

Current Family Policy Review

Please initial next to each statement and sign and date the bottom of the form

_____ We understand that my child's tuition is _____ per month. Tuition is due on the first of each month, and considered late on the 5th of the month. Late fees of \$5 per day will apply after the end of the 5th day.

_____ We understand that a late fee of \$5 per day will be added to all accounts not paid on time.

_____ A non-refundable registration fee of \$125 is required with your child's reservation information for the upcoming school year.

_____ We understand that if I am late picking up my child I will be assessed a late fee of \$5 every five minutes my child remains after the allotted time after dismissal.

_____ We hereby grant to FSYC permission for our child to take part in all program activities and use all indoor and outdoor equipment.

_____ We hereby grant to FSYC permission for our child to be photographed or videotaped in classroom and outdoor activities.

_____ We hereby grant permission to the staff at FSYC to administer basic first-aid to my child in the event an accident occurs while on the premises.

_____ We have received and read a copy of the Parent Handbook and have reviewed all of the policies contained within. We agree to comply with all provisions and understand that FSYC can change any policy at any time, and will provide notice of any changes.

_____ Parents are to supply diapers, wipes, rash creams, an extra set of clothing a nap mat(Toddlers and Twos), and a small lightweight blanket (lovie) for nap time.

_____ We understand and agree that I will give two weeks notice, in writing, of permanent with-drawl from FSYC's program. I also understand that if my child leaves in the middle of a month, no reimbursement will be issued for tuition.

_____ We have received a copy of my child's information sheet and have made any changes to the form and submitted it to the school office so that my information can be updated.

_____ Our child has special care needs including but not limited to allergies, existing illness, previous serious illnesses or hospitalizations during the past 12 months, and any medications prescribed for long term use. Please make sure his/her file contains the following information:

Parent's Signature

Date

**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES
AND TO RECEIVE EMERGENCY MEDICAL CARE**

Faith School for Young Children

CHILD'S NAME _____ **BIRTHDATE** _____

I hereby grant permission for my child to use all the play equipment and to participate in all activities of Faith School for Young Children.

I hereby grant permission for my child to participate in any water activities at Faith School for Young Children. I understand that I will be given prior notice about the activities and that the staff-child ratio established by the Texas Department of Protective and Regulatory Services Minimum Standards will be maintained at all times.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parents or guardian through numbers listed on emergency information card.
4. If we cannot contact you or your child's physician, we will do any one or all of the following:
 - a. call another physician or paramedics,
 - b. call an ambulance,
 - c. have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under #4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school WILL NOT assume responsibility for a child who has not been taken to his/her classroom or chapel and greeted by a teacher, or been taken from the drop off line upon arrival at school.

Parent/Guardian Signature

Date

State of Texas
County of Ft. Bend

Subscribed and sworn to before me this _____ day of _____, 2018.

Notary Public

First Aid Release

There are times when your child may get a small scrape, cut, or bug bite that may need first aid care. We would like to get upfront permission for administering these creams so that we can treat your child without having to call and request approval. All medication will be in the form of one time use packages. These creams will only be administered by our office staff. The following are creams that may be used. Please initial next to each cream that you will allow us to use and sign the bottom of this form.

_____ Antibiotic Cream for minor cuts or scraps

_____ hydro-cortisone anti-itch cream for insect bites

_____ I hereby grant FSYC permission to administer the above medications in the event that they may need minor first aid care while in attendance at Faith School.

_____ My child cannot receive one of the above medications, I will provide an alternate for the schools use that will be kept in the office for the school year. I understand an alternative medication form will need to be filled out and on file for this medication.

_____ I do not want my child to receive any first aid beyond cleaning the area and applying a Band-Aid.

Parent Signature

Date Signed

2018-2019 Supply List

Nap Mat (Toddlers and Two Year Olds)

Lunch Box with child's name on the outside (lunches will not be warmed up or stored in the refrigerator, please plan your child's lunch accordingly)

A Daily Snack for your child (these must be brought each day, we do not have space to store snacks)

Medication Administration form filed out and signed by your child's doctor (if needed)

A backpack labeled with your child's name (we prefer one that a regular size folder will fit in)

Water bottle with your child's first and last name labeled on it/or sippy cup (baby bottles are not allowed)

A Change of clothes (toddlers and two year olds need two complete changes of clothes)

Diapers (stored in backpack) and wipes (stored in classroom) (if applicable)

An old t-shirt of daddy's to use for messy activities (this will become a class set and will be washed after each use)

Policies and Procedures Agreement

Parents must cooperate with Faith School for Young Children in carrying out all governmental laws, rules and regulation affecting the operation of the Center. Parents are expected to adhere to drop off and pick up procedures that are detailed under their specific areas of the handbook. It is the parent's responsibility to supply a completed application on each child in attendance and to maintain accurate information including current immunization records, contact names and telephone numbers.

Acknowledgement

Please sign and complete both portions on the bottom half of this page and return it to us on the first day of class. It is our hope that this packet has been helpful and informative. Our goal is to facilitate a smooth beginning and maintain a consistently smooth year.

Parent's Name (Please Print)

Child's Name (Please Print)

I, _____, acknowledge that I have read and understand the information supplied in the 2018-2019 Parent Handbook for FSYC.

Signature _____ Date _____