appropriate attire**—Children should come dressed in casual play clothes with socks and closed-toe shoes, as well as outerwear appropriate for the weather of the day. As much as possible, use clothes, footwear, and outerwear which children can take on and off independently. (Please practice at home as able.)
- **A full change of clothing** including socks and underwear; spare clothing should also meet the criteria above
- **Diaper/training pants**—wipes are provided by PDO
- **Lunch** (label all items)
  - Each child should be able to open their own lunchbox. (Please practice at home as able.)
  - Small/finger food is best (sandwiches, fruit or vegetables cut small, cube cheese, lunch meat, crackers, etc.).
  - Under-2 classes are the only children for whom we can heat lunch items.
  - Please send spoons or forks if needed.
  - Avoid food and drinks with red or blue dye, as they stain clothes and carpet.

*\*If your family does not have resources to acquire all the items your child needs, please speak with the Director for assistance.*



## Lebanon FUMC Parents' Day Out Enrollment Form

### Child

Full Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Primary Address \_\_\_\_\_

Age Now \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Sibling(s) in PDO \_\_\_\_\_ Other sibling(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Special needs or behavioral concerns \_\_\_\_\_

### Parent/Legal Guardian 1

Has Custody?

Yes ☐ No ☐ Not Applicable ☐

Full Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Workplace & phone \_\_\_\_\_

Email \_\_\_\_\_

### Parent/Legal Guardian 2

Has Custody?

Yes ☐ No ☐ Not Applicable ☐

Full Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Workplace & phone \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Best Phone \_\_\_\_\_

Name \_\_\_\_\_ Best Phone \_\_\_\_\_

### Other Adults Permitted to Pick Up Child

*Child will not be released to anyone not on this form without advance notice in writing.*

Name \_\_\_\_\_ Best Phone \_\_\_\_\_

Name \_\_\_\_\_ Best Phone \_\_\_\_\_

Name \_\_\_\_\_ Best Phone \_\_\_\_\_

**I have read the PDO Handbook and agree to abide by the policies and procedures in it.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Lebanon FUMC PDO Photo Release Form

I hereby grant all rights to Lebanon FUMC PDO to use my child's photograph and/or other reproduction or physical likeness for publication purposes, whether electronic, print, video, digital or via the internet. I further agree that any uses described may be made without additional compensation or consideration. I understand that, in compliance with federal COPPA regulations, my identity will not be revealed or acknowledged through any descriptive text or credits. I acknowledge church's right to crop or treat my photograph(s) at its discretion. I acknowledge that church may choose not to use my photo at this time but may do so at its own discretion at a later date. I waive any right to inspect or approve the copy and/or finished product(s) that may be used.

**I agree to all these terms.**      **Yes** ☐ **No** ☐

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Lebanon FUMC PDO MEDICAL & TREATMENT CONSENT FORM

Child name: \_\_\_\_\_

Medical/Health Insurance Co. Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Preauthorization Phone # \_\_\_\_\_ Insurance in the name of \_\_\_\_\_

## TO WHOM IT MAY CONCERN:

I (we), the undersigned do hereby give permission for my (our) child, \_\_\_\_\_ to attend and participate in activities sponsored by Lebanon FUMC PDO. I release and discharge Lebanon FUMC PDO and its representatives of all actions, claims and demands, whosoever which claimant now has or may hereafter have arising out of any accident, casualty and/or event which might happen while on the premises of Lebanon FUMC PDO.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for his/her (their) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Lebanon FUMC PDO.

## SIGNATURE(S): *Please sign in blue ink in front of Notary*

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **NOTARY**

Before me on \_\_\_\_\_ (date), \_\_\_\_\_ (parent/guardian), personally known to me or who has produced \_\_\_\_\_ (Driv. Lic.#) as identification and who executed the forgoing instrument for the purpose therein expressed.

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_

STATE OF TENNESSEE  
COUNTY OF WILSON