

# **MOTHER'S DAY OUT**

## **FIRST BAPTIST CHURCH**

### **GUIDELINES AND POLICIES**

#### **HOURS**

The Mother's Day Out (MDO) program is a non-profit ministry each Tuesday and Thursday. We offer an extended day program from 8:30 a.m. to 4:30 p.m. or a regular day program from 9 a.m. to 2 p.m. Children age 8 weeks through Pre-Kindergarten are eligible for this program. Please let the director know which program you would like to be enrolled in.

#### **REGISTRATION FEE**

A non-refundable fee of \$50 per child will be charged. This fee is paid when a parent enrolls his/her child. A paid registration fee will ensure your child's place in a class.

#### **SUPPLY FEE**

A supply fee of \$20 will be collected in October and April of each year. This fee will help offset the cost of materials for the Mother's Day Out program.

#### **LATE FEE**

Parents who fail to pick up their child promptly at the scheduled time will have a \$1 per minute late fee assessed to their account.

#### **CANCELLATIONS**

If your child does not plan to attend MDO for any reason, a cancellation should be made by Monday or Wednesday. You may do this by calling the director in the church office. Payment must still be made in the case of an absence.

#### **MONTHLY TUITION**

The tuition is \$160 for the first child and \$140 for each additional child within the same family for the 9:00 a.m.-2:00 p.m. day. The tuition is \$200 for the first child and \$180 for each additional child within the same family for the 8:30 a.m.-4:30 p.m. days. This fee should be paid by the first Thursday of the month.

***\*PLEASE BE SURE TO SEND A LUNCH WITH YOUR CHILD EACH DAY!***

**THINGS YOU NEED TO BRING:**

- Ample diapers or training pants
- Change of clothing for each child in a Ziploc bag (2 pair of training pants/socks for toddlers)
- Bottles or sippy cups with the child's name labeled on it (**All items labeled with child's name**)
- Comfortable, seasonal clothing
- Nutritious lunch
- Blanket and crib sheet for 2 years and older (small pillows are optional) please send these in an XL Ziploc bag. We will store their mats and blankets in these Ziplocs to keep them separated.
- Immunizations

**THINGS YOU DO NOT NEED TO BRING:**

- Personal toys
- Food that needs preparing
- Food with peanut products
- Any medicine unless left with director with instructions
- An ill child

**CLOSINGS**

From time to time, MDO will be cancelled for holidays, workshops for workers, planning days, vacation time, or special church functions. You will be notified in advance when the closings will take place. Anytime the Jonesboro Public Schools are closed due to snow or ice, MDO will be cancelled. MDO will also coincide with Spring Break holidays for Jonesboro Public Schools.

**PARENTS OF CHILDREN IN MDO**

Making sure that your child is protected while you are away is very important. To be absolutely safe, you should provide the director with the name of anyone other than yourself who will be picking up or dropping off your child. This should be done in writing. Please also note the enclosed form for emergency medical treatment should you be unavailable for contact.

Unless a child's injuries are life threatening, hospital personnel and physicians cannot treat your child without parental/guardian consent. As a result, your child may suffer unnecessarily while waiting to treat a cut or set a broken bone.

**PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD TO AVOID THIS SITUATION!**

**FIRST BAPTIST CHURCH  
MOTHER'S DAY OUT  
REGISTRATION APPLICATION**

**CHILD'S NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ MALE FEMALE

DATE OF ENROLLMENT \_\_\_\_\_ PHONE # \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

WORK HOURS \_\_\_\_\_ WORK # \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

WORK HOURS \_\_\_\_\_ WORK # \_\_\_\_\_

**(PLEASE MAKE SURE YOUR MOBILES ARE TURNED ON DURING MDO DAYS)**

NAME, ADDRESS, & PHONE NUMBER OF A PERSON WHO WOULD ASSUME RESPONSIBILITY FOR YOUR CHILD IN THE EVENT OF AN EMERGENCY AND FBC IS UNABLE TO CONTACT YOU. PLEASE BE SURE THIS PERSON **KNOWS** THEY HAVE BEEN LISTED ON THIS APPLICATION.

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE #s \_\_\_\_\_ ADDRESS \_\_\_\_\_

PERMISSION IS GRANTED FOR THIS PERSON TO MEET THE NEEDS OF MY CHILD IN MY ABSENCE.

\_\_\_\_\_  
\*\* PARENT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

## **CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD**

\_\_\_\_\_ and \_\_\_\_\_ being the parents/and/or legal guardian of \_\_\_\_\_, a minor born on \_\_\_\_\_, authorize any staff member of First Baptist Church, 701 South Main Street, Jonesboro, Craighead County, Arkansas, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above mentioned minor under the general or special supervision and the advice of attending physician or surgeon licensed to practice in the state of Arkansas. I give my permission to have my child transported by a staff member/ambulance to the following medical facility, \_\_\_\_\_.  
(Name of Hospital)

\_\_\_\_\_  
\*\* PARENT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

CHILD'S PHYSICIAN \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

Does your child have any special fears or problems? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Please list anything else special about your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **MOTHER'S DAY OUT HEALTH REQUIREMENTS**

The Arkansas Department for Health requires that all children in childcare facilities keep up-to-date records on immunizations. Parents must provide immunization records before their child enters the FBC MDO program.

Please inform the Director of any changes in your child's health.

Mild illness is very common among children, and most children should not be excluded from their usual source of care. Infectious disease prevention and control strategies are often influenced by the fact that infected persons can transmit certain infections to others.

Children need not be excluded for a minor illness unless any of the following exists:

1. The illness results in a greater need of care than our staff can provide without compromising the care of the other children.
2. The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of possible severe illness.
3. Diarrhea—3 or more watery stools in past 24 hours.
4. Vomiting—2 or more occasions in past 24 hours.
5. Mouth sores associated with inability to keep control of his/her saliva.
6. Rash—body rash, not obviously associated with diapering, heat, or allergic reactions to medications.
7. Conjunctivitis—"pink eye" often with yellow discharge and matted eyelids after sleep and eye pain or redness.
8. Impetigo—or any oozing wound—until all oozing areas are crusted over without leakage.
9. Head lice—until the morning AFTER the first treatment.
10. 100 degrees or more fever in the past 24 hours.
11. Sore throat—associated with fever or swollen glands.

If a child becomes ill or has any of the above symptoms while attending MDO, the parent will be notified and should be prepared to pickup the child as soon as possible.

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\*\* PARENT SIGNATURE

DATE SIGNED

## **MDO CONFIRMATION**

To insure that you have read all of the guidelines and policies for MDO, please read and sign below. This will be kept with your child's file.

Thank You!!

I have read and understand the guidelines for MDO set forth by FBC:

1. I will pay a late fee of \$1 per minute if my child is not picked up by 2 p.m. or 4:30 p.m. (depending on which program my child is enrolled in)
2. Even in the case of an absence, payment must be made.

I also understand that signs in the preschool area and notes in diaper bags will announce MDO closings as well as notes in church and home newsletters.

3. Tuition is due by the first Thursday of the month.
4. I will provide a copy of current immunizations.

I understand that the MDO director is available for questions and help when needed. When in doubt, please call!

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PARENT SIGNATURE

DATE

# WHO CAN PICK UP YOUR CHILD?

\* CHILD'S NAME \_\_\_\_\_

PARENT(S) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_  
Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_