

The Growing Place
A Ministry of First United Methodist Church



File Check list

Child's Name _____

Children's Files

Automated Payment Processing Form _____

Contact and Release Form _____

Authorization for Emergency Care _____

Updated Immunization Certificate _____

Family Information _____

Family Health Info _____

Enrollment Contract _____

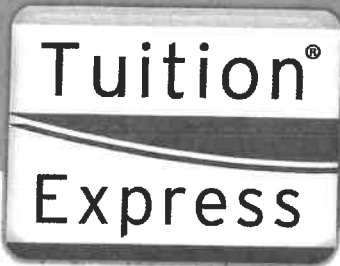
Blanket Permission Form _____

Pest Control Form _____

Blanket Media Permission Form _____

Discipline/Guidance Policy _____

Parent Handbook Form _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

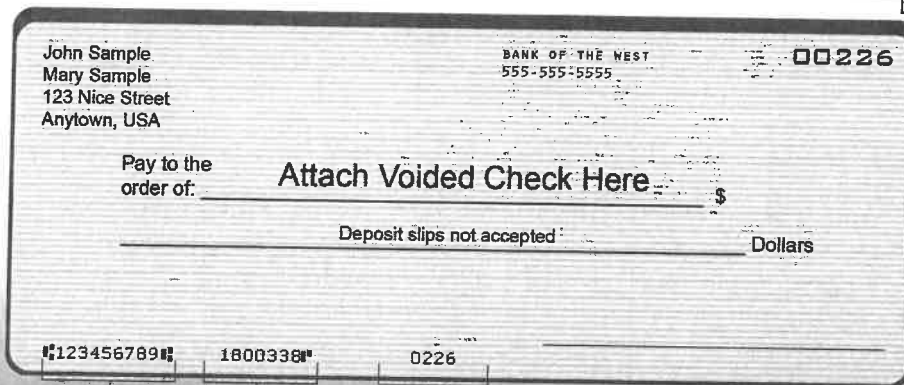
SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received

Employee Signature



A service of



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SOFTWARE®

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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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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.

Does your child have frequent...

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

- ◇Colds _____
- ◇Coughs _____
- ◇Tonsillitis _____
- ◇Stomach Upset _____
- ◇Convulsions _____
- ◇Ear Infection _____
- ◇High Fever _____
- ◇Seizures _____

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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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.

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 five-day 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 _____

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.

Child's Name

Date of Birth

Additional techniques to be used with my child:

Parent/Guardian Signature _____ Date: _____

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BLANKET MEDIA PERMISSION FORM

We are expanding our social media presence so, 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 TGP website or our Facebook page, etc. Children's names, if ever used will be limited to first names only.

_____ 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's Signature: _____

Date: _____

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I _____ have read and understand the Parent Handbook.

Name _____

Date _____