

Parent Code of Conduct

- Please understand, young children are present in our building. Some adult language is not appropriate for young children. First Grace prohibits swearing or cursing in our facility.
- Threatening or bullying staff, children, or other parents will not be tolerated. First Grace has the right to terminate care in the event of disruptive behavior from a parent or guardian.
- Many First Grace teachers are available to babysit during their personal time but are not permitted to babysit students on their current class roster. If you would like a list of available babysitters, please contact the director.
- Open Carry is not permitted on our property
- Communication with teachers is available through Brightwheel or in person, not via text message on their personal phones. First Grace does not reimburse our staff for cell phones thus it is not fair to them to expect communication via their personal phones while at work.
- In order to provide transparency in our processes, address any and all issues affecting our students, and ensure the highest quality of care, parents are to utilize appropriate channels in addressing any concerns. Please avoid discussing the matter - in person, by email, or on social media websites - with those not directly involved.

Parent Responsibilities

Children must be signed in and out by the parent(s)/guardian(s) on Brightwheel. This is very important so that we have a record of who drops off and picks up.

There are several ways you can help us maintain the best possible teaching atmosphere for your child:

- Communicate in writing or by email any concerns regarding our program or your child immediately to the Director.
- Pick up and read the notices and information in your child's cubby and/or posted in the classroom, Brightwheel, or in e-mail.
- Pick up your child's papers/projects daily. Their work is very important to them and provides another means of communication between parent and child and helps the parent share in the child's day.
- Please be aware of the scheduled mealtimes and make sure your child arrives in time to be included.
- Reinforce our curriculum by reviewing classroom activities with your child.
- Please do not allow your child to bring gum or candy to the classroom.
- Periodically check out your child's supply of extra clothing, making sure it is clean, still fits, and is appropriate for the season.

Child's Name: _____

Parent's Signature: _____ Date: _____

PARENTAL/GUARDIAN AGREEMENT

***PARENTAL/GUARDIAN FORM IS NOT VALID WITHOUT SIGNATURE OR INITIALS
OF**

PARENT/GUARDIAN IN EACH SPACE INDICATED*

To indicate that you have read and understand all points in the Parental/Guardian Agreement, please initial after each statement.

1. **Records:** I certify that the information on these forms is correct and I understand that it is my responsibility to keep my child's records current and that any changes need to be reflected on the child's registration form. Furthermore, I understand that the Registration and Supply Fees are non-refundable, no exceptions.

2. **Exemption:** I understand that First Grace Child Development Center has filed notice and is exempt under law from regulation by The Department of Human Resources. _____
3. **Insurance:** I understand that First United Methodist Church and First Grace Child Development Center does not provide any health or medical insurance for the children enrolled here. I also understand and acknowledge that it is my responsibility to insure that my child is covered by medical/health and other insurance and that I hereby affirm that the minor child is adequately covered.

Hold Harmless: I understand and acknowledge that accidents can occur where children and children's activities are involved. I further acknowledge, that I have looked at and inspected the facilities and accept and assume the risk that are presented by and at First Grace Child

Development Center. I will hold harmless First United Methodist Church, First Grace Child Development Center, its representatives, Director, its agents, and employees from any and all harm and/or claims that may occur or be suffered by the said child. I will pay for and be responsible for all medical bills and other costs that may be incurred as a result of any injury that may occur to my child. _____

Parental Agreement Continued...

4. **Curriculum:** I understand that the curriculum at First Grace is theme based. Theme based curriculum will allow for teachers to center all learning areas around a certain theme. Theme based curriculum opens the door for exploration and enhanced learning for each individual child. Each week brings a new theme with new and exciting learning activities. _____

5. **Ratios:** We follow the recommended DHR child/adult ratios for each age group. We are also accordance with The United Methodist Church's Safe Sanctuary Policy. _____

6. **Bible:** I understand that First Grace Child Development Center has a separate Bible curriculum in addition to the theme based curriculum. At First Grace teachers will be teaching Bible stories and Bible verses to the children, but there will be no teaching of the doctrine. _____

7. **Discipline:** First offense: Teacher will give the child a warning. Second offense: Child will be placed in "Time Out". Third offense: Child will be taken to the Director's office for counseling and possible "Time Out". Fourth offense: Parents will be notified of unacceptable behavior and asked to help with correcting the problem. Children placed in "Time Out" will serve their time according to their age. (4 year old serves 4 minutes, 2 year old serves 2 minutes). _____

8. **Meals:** I understand that snacks, lunch and milk are provided by First Grace. _____

9. **Statement of Health Policies:** Every child must have an immunization record (blue card) and emergency medical treatment form on file. Please update your child's card when turning in registration forms. Each child must have an Emergency Medical Treatment form, which includes a medical consent in case of emergency. Children should be kept home for the following: fever of 100.4 or greater, vomiting, diarrhea with the last 24 hours, rash of undetermined origin, severe cold, cough, sore throat, or colored drainage from eyes or nose, and contagious or communicable disease such as hand food and mouth, thrush, pink eye, or RSV. Parents will notify First Grace if your child is absent due to a communicable disease diagnosed by the physician. This allows us to inform other families regarding exposure. _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, when I cannot be present and/or reached by phone, I hereby acknowledge that First Grace Child Development Center will arrange for emergency medical care by calling 911.

Any qualified person providing such required medical attention, treatment, or services may accept this consent as if given by me in person.

I understand that First Grace Child Development Center will make every effort to contact me as soon as possible.

Child Information:

Child's Name: _____ Social Security Number: _____

Parent/Guardian's Name:

Child's Physician: _____ Phone Number: _____

Preferred Hospital:

General Health of child: _____ Immunizations Current: _____

Allergies:

Insurance Information:

Primary Insurance Provider:

Medical Insurance Contract or Medicaid Number:

_____ Group Number: _____

Parent/Guardian Signature: _____ Date: _____

First Grace Child Development Center

Child's Medical Report

Child's Name: _____

Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____

Phone Number: _____

In addition to a medical report or medical screening, a Certificate of Immunization is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies:

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

_____ Date

First Grace Child Development Center

Full Time Registration

\$125 Non-Refundable Application & Supply Fee - For **New Students**

Infants – 1k Programs:

Full Time \$170 weekly or \$736.67 monthly

2k, 3k, and PreK Programs:

Full Time \$165 weekly or \$715 monthly

**** A 10% sibling discount is applied to the older sibling(s) or the lesser account.**

Payment Options

There are three methods parents/guardians can pay for tuition and they are as follows:

1. Weekly (due on Mondays by 12:00pm)
2. Monthly (due on the 1st of the month)
 - Monthly invoices will be sent the 1st of each month. The monthly fee will be an annualized rate that will be determined by your registered weekly rate over the course of a year/term. (Ex: weekly rate of \$165; monthly invoice will be \$715)
3. Pre-pay by the season (Jan 1st for Winter & Aug. 1st for Fall). Please let the Director know by December 15th for Winter term and July 15th for Fall term if you will be choosing this payment option.
 - Invoices will be sent the 1st of January and the 1st of August for 5 months.

Child's Name: _____

Parent's Signature: _____ Date: _____

Parent Mailing Address: _____

Parent E-mail: _____

Payment & Tuition Agreement (Full-Time)

- I hereby agree to pay the tuition fee due as indicated below; I understand that rates are subject to change as deemed necessary.
- My child is registered to attend First Grace Monday-Friday (Full-Time); Parent Initials_____
- First Grace allows the following payment options.
 - a. () \$_____ due weekly - each Monday by 12:00 p.m.
 - b. () \$_____ due monthly – the 1st of the month by 6:00 pm
 - c. Pre-Pay () \$_____ Jan 1st- May 31st Due on Jan 1st - OR () \$_____ Aug 1st – Dec 31st – Due on Aug. 1st.

Parents may place payments in the tuition box downstairs.

If the bill is still delinquent after the above payment due date selected, a cessation of services may occur. After 30 days of delinquency, parents will receive a gentle reminder. If no response, we will send a registered letter requiring your signature and requesting the payment. A final registered letter will be sent if payment is not received, letting debtor know the bill will be turned over to collections if not received in 10 business days.

- I understand that a \$25.00 late fee will be applied to each week that is late.
- I understand that a non-refundable \$25.00 registration fee and \$100 supply is due for all **new students**.
- Days of absence due to illness, bad weather, holidays or school closings are not to be deducted from tuition payment.
- A late fee of \$15.00 for the first 5 minutes and \$1.00 each minute after will be assessed for children picked up after 6:00 p.m. Late fees will be added to your monthly billing statement.
- A fee of \$35.00 will be automatically assessed to your child's account for any returned checks.
- Any outstanding balances will prohibit one for registering their child for any other programs offered and for the new registration year.
- I understand that a two-week written notice to the director (email is acceptable) is required to withdraw your child from First Grace. Brightwheel is not an accepted form of written notice. Weekly fees are still applicable during this time and your child's account will need to be made current before leaving.

I have read First Grace Child Development Center's policy on Payment and Tuition and fully understand the guidelines regarding payment. I therefore am responsible for all payments and fees incurred during my child's enrollment in First Grace and will be held accountable for any outstanding debts.

Child's Name: _____

Parent's Signature: _____ Date: _____

First Grace Child Development Center

Part Time Registration

\$125 Non-Refundable Application & Supply Fee - For **New Students**

Infants – 1k Programs:

Part Time 2 days \$85 weekly

Part Time 3 days \$120 weekly

2k, 3k, and 4k Programs:

Part Time 2 Days \$80 weekly

Part Time 3 Days \$115 weekly

***A 10% sibling discount is applied to the older sibling(s) or the lesser account.**

An Additional **Drop-In Day** is \$45 per day (if approved by the director at least 24 hours in advance). Any day of the week other than those selected on this registration form, will be considered Drop-In Days and subject to the \$45 fee. In order to maintain a balanced roster, changing part-time days due to sickness, vacation, schedules, etc. is not permitted.

Payment Options

There are three methods parents/guardians can pay for tuition and they are as follows:

1. Weekly (due on Mondays by 12:00pm)
2. Monthly (due on the 1st of the month)
 - Monthly invoices will be sent the 1st of each month. The monthly fee will be an annualized rate that will be determined by your registered weekly rate over the course of a year/term. (Ex: weekly rate of \$165; monthly invoice will be \$715)
3. Pre-pay by the season (Jan 1st for Winter & Aug. 1st for Fall). Please let the Director know by December 15th for Winter term and July 15th for Fall term if you will be choosing this payment option.
 - Invoices will be sent the 1st of January and the 1st of August for 5 months.

Child's Name: _____

Parent's Signature: _____ Date: _____

Parent Mailing Address: _____

Parent E-mail: _____

Payment & Tuition Agreement (Part-Time)

- I hereby agree to pay the tuition fee due as indicated below; I understand that rates are subject to change as deemed necessary.
- My child is registered to attend First Grace Monday-Friday (Part-Time); Parent Initials_____
- My child is registering to attend on the following days (Circle):
Monday Tuesday Wednesday Thursday Friday
- First Grace allows the following payment options.
 - a. () \$_____ due weekly - each Monday by 12:00 p.m.
 - b. () \$_____ due monthly – the 1st of the month by 6:00 pm
 - c. Pre-Pay () \$_____ Jan 1st- May 31st Due on Jan 1st - OR () \$_____ Aug 1st – Dec 31st – Due on Aug. 1st.

Parents may place payments in the tuition box downstairs.

If the bill is still delinquent after the above payment due date selected, a cessation of services may occur. After 30 days of delinquency, parents will receive a gentle reminder. If no response, we will send a registered letter requiring your signature and requesting the payment. A final registered letter will be sent if payment is not received letting debtor know the bill will be turned over to collections if not received in 10 business days.

- I understand that if my child is part-time and attends on a non-registered day that has not been approved 1 business day in advance by Director, a fee of \$75.00 will be assessed for each non-registered day.
- I understand that a \$25.00 late fee will be applied to each week that is late.
- I understand that a non-refundable \$25.00 registration fee and \$100 supply is due for all **new students**.
- Days of absence due to illness, bad weather, holidays or school closings are not to be deducted from tuition payment.
- A late fee of \$15.00 for the first 5 minutes and \$1.00 each minute after will be assessed for children picked up after 6:00 p.m. Late fees will be added to your monthly billing statement.
- A fee of \$35.00 will be automatically assessed to your child's account for any returned checks.
- Any outstanding balances will prohibit one for registering their child for any other programs offered and for the new registration year.
- I understand that a two-week written notice to the director (email is acceptable) is required to withdraw your child from First Grace. Brightwheel is not an accepted form of written notice. Weekly fees are still applicable during this time and your child's account will need to be made current before leaving.

I have read First Grace Child Development Center's policy on Payment and Tuition and fully understand the guidelines regarding payment. I therefore am responsible for all payments and fees incurred during my child's enrollment in First Grace and will be held accountable for any outstanding debts.

Child's Name: _____ Parents Signature: _____ Date: _____

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility.

Child's Name:	Name child is known by:
Child's Birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Best telephone number to reach: ()
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as beeper, cellular phone, etc. Parent/Guardian # _____ Parent/Guardian # _____	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number:
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature Date

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA

COUNTY OF _____ (county where center is located)

Before me, a notary public in and for said state and county, appeared (parent/guardian) _____ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor (child/children) _____; that affiant has been notified by (Director) Kristin Green, a representative of First Grace Child Development Center and First United Methodist Church, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this ____ day of _____, 20____.

_____ Notary Public

My commission expires _____

Notary Seal

Checklist of Forms to be Returned

Student Name: _____

1. _____ Signed Full-time or Part-time Registration Form
2. _____ Signed Payment Agreement
3. _____ Signed and Notarized Affidavit
4. _____ Signed Parent Code of Conduct
5. _____ Signed Parental/Guardian Agreement
6. _____ Signed Permission for Emergency Medical Treatment
7. _____ Signed Pre-admission Form
8. _____ Immunization Records (Blue Card)