



Senior Pastor: George Sawyer  
Children's Pastor: Laura Stafford  
Preschool Park Director: Alice Skidmore

***"Behold, children are a gift of the Lord." Psalm 127:3***

Since the beginning of Calvary, it has been our utmost desire to offer academic excellence with a Christian foundation and quality childcare for all of our children and their families. Our teachers and staff are dedicated to creating a positive learning experience for all ages. We want to meet the spiritual, emotional, mental, physical, and social needs of your child in a warm and loving environment. We provide a large variety of play experiences for the children through outdoor activities, books, music, art, videos, centers, and computer programs. Children are by nature curious individuals and the staff works very hard at developing activities that will stimulate and offer a wide variety of discoveries for your child. We use Abeka curriculum and age appropriate learning centers that are a part of the daily program for all children. When your child leaves our school, you can be assured that they are prepared academically to excel in school. We want to thank you for choosing to be a part of our Preschool Program. Be assured, we value and love children.

**2010-2011 Preschool Park Classes**

Nursery	3 - 12 Months
The Fire Station	1 year old
The Candy Store	2 year old
The Train Room	3 year old
The Zoo	4 year olds
The Garage	5 year olds

**2010 Holiday Schedule**

New Years Day	January 1
Memorial Day	May 31
Independence Day	July 4
Labor Day	September 6
Veterans Day	November 11
Thanksgiving Break	November 25 – 26
Christmas Break	December 23 - 24

If we need to close due to bad weather (tornados, flooding, ice, ect.) we will do our best to notify you through the news media. If in doubt, please call the church office, 355-7440 or come by to pick up your child.

**Registration Fee:**

There is a \$50 non-refundable registration fee per child.

**Yearly Supply Fee:**

There is a \$100 non-refundable supply fee per child.

**Curriculum Fee:** (4 - 5 year olds)

There is a \$100 non-refundable curriculum fee per child

**Tuition:**

For infants 3 months to eight months old our tuition is \$120 a week. In the infant class we are required to have fewer children with more teachers. In order for us to be able to pay our staff and offer childcare to this age group, we have to have a higher tuition.

For children ages 9 months and older, you have several options to choose from. We have a half a day program from 8am to 1pm Monday through Friday for \$70 or an all day program from 6:30am to 5:30pm Monday through Friday for \$100. Whatever program you choose, you will need to stay in for the year. The only exception, is if you are currently enrolled in half a day and we have space available to switch you to a full day program.

We do offer a 15% discount on each additional sibling. All tuition is due on Monday at check in. We cannot accept the child/children until the tuition is paid for the week. If you are absent for a week, you are responsible for the week's tuition, unless you want to give up your child's place in class. If you are late on paying your bill, you will receive a \$35 late fee for each week you are late, so please communicate with the Director if you are having problems.

All participants pay for each week they are enrolled in the program with no refunds given for days missed, including one or two day holidays. The reason for this policy is because we are a non-profit organization and the staff's salaries have to be met whether your child attends or not. Once you have relinquished your child's place, he/she may return only if there is an opening. You will however have to pay the \$50 registration fee again. We also ask that if you decide for any reason to leave, please be advised that we require a two week notice. If a two week notice is not given, you will be billed for the two weeks.

**Vacation Policy:**

Each family may have one week of vacation (tuition free) each year. This is for you to use to schedule your family vacations. The dates for your week need to be turned in two weeks in advance.

**Returned Check Policy:**

If your check should be returned, you will be charged a \$35 NSF fee.

If you have two or more checks returned unpaid, you will be required to make all future payments in cash or by a money order.

**Hours of Operation & Late Pick-Up Fees:**

Our Preschool Center is open from 6:30am – 5:30pm Monday through Friday. All children need to be picked up by 5:30pm. If your child is not picked up by 5:30pm there will be a late pick up fee of \$5 until 5:45 and a \$1 per minute after that until the child has been picked up. We have to pay our teachers and staff to stay the extra time. If this becomes a habitual occurrence, your child could be dismissed from the program.

**Illness Policy:**

Please DO NOT bring your child to school if he/she exhibits any of the following symptoms of illness:

- fever in the last 24 hours
- a heavy nasal discharge
- unusual rash or open sore
- diarrhea or upset stomach
- red, runny eyes

No child who arrives noticeably ill, with a rash or fever, will be admitted for that day. Should a child become ill during the day, the parent will be notified immediately. The child will be taken to the office and remain there under adult supervision until the parent or authorized person arrives to take the child home.

In the event a child contracts a communicable disease and exposes the other children, notice of such exposure will be communicated and parents will be notified when they pick up their children. The ill child will not be allowed to return until the period of contagion has passed.

**Medication:**

Medications are not administered except in rare circumstances. In these circumstances a written instruction form must be provided and signed by the physician and parents and agreed to by the Preschool Director.

If the child must have medication ordered "as needed" or 3 to 4 times daily, the parent will be required to come to school to administer the medication.

Note: Diaper rash ointment is considered an "administered medication." Please send a small tube with your child's name on it and directions with a written consent of permission to use it.

**What to Bring:** *(All items must be labeled)*

1. A sack lunch. A mid-morning snack and drink are provided by the program. Please make sure that the lunch is age appropriate; make sure all fruit, hotdogs, meat sticks, are sliced in small pieces. Check with your child's teacher before you send nuts or items that contain peanuts or peanut butter. We can heat items, but please be sensitive to the teachers and don't send frozen dinners that require 8 minutes of heating. Also, if you send or bring a happy meal or something similar please put it on a plate or in another container.
2. A spill proof "sippy" cup for our little ones.
3. Infant items- plastic bottles, spoon, cup, baby food, pacifier, or other personal items babies need to be comforted. (blanket, ect.)
4. Disposable diapers
5. Change of clothes including extra underwear and socks.
6. A blanket and pillow. (We will keep the blankets here throughout the week and send them home with you on Fridays to wash.) We provide a nap mat.

*\*\*\*Please remember to label all items.*

**Breakfast:**

Children must eat breakfast before coming to Preschool Park. The other children/babies do not understand why they're not being fed while another child is eating. For these reasons we must insist that children be fed breakfast at home.

**Snacks:**

We provide a simple morning & afternoon snacks with juice or water. Please advise us of any food allergies.

**Birthdays:**

Birthdays may be observed by the class upon making arrangements with the Director. We enjoy making their day special. No gifts, please. We prefer that you send cookies or small cupcakes, as they are made easier to handle than pieces of cake.

**Clothing and Shoes:**

We ask that you dress your child appropriately for that day's weather. Please send a jacket to school with your child when it is cold or cool outside. The children go to the playground daily and will need this when the weather changes. Please do not send your child in flip flops or any other open toed shoes. They will not be allowed on the playground with these shoes. If your child wears crocs to school, please don't have the decorative attachments on them. We have found children can remove the attachment and it is a choking hazard.

**Discipline Policy:**

We view discipline as careful, loving, firm training in the directions we want a child to go. It is a process which takes time.

We will at all times try to:

- Praise a child for being good
- Speak softly and respectfully to the child
- Take all aspects into consideration (are they tired, hungry, ect.)
- Speak directly to the child (stoop down to his/her level)

Steps taken for inappropriate behavior:

1. The teacher will talk with the child and give guidance in correct behavior.
2. The teacher will give the child an opportunity to exhibit the appropriate behavior.
3. If the child is still unable to choose appropriate behavior, the teacher will sit the child away from the group for a specified amount of time. (age appropriate)
4. If this procedure is not successful, the teacher will separate the child from the group by bringing the child to the Preschool Office.
5. The Director will listen to the child and then discuss appropriate behavior in a firm but loving manner. If this procedure is successful, the child may return to the group.
6. If the situation repeats itself, the parent will be notified and might be asked to come and handle the situation or pick the child up.

A teacher is not allowed to:

- Raise her voice to a child.
- Put a child in the hall or other places where he/she would be out of sight.
- Deprive a child of meals, snacks, or drinks for disciplinary reasons.
- Use any form of physical or corporal punishment.
- Use any form of verbal abuse or threats.
- Make derogatory remarks about family members of the child or the care of the child.
- Allow a child to discipline another child.

**Biting Policy:**

If a child bites another child, the parents of both of the children will be notified immediately by phone. The parents will also be notified by a behavior report that needs to be signed by the parent of both children.

The parent of the biter will be expected to come to the school on the 2nd bite to discipline the child, so that the child will know that this is unacceptable behavior. After the parent and the Director have had an opportunity to talk with the child, and he/she has a clear understanding that this behavior will not be tolerated, they will be allowed to go back to class.

The third time the child bites, we will have the parent come and pick up the child for the rest of the day.

The fourth time the child bites, the parent will have to pick them up immediately and keep the child home for an agreed time limit. This could consist of 1 to 2 weeks depending on the severity of the bite.

**Drop off and pick up procedure:**

Please park in the parking lot and walk your child/children in and immediately sign them in at the registration counter. You will then walk your child to their classroom. When you take your child to drop them off in their classroom, you will be greeted by one of the teachers who will be waiting to take him/her and their bag. In the infant/toddler rooms we ask that you hand the teacher your child and their bags without entering the rooms. These children are crawling and could be tripped over easily and injured.

Please do not drop your child off before 6:30 am. If your child is having a difficult morning, and you feel you need to stay longer, please limit it to 5 minutes so it will not disrupt the class time.

At pickup time, you will need to sign them out and your child and his/her bag will be handed to you. Again, we ask that you do not enter the room with your child. This is necessary for the safety of the children.

**Pick up by people other than parents:**

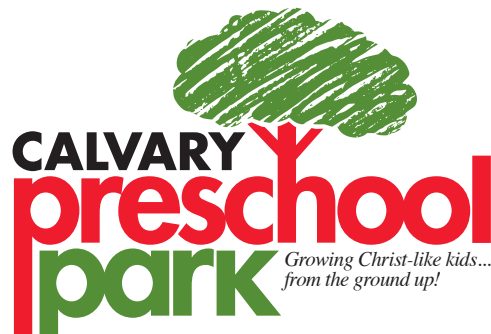
At the time of registration you will have an opportunity to name people who are able to pick your child up. For safety reasons, we require written permission if anyone other than the named parties will be picking them up on any given day. We will not release a child without written permission from the parents. We cannot accept phone call's, we must have a written form for record purposes. We will also check pictured ID's if someone comes to pick up your child to insure that we do have the right person that is on file.

**Sample Class Schedule:**

6:30-8:30	Arrive and play in groups in arrival classroom Music or a movie playing
8:30	All children should be in assigned classrooms Pledge of Allegiance and moment of Prayer
8:45-9:15	Wash hands/Snack/Wash hands, face (Check diapers and go potty) (Get snack out and put it on the table, have the children clean up. When it is clean they may come to their seats. We get our praying hands and say our prayer.)
9:15-10:00	First Lesson time of the day (letters/numbers, Bible story, craft)
10:00-10:30	Outside time: Playground or relay races or bubbles or sand play.
11:00-12:00	Prayer and lunch. After lunch children go potty, reading time and set up for naps

12:00-2:00	Movie and then soothing music. Lights on by 2:00 or 2:15 we don't wake anyone up, but by turning on the lights they usually wake up.
2:00-2:15	Potty time and getting mats cleaned up
3:00-4:00	Go outside or have game time inside ...
4:00-5:00	Afternoon Lesson starts with a craft or homework
5:00	Get ready for parents
5:30	Parents pick up

This is a general schedule that is altered to fit the needs of your child's/children's age.



**Enrollment Contract  
2010-2011**

I have been given a copy of the Preschool Park Manual and I have read, I understand, and I agree with all of the stated contract.

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

\_\_\_\_\_  
Date



**Enrollment Form**

*Please read this form carefully before signing:*

Your child's name will not be placed on the class roll until this form is received by the Director, along with a non-refundable registration fee & yearly supply fee

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name (s) Used at Home \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ (years) \_\_\_\_\_ (month) Sex:  Male  Female

If your child is 3 – 17 months please specify if:  Sitting up  Crawling  Walking

Child lives with:  Mother & Father  Mother  Father  Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Do you attend church?  No  Yes If so, where? \_\_\_\_\_

Please list at least one local person who will be available to assume responsibility for your child in case of an emergency, if parents can't be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Person(s) authorized to pick up the child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s) who MAY NOT pick up the child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Child's Health Information**

Childs Name \_\_\_\_\_

Has your child had:  Chicken Pox  Measles  Mumps  Flu  Meningitis  
 Convulsions  Whooping Cough  Tubes In Ears

Is your child up to date on all immunizations?  Y  N (*We will need a copy of those records.*)

Long-term medication taken? \_\_\_\_\_

Is there any evidence of any of the following? Please explain.

Hearing Loss or difficulties? \_\_\_\_\_

Vision difficulties? \_\_\_\_\_

Speech disabilities? \_\_\_\_\_

Please explain and give dates:

Hospitalizations \_\_\_\_\_

Operations \_\_\_\_\_

Other serious illnesses \_\_\_\_\_

Allergies (include food) \_\_\_\_\_

Are there any developmental concerns that you would like to call our attention to?

\_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained?  Y  N Any specific instructions: \_\_\_\_\_

\_\_\_\_\_  
Special eating habits \_\_\_\_\_

Special security items for your child and what they're called: \_\_\_\_\_

\_\_\_\_\_

What type of discipline is your child used to? \_\_\_\_\_

\_\_\_\_\_

Is this the first time your child has been away from you for several hours?  Y  N

Please include any additional information that might be helpful for us to know about your child.

\_\_\_\_\_

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**Liability Release**

It is understood that Calvary Assembly of God, Decatur, AL or any person connected with Preschool Park will not be held liable for any accident or injury to my child, \_\_\_\_\_, while he/she is participating in the Preschool Program.

\_\_\_\_\_  
Parent's Or Guardian's Signature

\_\_\_\_\_  
Date

**Authorization for Emergency Medical Attention**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of Preschool Park of Calvary Assembly of God to take my child, \_\_\_\_\_, to the closest Emergency Room, or to the following physician or his/ her physicians or his/her associates, for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give consent for this facility any and all treatment deemed necessary by the attending physician. I understand I am financially responsible for all expenses incurred for the case of my child.

\_\_\_\_\_  
Parent's Or Guardian's Signature

\_\_\_\_\_  
Date



*Please fill out the following to help us better know your child*

Favorite toy or blanket (is it needed at nap time)? \_\_\_\_\_

What they call their parents? \_\_\_\_\_

Do they live with both parents/ who do they live with? \_\_\_\_\_

What is their favorite color? \_\_\_\_\_

How to soothe them when they get a boo-boo? \_\_\_\_\_

Are we working on potty training? \_\_\_\_\_

Have we mastered the potty? \_\_\_\_\_

Do they have siblings, if so their names? \_\_\_\_\_

\_\_\_\_\_

What kinds of animals are at home? \_\_\_\_\_

Favorite thing to do? \_\_\_\_\_

Favorite thing to eat? \_\_\_\_\_

What is their favorite character or program? \_\_\_\_\_

Are they frightened of anything? \_\_\_\_\_

What are their fears? \_\_\_\_\_

Anything you would like to share? \_\_\_\_\_

\_\_\_\_\_

*These things might help the staff and I know your child better. If we can relate to your child they will feel more secure and at ease.*



Date: \_\_\_\_\_

STATE OF ALBAMA

COUNTY OF \_\_\_\_\_

Before me, a Notary Public in and for the said State and County,  
appeared \_\_\_\_\_  
and is known to me, after being duly sworn or affirmed says as follows:

That affiant is the designated representative of Calvary Assembly of God/Preschool Park and that the below listed parents/guardians have been notified prior to enrollment/re-enrollment that Calvary Assembly of God/Preschool Park has filed notice with and is exempt under law from regulation by The Department of Human Resources.

\_\_\_\_\_ Representative Sworn or affirmed to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Notary Public