

# Registration Form - Friedens Early Learning Academy (FELA) 2010

2555 Friedens Church Road, Seguin Texas 78155. 830-303-7729. [www.friedens-church.org](http://www.friedens-church.org)

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Admission Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Work email \_\_\_\_\_

## MOTHER/GUARDIAN

## FATHER/GUARDIAN

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

*One contact, other than the parents, is required for registration. If the parents are unavailable, the following individual has permission to transport and seek care for this child.*

<u>Name</u>	<u>Drivers License#</u>	<u>Address</u>	<u>Phone (work/home/cell)</u>
_____	_____	_____	_____

*The following people are only authorized to pick up this child.*

<u>Name</u>	<u>Drivers License#</u>	<u>Phone (work/home/cell)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Medical Release:** In the event that I cannot be reached or cannot make arrangements for emergency medical attention at the time of illness or accident I hereby authorize this facility to transport my child to the closest medical facility and authorize the medical providers to provide necessary treatment.

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

*Parent/Guardian Signature* \_\_\_\_\_

**ALLERGIES: Child is known to have allergic reactions to:**

<u>Allergen</u>	<u>Reaction</u>	<u>Best way for FELA to handle</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Parent/Guardian Signature* \_\_\_\_\_ Date \_\_\_\_\_

## General Health Information

Child's Name: \_\_\_\_\_

**MEDICAL CONDITIONS:** Describe any medical conditions that your child may have, and how you would like our staff to respond. Please include any past serious illnesses or injuries, disabilities, and hospitalizations that have occurred in the past 12 months.

Medical Condition

Best way for FELA to handle

<u>Medical Condition</u>	<u>Best way for FELA to handle</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MEDICATIONS:** Please list any medication prescribed for long-term, continuous use.

_____
_____

### Medication Authorization

Should my child require medication brought from home, I authorize FELA staff to administer this medication to my child. I understand that I must also sign the medication chart in the FELA office each time medication is required and I understand that all medication must be in the original container and labeled appropriately.

*Parent/Guardian Signature* \_\_\_\_\_

### Well Check

I understand that a requirement for participation in this program is a doctor's examination every 12 months. I understand that I must present a statement each year from my child's doctor within one week of admission to verify that he or she is physically able to participate in the day care program. This may be on the doctor's own letterhead and can be faxed to 830-379-1950, attention FELA.

*Parent/Guardian Signature* \_\_\_\_\_

## Parent Contract for School Year 2010-2011

**Child's Name:** \_\_\_\_\_

The following is an agreement to the financial and operational policies of our program for the school year 2010. I am initialing each policy below to indicate that I have read and understand the policy. I understand that I will be notified in writing of any policy changes.

\_\_\_\_\_ **Tuition** Monthly Installment Amount \$ \_\_\_\_\_

My monthly tuition installments are due on the first class day of each month. I understand that full payment is required regardless of my child's attendance. Tuition paid after closing on the 7<sup>th</sup> day of the month will be subject to a \$15 late fee. This fee increases to \$30 if tuition is paid after the 15<sup>th</sup> day of the month. Any payment not received by the end of the month is subject to review by the FELA Board, and the child may relinquish his or her position in the program.

\_\_\_\_\_ **Non-Refundable Registration Fee of \$100 dollars**

A non-refundable registration/supply fee of \$100 will be required to assure a place for my child in the program. Each time I re-register my currently enrolled student to secure a position for a new school year, I must pay an annual non-refundable registration fee due by May 1<sup>st</sup>.

\_\_\_\_\_ **Supplies**

Daily supplies are included in my child's tuition. However, I may occasionally be asked to donate items for special projects. Donations are not mandatory, but they are encouraged.

\_\_\_\_\_ **Food**

I understand that FELA will provide a healthy morning snack. Parents are responsible for providing a healthy lunch that is kept cool in an insulated lunch box with an ice pack.

\_\_\_\_\_ **Early Drop Off/Late Pick Up Fee**

My child is a precious individual and deserves to be supervised by excellent teachers. FELA teachers supervise children from 7:15 a.m. to 5:30 p.m. There will be no supervision until 7:15 a.m. This leaves parents with a fifteen minute window in which to drop their children off before 7:30 a.m. I understand that the charges for late pick up are \$1 per minute starting after 5:30 p.m.

\_\_\_\_\_ **Returned Checks**

I understand a charge of \$40 is required for any insufficient funds checks. This includes a late payment fee of \$15.

\_\_\_\_\_ **Handbook**

I have received a copy of the Parent Handbook including any yearly updates and have read, understand, and will abide by all of the policies stated therein.

\_\_\_\_\_ **Contacts**

I have provided the center with my current address, phone number, and all emergency contacts. I understand that it is my responsibility to provide any updates or changes to this information.

**Absences**

I understand that occasional absences due to illness and family activities are expected. These absences do not reduce my child’s tuition. If my child is absent I will call the office the morning of the absence. This keeps teachers informed of my child’s status.

                     **Party Invitations**

I understand that my child’s name, address, and telephone number may be given to other parents for invitations, cards, etc.

                     **Withdrawals**

I understand that two weeks written notice is required for withdrawal. This allows the center time to notify others who are seeking admission. I am responsible for all tuition and fees during those final two weeks whether or not my child attends.

                     **Immunization**

I am aware of the immunizations required by the state for my child. I will provide the school with updated copies of his or her immunization record each time it is updated by a health professional. I understand that my child may not attend if these records are not up to date. These may be faxed to 830-379-1950, attention FELA.

                     **Updated Contact Information**

I understand to provide FELA with updated contact information if our phone number, address, email or any other pertinent information changes throughout the school year.

                     **Email Communication of Monthly FELA Information**

I understand that in an effort to lessen FELA photo copy expenses and provide a more efficient method of communication with parents, FELA would like to distribute a large majority of our handouts by email. (This would include: Invoices, Newsletters, and General Reminders for Parents, Classroom Newsletters, etc.)

I understand that full tuition payment is required the first class day of each month, regardless of my receiving an invoice, even due to some email lapse.

I agree to receive these emails at the following email: \_\_\_\_\_

If this changes, then I will notify the office of an updated email.

**The following items are due at registration.**

- Non-refundable Registration/Supply Fee :** \_\_\_\_\_
- Immunizations** \_\_\_\_\_
- Well Check** \_\_\_\_\_

*I have read and initialed all of the above items. I agree to abide by all FELA policies as outlined in this contract.*

**Parent/Guardian Signature** \_\_\_\_\_

## Activity Release

Child's Name: \_\_\_\_\_

**Field Trip Release:** I hereby give permission for my child to participate in walking field trips away from the facility. I will be given 48 hour notification and understand that these trips will be conducted and supervised by facility staff.

Parent/Guardian Signature \_\_\_\_\_

**Walk Release:** I hereby give permission for my child to participate in walks around the block, or other daily outdoor experiences that may cause him/her to be out of the building. I understand that this release does not include any walking field trip, which would require crossing streets.

Parent/Guardian Signature \_\_\_\_\_

**Water Activities:** I hereby give permission for my child to participate in water activities planned by the facility.

Parent/Guardian Signature \_\_\_\_\_

**Picture Release:** I hereby give permission for the FELA and Church staff to take photos and or videotapes of my child throughout the school year. I understand that these items might be used for bulletin boards, newspaper articles, Friedens Website or programs that promote Friedens Early Learning Academy or the Friedens United Church of Christ. This release does NOT give anyone outside these programs permission to photograph my child.

Parent/Guardian Signature \_\_\_\_\_

## Guidance & Discipline Policy

### *Friedens Early Learning Academy*

Most undesirable behavior is still normal and age appropriate. Discipline is the art of teaching desirable behavior. Discipline should always be:

- Individualized and consistent for each child;
- Appropriate to the child's level of understanding;
- Directed toward teaching the child acceptable behavior and self-control

### **POSITIVE REINFORCEMENT**

- Teachers strive to build a child's internal motivation so that he or she strives do the right thing just because it is the right thing. Catching children being good encourages desirable behavior.
- **HELPING CHILDREN CORRECT UNDESIRABLE BEHAVIOR IN THE CLASSROOM**

FELA teachers take a positive approach to discipline and guidance that encourages self-esteem, self-control, and self-direction, which includes at least the following steps:

1. Identify the Emotion
2. Re-direct the Child
3. Describe the Appropriate or Target Behavior
4. Provide a Choice
5. If necessary and age appropriate, time out may be used only after the first four steps have been followed. We use the guideline of one minute for each year of age (i.e. a three year old sits in time out for three minutes.) Time out should not be over utilized.

### **SEEKING HELP FOR EXCESSIVE MISBEHAVIOR**

If a child does not respond to the above correction method he/she may need a different approach. In these cases, the teacher will seek help from the Director and together they will determine the next step. This may include time away from the classroom, or a phone call to the parent. In cases of repeated disciplinary problems, the Director will consult with the teacher and the child's parent in a conference setting to determine an appropriate behavior modification plan and disciplinary method for that child.

**PROHIBITED TYPES OF DISCIPLINE:** include any harsh, cruel or unusual treatment of any child. This includes but is not limited to the following: corporal punishment or threats of corporal punishment; punishment associated with food, naps, or toilet training; pinching, shaking, or biting a child; hitting a child with a hand or instrument; putting anything in or on a child's mouth; humiliating, ridiculing, rejecting, or yelling at a child; subjecting a child to harsh, abusive, or profane language; placing a child in a locked or dark room, bathroom, or closet with the door closed; requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_