

The Growing Place
A Ministry of First United Methodist Church



File Checklist

Child's Name _____ Date of Birth: _____

Children's Files:

Contact and Release Form _____

Account Holder _____

Authorization for Emergency Care _____

Updated Immunization Certificate _____

Family Information _____

Family Health Info _____

Enrollment Contract _____

Blanket Permission Form _____

Media Permission Form _____

Pest Control Form _____

Discipline/Guidance Policy _____

Automated Payment Processing Form _____

Parent Handbook Signature Form _____

**The Growing Place
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Account Holder

Primary Account Holder: _____

Primary account holder address: _____

City

State

Zip Code

Primary account holder phone number: _____

Secondary Account Holder: _____

Secondary account holder address: _____

City

State

Zip Code

Secondary account holder phone number: _____

Parent Signature: _____ Date: _____

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AUTHORIZATION FOR EMERGENCY CARE

I hereby appoint *The Growing Place*, as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of (print full name of minor) _____ for any illness and/or injury that may occur while in the care or custody of *The Growing Place* while I am not immediately available to give such consent.

**Information for the Emergency Room/Doctor
(Please Print)**

Child's Name: _____ Child's Birth Date: _____

Child's Physician: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

Known Allergies: _____

Current Medications: _____

Special Medical Problems: _____

Last Tetanus: _____

Parent/Guardian Name (Please print full name) Date

Insurance Company Policy Number

Parent or Guardian Signature _____

Witness Signature _____

Please complete one form per child. Attach this form to the child's Contact and Release of Information Form. Both forms must be taken to the emergency room in the event of an accident/injury/illness.
* Please note: Cost or expenses resulting from the medical care, hospitalization and services performed by physicians will be the responsibility of the parent/guardian who is the primary insurance carrier for the dependent child.

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CONTACT AND RELEASE INFORMATION

Child's full name _____

Child's age on August 1st of current school year _____

Birthdate: _____

Full name of mother _____

Full name of father _____

Child's home address _____

Street city state zip

Email _____

Home/cell phone of Mother _____

Work phone of Mother _____

Cell Phone Provider for text messages _____

Home/cell phone of Father _____

Work phone of Father _____

EMERGENCY NAMES AND PHONE NUMBERS

Physician's name and phone number _____

Names and phone numbers of persons to whom we may release your child:
(Individuals, other than parents, must present a photo ID when picking up a child)

Name:	Phone Number:	Relationship:

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FAMILY INFORMATION FORM

You can help us plan for your child's needs, understand concerns and responses, and support and encourage your child by providing the following information. The information will remain confidential. Please notify us if there are changes or updates needed.

Child's full name: _____

Name of Mother: _____

Mother's Occupation: _____

Workplace location & address: _____

Home address: _____

Home/Cell phone: _____ Work phone: _____

Church Affiliation: _____

Name of Father: _____

Father's Occupation: _____

Workplace location & address: _____

Home address: _____

Home/Cell phone: _____ Work phone: _____

Church Affiliation: _____

Marital Status of Parents: ___Married, living together ___Separated ___Divorced If separated or divorced, please describe custody and visitation agreement for the child:

***Sisters and/or brothers, give names and ages:**

Name	Age	Name	Age

***Other individuals residing in your home, give names, ages and relationship to the child:**

Name	Age	Relationship

***Other significant persons in your child's life (step family members, grandparents, babysitters, etc.) Please give ages of children listed:**

Name	Age	Relationship

Please list any pets your child may have (kind of pet and pet's name:) _____

Have there been births, deaths, adoption, or other changes in the family structure which has affected your child? If so, describe briefly what happened and the effect on your child. _____

Tell us briefly how you explained this event to the child. _____

What opportunities does your child have to play/interact with other children? _____

What are your child's favorite play activities? _____

Describe your child's temperament. (cheerful, easily distracted, friendly, moody). _____

What methods of discipline have you found most effective? _____

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FAMILY INFORMATION – HEALTH INFORMATION

What communicable diseases has your child had? Indicate date and/or age. Or No. Does your child have frequent... Circle Yes child

- Chicken Pox: _____
- Mumps: _____
- Impetigo: _____
- Scarlet Fever: _____
- Measles: _____
- Conjunctivitis: _____
(Pink Eye)

- Colds: Yes / No
- Cough: Yes / No
- Tonsillitis: Yes / No
- Upset Stomach: Yes / No
- Convulsions: Yes / No
- Ear Infection: Yes / No
- High Fever: Yes / No
- Seizures: Yes / No

Has your child had serious illness, surgery, or hospital stay? _____

If so, please describe the condition and child's reaction. _____

Does your child have an abnormality of the skin? ____ Glands? ____ Extremities?
 ____ Genitalia? ____ Nervous system? If so, please describe: _____

Are bowel and bladder functions regular and under control? _____

Has your child had a vision test? _____ Results: _____

Has your child had a hearing test? _____ Results: _____

Has your child had regular dental check-ups? _____ Describe any problems: _____

Is your child taking any regular medication? ____ If so, please describe: _____

Does your child have allergies? ____ If so, to what substances: _____

How are your child's allergies manifested? (sinus, eyes water, sneezes, shortness of breath, stomach upset, other): _____

Does your child have any dietary restrictions? _____ If so, please describe: _____

Are the above mentioned dietary restrictions due to allergies, family preference, medical needs, other? _____

Describe your child's eating habits: _____

Describe your child's overall health: _____

Please give any additional information you think we should have to care for your child:

What hopes and expectations do you have for your child from our program?

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BLANKET PERMISSION FORM

Throughout the year there may be incidences when your child may be photographed, videotaped by the classroom teacher, newspaper, or television station. These photographs may be used in your child's school file, for printing pamphlets for The Growing Place, for church related purposes, etc.

The Growing Place works closely with Eastern Kentucky University to provide practicum experiences for their students. Various assignments require observations, photographs, and video taping of different classrooms and children in them. Signing this permission slip will allow the students to complete their work as assigned. The Growing Place always maintains confidentiality by asking students not to use names when completing assignments.

____ Yes, I give my permission for my child, _____ to be observed, photographed, or videoed while at The Growing Place.

____ No, I do not want my child, _____ to be observed, photographed, or videoed while at The Growing Place.

Parent Signature: _____ Date: _____

The Growing Place is pleased to announce that the classes may now take field trips. Currently, we do not transport children. Individual teachers will provide permission forms when field trips are planned. This form simply gives us permission to take your child on walking field trips while remaining on the property of First United Methodist Church.

____ Yes, I give my permission for my child, _____ to take walking field trips while remaining on church property.

____ No, I do not want my child, _____ to take walking field trips while remaining on church property.

Parent Signature: _____ Date: _____

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Media Permission Form

We are expanding our social media presence. Throughout the year there may be instances when your child may be photographed, videotaped by the classroom teacher, newspaper, or television station. These photographs may be used in your child's school file, for printing pamphlets for The Growing Place, for church related purposes, posting on The Growing Place website or Facebook page, etc. Child's name, if ever the photographs are used, will be limited to the first name only.

_____ Yes, I give my permission for my child, _____ to be observed, photographed, or videotaped while at The Growing Place.

_____ No, I do not give permission for my child, _____ to be observed, photographed, or videotaped while at The Growing Place.

Parent Signature: _____ Date: _____

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Pest Control Form

I would like to be notified before a planned pesticide application. Applications are never done on days when children are present. They are done on Saturdays of each month.

Please Circle One: Yes No

Parent Signature: _____ Date: _____

Childs Name: _____
(Please Print)

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DISCIPLINE/GUIDANCE POLICY

It is very important at The Growing Place that a child's development is nurtured through caring, patience and understanding. However, caring for your child(ren), the teacher or director may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors TGP **will not** use:

- Threats (calling police for being bad, threatening with punishment)
- Physical punishment, even requested by the parent
- Deprive your child of food or other basic needs
- Humiliate your child (name calling, berating)
- Isolate your child (made to consistently play by themselves, no chance of redemption)

In response to misbehaving, we will:

- Respect your child
- Establish rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to the child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair no longer than one minute per year of your child's age, if necessary.

If your child's behavior is very disruptive or harmful to himself or other children, The Growing Place director will discuss the issues with you in privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Childs: _____ Date of Birth: _____

Additional techniques to be used with my child: _____

Parent/Guardian Signature _____ Date: _____

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Parent Signature Form

I, _____, have received and read The Parent Handbook.
I agree to follow all policies and procedures stated in the handbook.

Parent Signature: _____ Date: _____

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ENROLLMENT CONTRACT

Date enrolled: _____ Date of Exit: _____

Child's Name _____ Age _____ Date of Birth: _____

Parent's Name: _____

Address: _____

Home/Cell Phone: _____ Work Phone: _____

Tuition to be paid: \$ _____ Weekly: _____ Monthly: _____

REGISTRATION FEE IS NONREFUNDABLE

Registration fee paid \$ _____ receipt of which is hereby acknowledged.

Beginning date of enrollment: _____

I hereby apply for placement in *The Growing Place* of the First United Methodist Church for my son/daughter. I understand that said enrollment shall continue until withdrawal notice is given as explained below. I enclose the stated registration fee and agree to the stated tuition charge and agree to pay said tuition fees **in advance**.

I understand that *The Growing Place* reserves the right to require the withdrawal of any student whose presence in the program is regarded by *The Growing Place* to be undesirable, and that non-compliance by parents with the program's regulations and policies may be sufficient cause for dismissal should it arise. This required withdrawal may not be based on race, color, nationality, or ethnic origin.

Two weeks written notice is required of any parent's intention to withdraw a child from school.

Non-payment of tuition or tuition not paid within two weeks can result in termination of enrollment of the child or in financial penalty.

Tuition is to be paid each week/month in advance. Fees are subject to change upon four weeks written notice from *The Growing Place*. There are no deductions for absences from the program except in cases of severe illness or hospitalization, at the discretion of the director of *The Growing Place*.

Late tuition fees are assessed as follows: \$20 initial fee after 3 business days of weekly/monthly tuition due date. An additional \$5 per day fee is charged until weekly/monthly tuition is paid. All declined transactions result in a \$30 fee.

No deductions or allowances can be made for those days upon which the school is closed because of inclement weather or holidays.

Children enrolled in the *Full-Day Five Day Program Enrollment Option* may select five consecutive days of vacation anytime during the calendar year without payment or loss of enrollment status. A two week written notice is required before taking the fiveday vacation. Written notice is required when taking additional vacation time during the Christmas holidays.

Enrollment Options – The *Part Time Preschool Enrollment Year* is from September through May and is considered a full nine-month program. The *Full Time Program* is a five-day year round program. Continued enrollment status of a child cannot be guaranteed if he/she is withdrawn for more than five consecutive days. This enrollment is subject to a personal interview with the parent(s).

I have carefully read both the foregoing agreement and also the Parent's Handbook – receipt of copies of both are hereby acknowledged; and in consideration of the reservation of a place for my child at *The Growing Place*, I agree to comply with the terms herein expressed and to be bound by *The Growing Place* regulations and conditions and also **agree** that **I shall be personally liable** for the payment of all fees and tuition.

PARENT'S SIGNATURE _____ DATE _____