



# Parent's Day Out

A wee-day ministry of AFBC



## 2018-2019 Parent's Handbook & Registration Information

Director: Emily Snook  
Phone: (505) 247-3611 office  
(405) 227-1518 cell

### Our Purpose

We are here to serve families by providing Christ-centered care for their children to give parents some much-needed time during the week.

Hours: 9:15 A.M. – 1:00 P.M.  
Days: Mondays, Tuesdays, and Thursdays  
Ages: Six Months – Five Years

### Registration Fee

*Staff is employed according to the number of children registered per day. Your registration fee will reserve your child's spot, and is your financial commitment to pay monthly tuition for the number of days indicated whether your child is present or absent. Salaries and overhead expenses cannot be reduced because of absentee losses in income. Therefore, we must charge the registration fee to support the enrollment space guaranteed for your child, regardless of attendance. First Baptist Church Parents Day Out appreciates your cooperation.*

The registration fee of \$30/child is to reserve each child's spot and supplement the supplies for the program. This fee must be paid before a child may begin attending Parents Day Out. The registration fee is non-refundable.

#### Registration Process:

1. Registration and Medical Release form completed.
2. Registration fee paid.

## **Tuition**

<u>2 Days per Week</u>		<u>3 Days per Week</u>	
1 child	\$100	1 child	\$150
2 children	\$180	2 children	\$260
3 children	\$260	3 children	\$370
4 children	\$340	4 children	\$480

Number of children within the same family

Tuition is due the 1<sup>st</sup> class day of each month. Tuition can be paid by cash or check upon arrival.

A late fee of \$5.00 will be due if tuition is paid after the 10<sup>th</sup> of the month. A statement will be issued if your account is past due. Your child's space may be made available to another when your account is two weeks past due.

**Drop In** - \$20 per child per day. All drop-ins are accepted only if space is available without changing teacher/child ratio. **Before dropping-in a child, parents must contact the Director** at the church to confirm the availability of space.

## **Arrival and Pick Up**

Upon arrival parents must sign in their child(ren) at the check in desk. Parents must include the names and contact information of the people allowed to pick up their child(ren). If something changes and someone else is going to pick up a child, parents may call the Director to let her know. Drop off. Begins at 9:00 A.M. We ask that you arrive no earlier than 8:50 A.M. for drop off and no later than 1:05 P.M. for pick up.

If you arrive before 8:50, please wait in the preschool lobby with your child, not your child's room. Teachers are preparing for the day.

Parents are asked to pick up their child(ren) from the classroom at 1:00 P.M. Teachers will not be available more than 10 minutes after class is over. If a child is left later than 1:10 P.M. a fee of \$5.00 for every 10 minutes, or portion thereof, will be collected when the child is picked up.

## **Withdrawal**

If a child needs to withdraw from PDO, two weeks **paid** notice is required so that the vacancy can be filled by another child. Should more notice be possible, it would be greatly appreciated.

## **Personal Belongings**

All of your child's personal belongings must be labeled (diaper bag, lunch box, jackets, etc.). We ask that you do not allow your child to bring any personal toys into the class.

## **Lunch/Snacks**

Children will be required to bring their own lunch and drink each day. Please do not include anything that will need to be heated. We ask that you limit sugary drinks and do not bring anything carbonated. Label all cups, bags, boxes, etc. Children **may not** bring nuts, whole grapes (cut in half), glass bottles, hard candy or gum.

## **Birthdays**

We love birthdays! If your child would like to bring a treat to share with the class on his/her birthday, please let us know in advance.

## **Holidays/Closings**

We love to celebrate holidays! We plan on celebrating all major holidays. Details will be given to parents a few weeks in advance of each holiday. Individual classes will ask parents to sign up to bring treats for these events.

We will be closed on major holiday (Christmas, New Year's Day, Easter, Memorial Day, etc.)

## **Cancellations**

If APS cancels classes due to weather, PDO will be cancelled that day. If PDO is canceled no make up days or tuition credits will be applied.

If APS is delayed at all, PDO will open on a normal schedule.

## **Clothing**

*Please label everything.* Dress your child in easy to manage play clothes. We go outside every day (weather permitting) so please bring a jacket, a hat and mittens, as needed. Sneakers are preferred for safety. Please bring one extra outfit in a large, labeled zip bag for your child to keep here should an accident occur.

Children who are not potty trained need to come with a daily supply of diapers and wipes.

## **Illness Policy**

Please notify the Director if your child will not be attending due to illness. You will be called to pick up your child if they appear to have symptoms of illness during the day.

Please keep your child at home if he/she shows any of the following symptoms:

- Has a fever or has had a fever within the last 24 hours
- Has a cold that is less than 4 days old
- Heavy runny nose or constant cough
- Has vomited or had diarrhea in the last 24 hours
- Has symptoms of a possible communicable disease

Teacher cannot administer medication of any kind. Parents may come to school and give their child medicine if necessary.

## **First Aid**

Minor cuts and scrapes will be cleaned and bandaged by staff. Preschool staff will wear latex gloves whenever the skin is broken and/or blood is present. Bumps to the head or any swelling due to an injury will be treated with ice, and parents notified to pick up their child.

## **Discipline/Biting**

Discipline is directed to help each child learn self-control. Children are praised for acceptable behavior, and are encouraged to stop and think about unpleasant behavior enabling the child to work at redirecting his actions, thus achieving self-control. When a child needs further reminders of correct behavior, time-out is recommended. Time-out is to take place in the room using an isolated area away from on-going activities. Usually one minute of time-out per years for age is recommended.

In the event these measures do not bring about acceptable behavior, the child will be brought to the office and the Director will talk with the child. If the Director feels further help is needed parents will be contacted.

We realize that biting can occur when young children are together; however, in an effort to maintain a safe and illness-free environment, we will not allow a child to return to school if he/she bites another child more than three (3) times.

### **Accidents**

In case of an accidental injury, we will attempt to contact the parent of the child involved immediately. Teachers will fill out an accident report that must be signed by the parent at the time of pick up. The report will then be kept on file.

If the accident is serious, every effort will be made to contact the parents immediately. In the event the parents are not available, the child will be taken to the nearest urgent care/hospital. Parents will be expected to assume responsibility for any medical expenses.

### **Child Abuse and Neglect Reporting Procedure**

Any person who suspects child abuse or neglect is under legal obligation to report to the Child Abuse and Neglect Department of the Children, Youth and Families Department of New Mexico at the 24-hour hotline at #SAFE (#7233) from a cell phone or toll free at 1-855-333-7233. One must report all known demographic information on the child and the family, any allegations of suspected child abuse and/or neglect, the location of the family, any safety factors involving the child, an assessment of the family's needs and strengths, and any potential risks to the investigator. Confidentiality laws will protect those who report child abuse and neglect from civil and criminal liability.

**Report suspected child abuse or neglect by calling  
#SAFE (#7233) from a cell phone  
or 1-855-333-SAFE.**

# Parents Day Out

Albuquerque's First Baptist Church  
4101 Paseo del Norte NW  
Albuquerque, NM 87114  
(505) 247-3611

## REGISTRATION

My child will attend Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ and/or Thursday \_\_\_\_\_

Child's Name \_\_\_\_\_  
*Last First Middle Name Used*

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Church Attending \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Church Attending \_\_\_\_\_

Emergency Contact (other than parents)

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

The following people have permission to pick up my child:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I understand the person picking up my child will be required to show a driver's license. I will notify the Parents Day Out Director each time someone other than a parent will pick up my child.

\_\_\_\_\_  
Printed Name Signature Date

**Medical Release**

Child's Name \_\_\_\_\_

Health Issues \_\_\_\_\_

Daily Medications\* \_\_\_\_\_

Allergies (drug, food, animal, seasonal, etc) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone No \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Emergency instructions (if any) \_\_\_\_\_

Insurance Company \_\_\_\_\_

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

*\* We do not administer medication of any kind.*

To meet all legal requirements, I hereby authorize a representative of Albuquerque's First Baptist Church Parents Day Out to give consent for any and all necessary medical care for my child while he/she is in Albuquerque's First Baptist Church Parents Day Out custody.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Financial Commitment to Pay Monthly Tuition**

I agree to abide by all of the Albuquerque's First Baptist Church Parents Day Out policies. I understand the registration fee will reserve my child's space for the session, and is non-refundable. Staff is employed according to the number of children enrolled each day. My registration is my *financial commitment to pay monthly tuition* for the number of days indicated at the time of registration whether my child is present or absent. Tuition is due the 1<sup>st</sup> class day of each month and a \$5.00 fee will be added to tuition paid after the 10<sup>th</sup> of the month. I agree to give a paid two (2) week notice to the Director of withdrawal or change of days attending if my child is withdrawn or attendance status changes during a session for which he/she is registered.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date