



First Christian Church's **Children Come First (CCF)** Mother's Day Out meets on Mondays and Wednesdays from 8:30 a.m. until 2:30 p.m. at Brook Hollow Christian Church located at 2310 S. Willis St, 79605 temporarily this year. Our program will help jump start your child's love of learning and school with fun lesson plans designed around each age group. You can reach us at SARAHccfcc@gmail.com or call at 325-677-2186. Classes are scheduled for children 3 months - 5 years. MDO begins after Labor Day.

Payments/ Fees and Pick-up

The initial enrollment fee is \$50 for each child (\$55 per family). The daily fee is \$25 for a "drop off". The fee is reduced by \$5 for each additional brother or sister also attending. The session fee is due as you arrive for the session; at the first of the month; or a schedule arranged with the Director.

The monthly payment will be \$180 for full-time & \$95 part-time (for once a week). Please indicate the name(s) of your child(ren) on your check. If you wish to pay by cash, place the exact amount in an envelope with the name of the child. This will ensure proper credit to your account. A two-week written notice is required when a child is to be withdrawn. A \$15.00 late fee will be added to the monthly payment, if payment is not paid within 5 days of due date.

Please do not plan to leave your child before 8:30 am; teachers need these last few minutes to be ready to greet your child when you arrive. A late fee of \$5.00 for each 10-minute segment (or portion thereof) is charged if a child is not picked up by 2:30 p.m. **Remember to sign in/out your child by each classroom.** We must have the name and phone number of someone who could be reached that day in the event of an emergency or illness. Please indicate on the sign-in sheet the name of the person who will pick up the child that day. Identification will be needed for child pick-up if it is someone other than a person on the list.

Absences and Illnesses

Please contact us if your child will not be attending MDO. This will help us better plan the day for each class. CCF will follow Abilene ISD inclement weather days and holidays.

A child **may not** attend when the child has or shows any symptoms of the following:

1. Fever (must be fever free without medication for 24 hours)
2. Nausea, vomiting, diarrhea (must be free of vomiting and/or diarrhea for 24 hours)
3. Common cold – from onset through 1 week
4. Any symptoms of childhood diseases, such as scarlet fever, measles, chicken pox, strep throat, flu, etc., or any infectious contagious disease
5. Chicken pox – all sores must be completely scabbed over and dry underneath
6. Heavy nasal discharge (green)



7. Any unexplained rash
 8. Any skin infection – boils, ringworm, impetigo, thrush, hand-foot-mouth disease, fifth disease
 9. Sore throat or constant cough
 10. Inflammation or discharge from eyes (all eye infections are contagious, must be on medication for 24 hours before returning)
 11. Head lice
 12. When in doubt, please apply the “Golden Rule”.
- * Any medicine to be given during MDO must be brought to the Director for approval with clear written instructions with it, and the name of the child. Do not leave medicines in a diaper bag or lunch bag.

Behavioral Situations

Separation anxiety – some children will experience sadness and crying with separation from parents but most will calm down after a few weeks. If the anxiety continues, we will ask you to ease your child into the program by bringing the child for short periods of time. We will do this until the teachers and director feel the child is ready for a full day.

Limits will be set and rules established for the benefit of each child and classroom. Our policy, when deemed necessary, is redirecting the child to another activity and then a brief “time out” from the activity if necessary (for children 2 years and older).

Biting, scratching, hitting – if this occurs the child is told ‘no’ and placed in a brief time out setting to keep other children from injury. If the behavior continues, the child’s guardian will be called to pick him/her up from MDO. This is for the safety of the other children in the program. We will never release the name of the child who is biting, scratching or hitting.

Disciplinary problems - are handled on an individual basis. We will attempt to work with the child and parent, but safety is always our first concern. Dismissal from the MDO program is at the discretion of the director and the church board.

We always try to work with every child and parent when a problem arises, but we must also consider what is best for the classroom as a whole. Please remember we do not have a 1 on 1 ratio in any classroom. Each child deserves the same amount of attention from a teacher.

A positive reinforcement behavior with treasure box will be implemented.

Food and items

We will provide a snack mid-morning. Babies in MDO will need adequate milk/formula and food for the entire session. All other children will need to bring finger foods that are ready to serve; use thermos or cold pack as needed. Please be sure that lunch is in a clearly labeled bag or container separate from diapers or other belongings.



Birthdays (and holidays) are special and are celebrated after lunch or at 2pm. Please make arrangements with your child's classroom teachers if you plan to bring treats to share in order to get an accurate count of classmates.

****Please inform the Director and teachers of any food allergies.****

All items must be labeled with the child's name. Children in diapers need to bring diapers for the day. Children will have rest or nap time after lunch. You may bring a (labeled) cup, blanket and/or pillow for them to use.

Keeping informed

The **Remind** App and our Facebook page will be used to keep parents and teachers informed of school cancellations and other information.

CCF loves to share the fun and love with our community. Pictures will be posted on Facebook, around the church, church newsletter and other public outlets. Please indicate here if you **DECLINE**

_____.

The \$50 initial enrollment fee, completed enrollment form, and a copy of the child's immunization record must be received before a child attends. A new enrollment form must be completed before each fall session. **Updated immunization records are needed** whenever immunizations are given. Please notify the MDO Director of any other information changes that occur during the year.

Please sign below as an acceptance of these terms and as an indication that you understand, accept and received a copy of the above terms as the parent/legal guardian.

Parent Signature

Date

Director Signature

Date

Sarah Christopher, Mother's Day-Out Coordinator



CONSENT AND LIABILITY OF MEDICAL TREATMENT OF A MINOR CHILD

I (we) _____ and _____

the parent(s) or legal guardian(s) of _____

age _____, born on _____ residing at

(Home address, city, state, zip)

I authorize any staff member of First Christian Church and Children Come First, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Texas. I assume the responsibility for any and all costs connected with such treatment and here by release First Christian Church (FCC) and Children Come First (CCF) staff, faculty, volunteers and personnel from ANY and ALL liability, claims or demands for personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever which may incurred by my child in the course of CCF or FCC programs, activities and events.

(Signature of Parent/Guardian)

(Date)

Child's Physician _____

Address _____

Phone _____

Child's Allergies

Hospital preference? No _____ Yes _____ If yes, hospital preference

(Signature of Parent/Guardian)(Date)



ENROLLMENT FORM

CHILD'S NAME _____

BIRTHDAY _____ AGE _____

PARENT or GUARDIAN _____

ADDRESS _____ ZIP _____

PHONE # _____ Email _____
(where parents can be reached during the day)

Food allergies _____

Names & Phone numbers of persons to whom we may release your child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

EMERGENCY INFORMATION

Name and Phone numbers of persons to contact if you can't be reached:

1) _____ 2) _____

Name and phone number of physician: _____

**In event of an illness or accident, which requires immediate medical treatment at a time when a parent cannot be reached, I give permission for Sarah Christopher, Director, or other staff personnel designated by Sarah, to authorize such treatment for my child. I will not hold First Christian Church or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other person listed for emergency contact.*

Signature of Parent or Guardian _____ Date _____

May we publish your child's picture in (newspaper, newsletter, internet, etc...) without child's name? _____

ENROLLEMENT FEE: \$50.00 per child or \$55.00 per family

MONTHLY FEE: \$180 PART-TIME: \$95

DROP-IN FEE: \$25.00 per day (1 Child) -- \$20.00 for each additional Child--\$20 for continuous

"Children Come First" IS OVER EACH DAY AT 2:30 PM

All children should be picked up by this time. An Additional \$5.00 per 10 minutes is charged for any child picked up after 2:30 PM unless other arrangements have been made.

In the event of an emergency during school hours, you can call the church office (677-2186) or Sarah cell (518-9922)

I have read and understood the Enrollment, Payment Fee and Parent Information Booklet.

DATE _____ Signature of Parent/Guardian _____