



The Vine

Afterschool Childcare Program
Wolfforth Methodist Church

Registration Packet

2024-2025

1. Complete all attached registration forms.
2. Pay the \$25 Registration.

You can pay via cash, check (make check payable to WMC – The Vine), pay online @ wolfforthumc.org/ministries/the-vine or by using the QR code below:

**Your child's spot at The Vine will be secured once the Registration packet is completed & returned to the Director, and the \$25 registration fee is paid. 😊

SCAN ME



Thank you for choosing The Vine @ WMC!!

Enrollment Date	
Withdrawal Date	

The Vine

2024 - 2025

1010 Donald Preston Dr.

Wolfforth, TX 79382

Phone: (806) 866-4200

Director: Regina Girdner

Student's Information

Child's Full Name:	Child lives with? Check one: <input type="checkbox"/> Both parents <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Guardian
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Home Address:	City:	Zip Code:
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Date of Birth:	Grade:	Gender: M/F
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Parents' Information

Name of Parent or Guardian completing this form:			
Mother	Father	Stepparent	Guardian

Last Name:	First Name
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Home Address: (if different from child's)	City:	Zip Code:
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Email Address:	Cell Phone #:	Employer Name:
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Circle One:			
Mother	Father	Stepparent	Guardian

Last Name:	First:
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Home Address: (if different from child's)	City:	Zip Code:
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Email Address:	Cell Phone #:	Employer Name:
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Pick Up List (Other than parents)

I hereby authorize The Vine to release my child to leave The Vine ONLY with the following persons.

Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Relationship to child:	Cell Phone #:
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Name:	Relationship to child:	Cell Phone #:
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Name:	Relationship to child:	Cell Phone #:
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Name:	Relationship to child:	Cell Phone #:
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In Case of an Emergency, call:

Give the name and phone number of a person to call if parents or guardian cannot be reached.

Name:	Area code and Phone No.	Relationship to child:
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Address:

Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care,
I authorize The Vine to secure all necessary emergency medical care for my child.

Name of Physician	Address:	Phone #:
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Name of Emergency Care Facility	Address:	Phone #:
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I give consent for The Vine to secure all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

Date Signed

Please initial each section below:

Administration of Medicine

_____ Initials

_____ I give _____ I DO NOT give permission for the staff of The Vine to administer Children's Strength Tylenol or Advil according to dosage instructions on the packaging for headache or mild pain.

In the event of a fever, I will be notified and will need to plan for my child to be picked up from The Vine asap.

Transportation

_____ Initials

I hereby _____ give _____ do NOT give my consent for my child to be walked from Bennett Elementary School to The Vine at Wolfforth Methodist Church by supervised facilities staff.

Immunizations

_____ Initials

My child attends Bennett Elementary School (806-866-4446) and my child's required immunizations, vision and hearing screening and TB screening are current and on file at their school.

Custody Agreement

_____ Initials

_____ Yes _____ No

Is there a person who might try to pick up your child, who for legal or other reasons that you have discussed with the Director, MAY NOT pick up the child?

If YES, who? _____

If this person is a parent, we MUST have a copy of the custody agreement on file.

The Vine's Parent Handbook (Operational Policies)

_____ Initials

How would you like a copy of The Vine's Parent Handbook?

_____ Electronic Copy (Online) _____ Hard Copy

I have read a copy of The Vine's Parent Handbook and agree to abide by the policies as stated in the handbook.

_____ Yes _____ No

Image Use

_____ Initials

_____ Yes _____ No

I authorize The Vine to use photographs and class work of my child for church use and school publicity.

Food Allergies

_____ Initials

_____ Yes, my child has a food allergy. What is it? _____

I, the parent, or guardian, will provide snacks for my child if there are no items listed on The Vine's snack menu that my child can eat.

Food Allergy Emergency Plan Submitted Date: _____

_____ No, my child does NOT have any known food allergies.

Special Care Needs

Check all that apply:

_____ Environmental allergies

_____ Food intolerances

_____ Existing illness

_____ Previous serious illness

_____ Injuries and hospitalizations (past 12 mths)

_____ Other: _____

_____ Limitations or restrictions on child's activities

_____ Reasonable accommodations or modifications

_____ Adaptive equipment (include instructions below)

_____ Symptoms or indications of complications

_____ Medications prescribed for continuous long-term use

_____ None

Explain any needs selected above: (If more space is needed, use the back of this page.)

Signature - Parent or Legal Guardian

Date Signed

Miscellaneous information

How did you hear about The Vine? _____

Does your family attend a local church? Yes or No If yes, which one? _____

Parent/Guardian Enrollment Agreement

Please read each statement below and initial each statement stating you agree to abide by each policy of The Vine.

- _____ The Vine operates from 3:15 pm – 6:00 pm on regular school days and 1:15 pm - 6:00 pm on designated early release school days.
- _____ A late pickup fee of \$5.00 per minute per child will be assessed to your account if your child is picked up after 6:00 pm.
- _____ Tuition of \$145.00 will be paid by the 10th of the month.
- _____ Tuition of \$160.00 will be paid if paid AFTER the 10th of the month.
- _____ Tuition of \$185.00 will be paid if paid AFTER the 15th of the month.
- _____ My child will be released only to people I have officially authorized either on the Pickup list or through a text to the Director of The Vine.
- _____ All medications must be in the original container (prescription or over the counter) and parents must sign the Authorization for Medication form at pick up time after the medicine has been administered.
- _____ The Vine is not responsible for personal belongings including jewelry, money, electronics, and special items brought from school.
- _____ A child may be dismissed from The Vine if The Vine is unable to meet the physical, mental, or emotional needs of the child.
- _____ A child will be dismissed from The Vine if the child does NOT comply with the behavior and guidance policies set in the Parent's handbook.
- _____ A child may be dismissed from The Vine if the parents do NOT comply with The Vine policies.
- _____ No refunds or make up days will be offered if a child misses school due to illness, or school closings due to weather or other unforeseen circumstances.
- _____ The Vine CANNOT provide care for sick children, and I agree to comply with the program's written policies concerning illness.

Parent or Guardian's Signature

Date

Child's Name

Our Classroom Expectations at The Vine

Our classroom expectations:

- Be kind and respectful to everyone.
- Ask a teacher before leaving the room.
- Keep your hands, feet, and objects to yourself.
- Follow directions 1st time given.
- Have respect for authority with words and actions.
- Have respect for others with words and actions.
- Have respect for the building and supplies.
- Obey All Playground rules:
 - Slide down on your bottom feet first,
 - Keep hands, feet & objects to yourself,
 - All playground equipment must be returned to the classrooms, and
 - Follow all teachers' directions.

Rewards:

- Positive praise and words of affirmation
- Small tokens: stickers, candy, toys, hugs, high-fives, and special treats
- Class rewards: Coke floats, Free time, Hot Chocolate & Cookies, Popcorn & Movie, Holiday parties, Free Seating, Make & Bake cookies and/or Make Playdough.

Individual Consequences:

- 1st: Verbal reminder
- 2nd: Remove child & speak to 1 on 1 (Behavior written in behavior notebook)
- 3rd: Time out or child will write the expectation numerous times.
- 4th: The Director will speak to the parents about behavior.

Initials _____

Our Behavior and Guidance Policy at The Vine

- Discipline will be:
 - Consistent for all children.
 - Appropriate to the child's level of understanding; and
 - Directed toward teaching the child acceptable behavior and self-control.
- Our childcare providers will only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, which includes at least the following:
 - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
 - Reminding a child of behavior expectations daily by using clear, positive statements.
 - Redirecting behavior using positive statements and
 - Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- There will be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - Corporal punishment or threats of corporal punishment.
 - Hitting a child with a hand or instrument.
 - Humiliating, ridiculing, rejecting, or yelling at a child.
 - Subjecting a child to harsh, abusive, or profane language.
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read The Vine's Classroom Expectations, & the Discipline and Guidance Policy. I have discussed the classroom expectations & consequences with my child.

Child's Name

Parent or Guardian's Signature

Date