

First United Methodist Church School for Little People

2010-2011 Infant or Toddler Enrollment Form

Director: Faye Canafax
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909 10th Street
Wichita Falls, Texas 76301
email: slp@fumcwf.org

Date added to wait list _____

Date of enrollment _____ Confirmed Start Date: _____ (office use only)

Child's Full Name _____ Name used _____

Address _____ City _____ Zip Code _____

Date of Birth: ___/___/___ Home Phone () _____ - _____

Mother's Name: _____ **Father's Name:** _____

Address: _____ Zip _____ Address: _____ Zip _____

Mom's Place of Employment _____ Dad's Place of Employment _____

Mom's Home Phone _____ Dad's Home Phone _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Mobile Phone _____ Dad's Mobile Phone _____

Mom's E-mail address _____ Dad's E-mail address _____

Stepmother's Name: _____ **Stepfather's Name:** _____

Address: _____ Zip _____ Address: _____ Zip _____

Step mom's Home Phone _____ Step dad's Home Phone _____

Step mom's Work Phone _____ Step dad's Work Phone _____

Step mom's Mobile Phone _____ Step dad's Mobile Phone _____

Step mom's E-mail address _____ Step dad's E-mail address _____

Legal Guardian (Other than Parents) _____ Phone _____

Address _____ Zip Code _____ Mobile Phone _____

Any Other Caretakers? Name _____ Phone _____

A non-refundable enrollment fee of \$75.00 is due upon enrollment.

I am enrolling my child for:

Infant I Care: 6 week – crawling. **Full time care only** 7:15-5:15 cost \$140.00 per week.

Please fill in times for dropping-off and picking-up.

	Drop-off	Pick-up
Mon		
Tues.		
Wed.		
Thurs.		
Fri.		

Infant II Care: crawling – 18 months. **Full time care only** 7:15-5:15 cost \$125.00 per week.

Please fill in times for dropping-off and picking-up.

	Drop-off	Pick-up
Mon		
Tues.		
Wed.		
Thurs.		
Fri.		

Toddler Care: 18 month -24 months. **Full time care only** 7:15-5:15 cost \$125.00 per week.

Please fill in times for dropping-off and picking-up.

	Drop-off	Pick-up
Mon		
Tues.		
Wed.		
Thurs.		
Fri.		

Infant and Toddler care will be closed for all holidays School for Little People extended care is closed. A calendar will be given to you at enrollment time, one is in the parent handbook, and one will be mailed to you over the summer.

Family Information:

List Siblings and ages _____

What experiences has your child had away from Parents? _____

How does your child react away from Parents? _____

What do you hope for your child to gain from this experience? _____

Are there special circumstances in your family we should be aware of? (Custody information, divorce, restraining orders, etc.) **We must have a copy of all legal documents on file in order to enforce them.** All information will be kept confidential.

Parents' church preference _____

Permission for taking and / or using photographs or videos:

I (we) hereby grant to School for Little People permission to take and use photographs or videos of my child.
I (we) also grant to School for Little People permission to use the finished photographs or videos for the purpose of education and / or membership promotion, and grant the right to publish and / or publicly exhibit the photographs or videos in any lawful and legitimate manner.

Signature of parent or guardian

Date

Emergency Information:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of School for Little People to take my child to:

Doctor: _____

Address _____ Phone _____

Alternate Doctor: _____

Address _____ Phone _____

Clinic or Hospital _____

Address _____ Phone _____

I consent for any and all necessary treatment when my child is in the care of this physician and / or hospital or clinic.

Signature of parent or guardian

Date

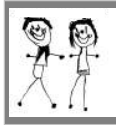
Please give names **two of local individuals**, other than parents or guardians, who may be responsible in case parents cannot be reached. Your child will not be released to any others.

Name _____ Phone _____

Address _____ Mobile Phone _____

Name _____ Phone _____

Address _____ Mobile Phone _____



School for Little People

Contract

First United Methodist Church School for Little People is grateful that you have chosen to be part of our ongoing program for 2010-2011. Because activities are planned and budgeted and our costs prorated for the entire year the following must be agreed upon by the school and the parents for the benefit of the children. **Please initial each point in the space provided.**

____ 1. The enrollment fee of \$75.00 must be paid at the time of enrollment, This fee is **non-refundable** unless the family moves out of town prior to the scheduled start date.

____ 2. Rates are as follows:

Infant I - \$140.00 per week

Infant II - \$125.00 per week

Toddlers - \$125.00 per week

____ 3. Weekly Care payments are due on Monday the week care is received, but may be paid ahead monthly if desired. A \$5.00 per week late charge will be assessed if payment is made later than Friday of the current week.

____ 4. Because rates are prorated for the entire year, there are no discounts or reduced amounts for care charges for days missed due to illness, absences, vacations or the school being closed for holidays, emergencies or inclement weather, with one exception, *parents will not be billed for Infant and Toddler care Dec. 24 – Jan. 1 while the school is closed.*

____ 5. The person bringing or picking up your child must be sure that a staff member is aware of the child's arrival and departure. You are required to record your child's attendance on the sign-in, sign-out sheet provided in each classroom.

____ 6. A staff member or the director will be available for conferences with parents by appointment. Any accidents, special problems or occurrences in the school affecting your child will be brought to your attention.

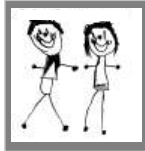
I agree to the terms stated above.

Parent or guardian signature

Date

Director's Signature

Date



First United Methodist Church
School for Little People
Box 2125, Tenth and Travis
Wichita Falls, Texas 76307
940-766-0575
Fax 940-766-1411

2010-2011 Health Requirements

State Licensing requires a new form each year.

Child's name _____ Birth date _____

Brief health history including any allergies or special on going health needs _____

Does your child have special needs? (speech, hearing loss, learning disability, or other special diagnosis)

Health Statement (physician must provide an annual health statement for preschool children.)

The above named child has been examined by a licensed physician during the past year and is physically able to take part in this program.

Physician's signature _____ Date _____

A copy of the child's current shot record must be attached to this form. It is your responsibility to provide an up-dated copy as new immunizations are received by your child.

A copy of your child's birth certificate is needed if this is his or her first year at School for Little People.

This form MUST be completed, signed by a physician and returned to the office prior to the scheduled start date.

ENROLLMENT FILE CHECKLIST

Please remit the following before your child's first day of school.
Detach and keep this form for your records.

__ Enrollment Fee (\$75 per year)

__ Enrollment Forms

__ Schedule of Attendance

__ Family Information

__ Photo Permission & Emergency Information

__ Contract

__ Health Requirements (State Licensing requires a new form each year)

__ Pick-Up Sheet (State Licensing requires a new form each year)

__ Shot Record (Please submit any updates throughout the year)

__ Birth Certificate (If not currently on file)

__ Medication Authorization (State Licensing requires a new signed form as needed)

__ Infant/Toddler Care Instructions

__ Parent Handbook Signature Page

Infant/Toddler Supply List

Diapers _____ Wipes _____ Diaper Cream _____

Formula/Milk _____ Juice _____ Daily Clean Bottles _____

Daily Baby Food/Toddler Lunch _____ Snack Finger Foods _____

Nasal Bulb _____ Saline Nasal Spray _____ Pacifier _____

Medication Log

I authorize the employees of School for Little People to administer the following medications to _____

Child's Name

#1

Name of Medication _____

Dosage _____

Frequency _____

Duration _____

Physician _____

Rx Number _____

Returned/Discarded _____

#2

Name of Medication _____

Dosage _____

Frequency _____

Duration _____

Physician _____

Rx Number _____

Returned/Discarded _____

#3

Name of Medication _____

Dosage _____

Duration _____

Physician _____

Rx Number _____

Returned/Discarded _____

#4

Name of Medication _____

Dosage _____

Duration _____

Physician _____

Rx Number _____

Returned/Discarded _____

We cannot administer prescription medication to a child that is not prescribed for that child. Medicine must be in its original container with the child's name clearly written. Over the counter medication must also be labeled with the child's name and date brought to SLP. State Licensing requires a physician's signature to dispense over the counter medication to children under two years of age.

Parent Signature Date

Or _____
Physician Signature Date

Infant/Toddler Care Instructions

State Licensing requires that a child not yet ready for table food must be fed a formula or diet approved in writing, signed and dated by the child's physician or parent and must be updated as changes are made. **In order to serve your child's needs in a more individual manner, you will be asked to complete/update the following information every 30 days:**

Child's Name _____ Birthdate: _____

Breast Milk Yes No Instructions: _____

Formula/ Milk Name _____ Liquid Powder
 Served Cold Served at Room Temperature By Bottle By Cup
Instructions: _____

Juice Type(s) _____ By Bottle By Cup

Baby Foods

Type(s): _____

Finger Foods

Type(s): _____

Allergies Food _____ Skin _____
 Other _____

Diapering Ointment or Cream Type used _____
Instructions: _____

Sleeping Back or Side Instructions _____
(State guidelines prohibit sleeping on the tummy until the child can easily turn over on their own)

Pacifier Yes No Nap Only

Basic Daily Schedule

Parent Signature _____ Date _____