### **KDO Enrollment**

# \$50 Non-refundable registration fee required at time of enrollment.

K8	<u></u>	Date
	Gender	Date of Birth
		Oklahoma
	City	State
		Oklahoma
	City	State
whom child lives with	Phone	Alternate phone
Business phone	Email	
vhom child lives with	Phone	Alternate phone
Business phone	Email	
of emergency, when the par	ent or guardian o	cannot be reached. List in
		Phone
	whom child lives with  Business phone  whom child lives with  Business phone	Gender  City  City  whom child lives with Phone  Business phone Email  whom child lives with Phone  Business phone Email

#### **Immunization Record**

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines.

Parent/guardian must provide a copy of the current updated immunization record to the child care program. Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Child's physician or clinic		Phone	
		Oklahoma	
Street address	City	State	ZIP
<ul> <li>I understand that a signe medication to any child.</li> </ul>	d parent/guardian peri	mission is obtained pri	or to administration of any
Does your child have any speci eating, or sleeping activities? Wh	_	utine care, behavior m	odification, communication,
Does your child have any known When yes, list:	n allergies?		YES NO
Does the known allergy require When yes, describe:	special precautions, ac	tions, or medications?	YES NO
Describe any special precautions	s for diet, medication, o	or activity, when applica	able:
Are there any other special cons When yes, describe:	siderations that would a	assist this program in p	providing care to your child?
Will your child receive any speci	ialized services from pr	ofessionals outside of t	this program's personnel?YESNO
o When yes, I understand t	hat a signed and dated	parent permission is re	equired.
I give my permission for programmy child?	m personnel to consult	with specialized perso	onnel regarding the needs of YES NO

	Name	Phone
gnature		
~	form is supplied by the Depar	rtment of Human Services (DHS) for the convenience o
nderstand this		· · ·
nderstand this ld care progra		, ,
nderstand this ild care progra	m and me to assist with care obligation upon DHS.	rtment of Human Services (DHS) for the convenience of e of my child. Supplying this form in no way imposes a enrolment and when revisions are made.
nderstand this ild care prograsponsibility or cogram policies lecting Quality	m and me to assist with care obligation upon DHS. are provided to parents upon Child Care – A Parent Guide,	e of my child. Supplying this form in no way imposes a enrolment and when revisions are made.  DHS publication 87—91, Licensing Requirements for C
ild care progra sponsibility or o ogram policies lecting Quality	m and me to assist with care obligation upon DHS. are provided to parents upon Child Care – A Parent Guide, DHS publication 14-05, and	e of my child. Supplying this form in no way imposes a enrolment and when revisions are made.

Date

Date child withdrawn: \_\_\_\_\_

Parent/guardian signature

**Child Care Program Use** 

Date child entered program: \_\_\_\_\_

#### **AUTHORIZATION FOR EMERGENCY CARE TO MINORS**

Reference: Title 10 O.S. (1974 Supp.) Section 170-1

I/We the undersigned, parent(s) or legal guardian o	f the minor(s) listed below:
(Minor's Name and Birth Date)	(Minor's Name and Birth Date)
(Minor's Name and Birth Date)	(Minor's Name and Birth Date)
transport my child to the nearest medical facility an examination, anesthetic, dental, medical or surgical	-
Deanna Carey	Kelly Turley
(Name of Adult Persons who are Temporary Custod	
treatment is rendered at the office of the physician physician or dentist to call in any necessary consultate physician or dentist to exercise his/their discretion in member.  It is understood that this consent is given in advance is given to encourage those persons who have tempt to exercise his/their best judgement as to the requite treatment.  I/We also understand we are financially responsible and/or treatment due to a medical event.  This consent shall remain effective from the first T sooner revoked in writing, delivered to said physic custody, care, and control of said minor child or child.	e of any specific diagnosis or treatment being required, but borary custody of the minor, and said physician or dentist rements of such diagnosis or medical or dental or surgical of for any and all expenses that may occur during transport uesday in August until the last Friday in May unless cian or dentist or to said persons entrusted with the hildren.
Father (or Legal Guardian)	Mother (or Legal Guardian)
Doctor's Name	Dr. Office Phone
Known Allergies	
Health Insurance Company & Number	
In Case of Emergency, call:	DATED:

# ABUNDANT GRACE METHODIST CHURCH KID'S DAY OUT

I have received the Parent Handbook of the Kid's Day Out program at the Wagoner Methodist Church. I understand that all of this policy applies to me and my child.

Parent/Guardian Signature:

Name	Date
Photography	Policy
I agree that my child's photographs m purposes.	ay be shared for church
Name	Date

#### Kid's Day Out

Wagoner Methodist Church Wagoner, Oklahoma

Please initial each section that you have read and understand.

Kids Day Out admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at our facility. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies or any other day care-sponsored programs.

#### **Days and Hours of Operations**

Hours and operation are from 7:00a.m. – 5:30p.m. Monday through Friday. Please see th	ie "Schoo	ol Closings"
page for holiday breaks. Advance notice will be given for the days the program is closed t	hrough t	the
Brightwheel app and Facebook.		

#### **Inclement Weather**

The Wagoner Public School District policy will be followed in the event of icy or snowy weather. If the school closes or has late arrival, KDO will be closed also. If the District has a regular school day, we will be open as scheduled. Payment in full is due even in the event of school closings.

#### **Enrollment**

KDO maintains a waiting list for all age groups. This is our primary means of filling the classes each semester. An enrollment fee of **\$50 per child** is charged each year and is payable upon enrollment to ensure a spot for your child. This fee is non-refundable.

#### **Arrival Time**

Children are to arrive at 7:00a.m. but no earlier than 6:55a.m. each morning so that the teachers may have time to prepare for the day. We understand that separation from parent and child can be difficult at times. If a child is having difficulties separating, a quick drop off is usually best. In most cases children usually calm down before their parents even leave the parking lot. Your child will be comforted by the teacher and reminded that their parent will return.

Children will not be permitted to attend for the day if they are not there by 9:00a.m. This allows our classes to have less interruptions in their schedules.

#### **Pick-Up Time**

Children are to be picked up at 5:30p.m. Please be prompt to pick up your child. If your child has not been picked up by 5:30p.m., they will be taken to the Director's Office and a \$25 late fee will be charged.

#### **Security**

Each day you will need to check your child in using the Brightwheel app and leave a number where you may be reached if it is different from the number on file. When picking up your child you will need to check them out as well. This ensures that every child leaves with an authorized person.

If there are occasions when someone other than those listed on your child's enrollment form is to pick up your child, please let us know. Your child will be released to another individual only after:

- A phone call, Brightwheel message, email, or note is left with the director with the name, telephone number, and relationship to the child.
- Proper identification must be shown and copied at the time the child is picked up.

KDO is released from any responsibility for accident or injury while a child is at Daycare.

The KDO doors will remain locked during the day. If you need to pick up your child early, check in at the church office.

#### **Clothing**

Dress your child appropriate for play and outdoor activity. Select clothing that is washable, sturdy, free of complicated fastenings, and weather appropriate. Please bring an extra change of clothes for your child to be left at school. Flip-flops are difficult to wear during an active day at school. All outer garments, including coats, hats, gloves, etc. should be labeled with your child's name.

#### **Toys and Personal Belongings**

We request that you leave your child's toys at home or in your car. We cannot be responsible for toys brought to KDO. However, if your child has a security blanket or toy to sleep with and needs during rest time, please label it clearly. Please label pacifiers, diapers, sleep mats, and blankets.

#### **Toilet Training/Diapering**

We consider this to be a "team effort". Please communicate with your child's teacher when you prepare for potty training. When training, we ask that extra underwear and clothing be sent to school. A three-year-old child will be expected to be potty trained by the end of the Christmas Break. If not, you will be asked to withdraw your child until training goals are met. If you would like your enrollment to be held, you may continue to pay tuition.

#### <u>Health</u>

In the interest of every child's well-being, only healthy children will be cared for at KDO. If a child has symptoms of illness such as an ancillary temperature of 100 degrees or more, rash, extreme nasal or eye discharge, constant cough, vomiting or diarrhea parents are requested to keep them at home until a period of 24 hours has passed since the last occurrence. If your child has been exposed to covid KDO requires a minimum of 5 days symptom free or whatever CDC requirements are at the time to return. If symptoms of illness are observed, the child will be isolated in the Director's Office and a parent will be called. If the parent cannot be reached, directions will be taken from the enrollment form on who to contact. You may be asked to

bring a note from a physician to notify KDO that the child is healthy to return. Medications will not be dispensed to any child without **written consent from the parent/guardian.** Direction for giving the medication must be in writing on the medication form with the date and time indicated. All medications must be given to the Director and will be kept in her office and dispensed by the Director.

#### **Discipline Policy**

In an effort to encourage a positive, productive learning environment for all children, the following guidelines are implemented within each classroom: The following behaviors are considered to be distracting and disruptive:

- Defiance/disobeying
- Inappropriate remarks
- Throwing objects
- Not following directions
- Hitting, biting, kicking and other physical contact
- ❖ Not laying quietly at naptime

Redirection is the first form of action taken. If behavior continues, time out is used – one minute per child's age. Taking away play time in the gym is also used.

If disruptive behavior continues and we as a collective team cannot find a solution, the child may be removed from our care.

#### **Compliance File**

The Licensing Compliance File is available for viewing at any time. It is located in the Director's Office.

## **KDO SCHEDULE INFORMATION**

Monday – Friday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
The above schedule cannot be changed (24 hours) by the Director. Approval wil student/staff ratio. For the safety and carule will be strictly enforced. Our purpo children while parents work. In order to we need your child picked up promptly	I be determined by the are of your children, this se at KDO is to care for schedule our teachers
Child's Name	
Parent's Name	

#### Kid's Day Out

#### Abundant Grace Methodist Church

308 Church Street PO Box 394 Wagoner, Oklahoma 74467

Church: 918-201-4018 E-mail: KDO@abundant gracewagoner.org

Website: <u>www.abundantgracewagoner.org</u> Fax: 918-485-7649

#### Parents:

Tuition is due every Monday. Payment will be in full amount whether your child is in attendance or not. A \$20 late fee is accessed for payments received after Monday each week. Full time rates are based on a 10-hour day. If your child is in attendance for more than 10 hours, you will be charged an extra ½ day rate. Non-payment of tuition may result in dismissal from the program.

0-12 Months	\$200	(\$220 After Monday)
13-36 Months	\$180	(\$200 After Monday)
37-60 Months	\$160	(\$180 After Monday)

Thank you,

Deanna Carey KDO Director

I have read and agree to making my child's tuition payment and making it on time.

\_\_\_\_\_

(Signature)