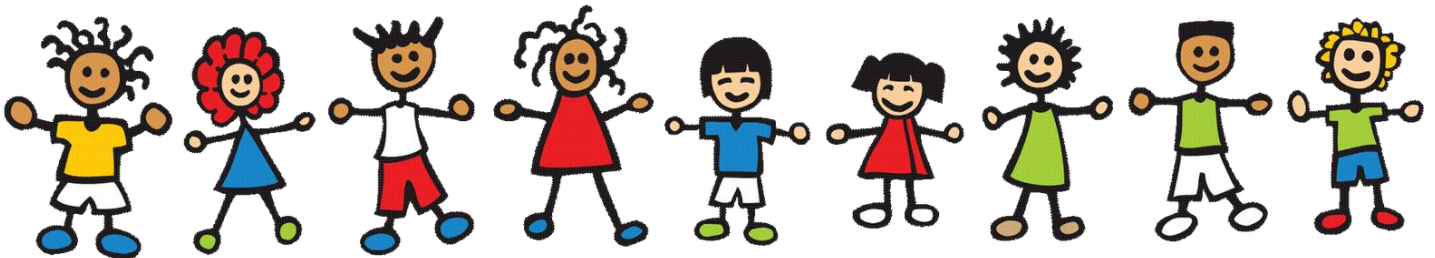


Goddard Weekday Ministries

Early Learning Center and Preschool

2017 - 2018

Enrollment Packet



GODDARD WEEKDAY MINISTRIES

Goddard United Methodist Church
1922 Dodson Avenue



Goddard Weekday Ministries holds the Arkansas "Better Beginnings" accreditation.
We are state licensed and adhere to
meet the highest standards in Early Childhood Development.

Licensed Program
Readiness for Reading
Music, Art, Dramatic Play,
Motor Development

Goddard Weekday Ministries Registration for 2017 - 2018 School Year

Registration begins Tuesday, February 21st for families who are presently enrolled in either the Preschool or Early Learning Center program and for members of Goddard U.M.C. Registration for the general public will begin Monday, March 6th.

1. Complete registration form; sign the medical release, acetaminophen consent, discipline policy, and complete the fee information and permission page that is included in the registration forms.
2. Attach the \$125.00 registration fee. **This fee is nonrefundable.**
3. Return the completed forms and registration fee to the director's office as soon as possible to ensure a place for your child.

No registration will be taken without the registration fee!

Goddard Weekday Ministries was established in 1982 to provide a Christian environment in which children have opportunities to develop socially, mentally, physically, emotionally, and spiritually. Its purpose is to bridge the gap between the normal dependence of an infant and the necessary independence of a child entering kindergarten.

We believe that the early years should be a happy interlude to the school years. Our program is one in which the children are loved, nurtured, and encouraged to explore the world around them.

Our teachers are dedicated to the development of the total child, enabling each student to progress at his or her own rate. We provide a variety of learning experiences through art, literature, music and movement, dramatic play, outdoor play, weekly chapel time, field trips, and hands-on experiences with many different manipulative and materials. Above all, we strive to show the children that they are special and loved regardless of appearance, personality, or capability.



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Goddard Weekday Ministries

Registration Fee

The registration fee is \$125.00 per child and is due at time of enrollment. **This fee is non-refundable.**

Early Learning Center Tuition

Tuition is due on the 1st of each month and is delinquent after the 7th of each month.

A nutritious mid-morning snack and lunch is included in the price of tuition.

There will be a \$25.00 late charge for all tuition payments received after the 7th of each month.

Infants, Discovery, Two-year-olds

Hours: 9:00 - 2:00

Days: Monday, Tuesday, Wednesday,
Thursday and/or Friday

1 day per week - \$ 90.00 per month

2 days per week - \$150.00 per month

3 days per week - \$210.00 per month

4 days per week - \$270.00 per month

5 days per week - \$315.00 per month

Preschool Tuition

Tuition is due at the 1st of each month and is delinquent after the 7th of each month.

There will be a \$25.00 late charge for all tuition payments received after the 7th of each month.

Three-year-old Preschool

Tuition: \$120.00 per month

Hours: 9:00 - 12:00

Days: Monday, Wednesday and Friday

Three & Four-year-old Preschool

Tuition: \$100.00 per month

Hours: 9:00 - 12:00

Days: Tuesday and Thursday

Four-year-old Preschool

Tuition: \$170.00 per month

Hours: 9:00 - 12:00

Days: Monday through Friday

Three-year-old Preschool

Tuition: \$170.00 per month

Hours: 9:00 - 12:00

Days: Monday through Friday

Four-year-old Preschool

Tuition: \$120.00 per month

Hours: 9:00 - 12:00

Days: Monday, Wednesday and Friday

Pre-Kindergarten

Tuition: \$170.00 per month

Hours: 9:00 - 12:00

Days: Monday through Friday

Preschool Extended Days

The extended day option is offered from 12:00 - 2:00 on Monday through Friday as an extension of the preschool day and includes a nutritious lunch. If you wish to enroll your child in this program, you may choose any or all days. Extended day enrollment is for the entire school year.

1 day per week - \$25.00 per month in addition to tuition

2 days per week - \$50.00 per month in addition to tuition

3 days per week - \$75.00 per month in addition to tuition

4 days per week - \$100.00 per month in addition to tuition

5 days per week - \$125.00 per month in addition to tuition

Discounts

A discount of 15% will be available to any family with a second child enrolled in our program.

This special rate is limited to 1 child per family and does not apply to the registration fee.

There is a maximum out of pocket of \$450.00 for each child enrolled in our center. The 15% discount will not apply.

Early Learning Center and Preschool

Early Morning Drop-Off

The early morning option is available from 7:30 to 9:00 Monday through Friday and includes a nutritious breakfast. If you wish to enroll your child in this program, you may choose any or all days. Early morning enrollment is for the entire school year.

1 day per week - \$20.00 per month in addition to tuition

2 days per week - \$40.00 per month in addition to tuition

3 days per week - \$60.00 per month in addition to tuition

4 days per week - \$80.00 per month in addition to tuition

5 days per week - \$100.00 per month in addition to tuition

After School Care

The after-school option is available from 2:00 to 4:30 Monday through Friday and includes a nutritious afternoon snack. If you wish to enroll your child in this program, you may choose any or all days. After school enrollment is for the entire school year.

1 day per week - \$25.00 per month in addition to tuition

2 days per week - \$50.00 per month in addition to tuition

3 days per week - \$75.00 per month in addition to tuition

4 days per week - \$100.00 per month in addition to tuition

5 days per week - \$125.00 per month in addition to tuition

Child's Personal Data Sheet

Name _____ DOB _____

Father's Name _____ Mother's Name _____

Home Address _____

City _____ State _____ ZIP _____ Phone _____

Father's Employer _____ Work Phone _____ Work Hours _____

Mother's Employer _____ Work Phone _____ Work Hours _____

Date enrolled in center _____ Date withdrawn from center _____

Name of Center Goddard Preschool/Early Learning Center Clock hours in care _____



Emergency Contact Information

Name of person to call if parents cannot be reached _____

Relationship _____ Telephone _____

Address _____ City _____ State _____ ZIP _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center:

_____ Name	_____ Relationship	_____ Name	_____ Relationship	_____ Name	_____ Relationship
_____ Address		_____ Address		_____ Address	
_____ City	_____ State	_____ City	_____ State	_____ City	_____ State
_____ ZIP		_____ ZIP		_____ ZIP	
_____ Telephone		_____ Telephone		_____ Telephone	



Medical Information

Child's Physician or emergency treatment facility _____

Address _____ City _____ State _____ Phone _____

I, _____
Father
Mother (CROSS OUT WORDS THAT DO NOT APPLY) of
Guardian
_____ do hereby give my consent to the Director of the Child Care Facility, or his
(Child's Name)

duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

Signed _____ Date _____ Witness _____ Date _____

I hereby give ____/do not give ____ the Director of the Child Care Facility or his appointed representative permission to give _____ acetaminophen. I understand I will be notified that the medication has been administered.
(Child's Name)

Signature _____



Immunizations: Please provide a copy of your child's immunization record.

Verified by Health Department Record _____ Physician's Record _____ Other _____



Disease History: List the dates of each.

Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

Contracted Tuberculosis: Yes ____/No _____ Frequent Ear Infections: Yes ____/No _____

Frequent Throat Infection: Yes ____/No _____ Defective Heart: Yes ____/No _____

Other conditions or comments _____



Child's Developmental Needs

Physical or emotional problems the child might have: _____

Child's special food needs: Formula _____ Diabetic diet _____ Allergies _____

Special problems: Medications _____

Allergies _____ Temper tantrums _____ Diabetes _____ Frequent colds _____ Biting _____

Sun Sensitivity _____ Seizures _____ Fainting spells _____ Bed wetting _____ Other _____

Requires help in: Dressing _____ Undressing _____ Toileting _____ Eating _____ Washing hands _____

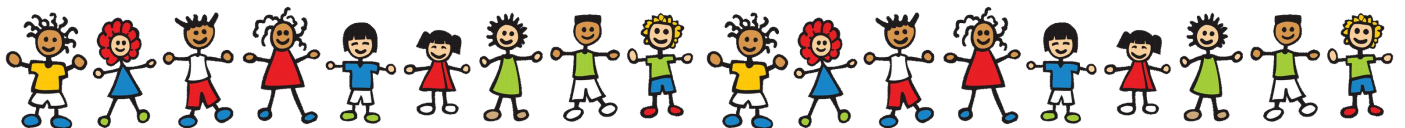
Is child toilet trained? Yes ____/No _____ Words used in toileting _____

Favorite: Games _____ Toys _____ Foods _____

Siblings: Yes ____/No _____ Name(s) of siblings: _____

Cultural practices _____

Other useful information _____



Additional comments: _____



Acceptance of this enrollment form and the registration fee assures your child a place in a Goddard Weekday Program (Preschool/Early Learning Center). In return, we expect that you will honor your enrollment for the school term. **If enrollment agreement is dissolved, the registration fee is non-refundable.**

I have read the policy statement and the parent handbook and agree to abide by these policies. I agree to honor this enrollment as described above. In case I do need to remove my child from the program, I will give two weeks notice or pay for that length of time.

Date _____ Signed _____
Parent/Legal Guardian

Registration fee \$ _____ Monthly: Fall/Summer Tuition
Days attending per week _____ Fee \$ _____

DISCIPLINE POLICY

CHILDREN OVER TWO YEARS OF AGE:

NO PHYSICAL PUNISHMENT WILL BE ALLOWED. POSITIVE TECHNIQUES OF GUIDANCE, INCLUDING REDIRECTION, ANTICIPATION OF AND ELIMINATION OF POTENTIAL PROBLEMS, AND ENCOURAGEMENT OF APPROPRIATE BEHAVIOR RATHER THAN COMPETITION, COMPARISON, OR CRITICISM ARE FIRST CHOICES OF DISCIPLINE IN THE CLASSROOM. A “THINKING CHAIR” MAY BE USED WHEN PERSISTENT PROBLEMS OCCUR. THE MAXIMUM TIME A CHILD WILL SPEND IN THE “THINKING CHAIR” WILL BE 1 MINUTE PER YEAR OF AGE OF THE CHILD. AN EXPLANATION WILL BE GIVEN TO THE CHILD TO EXPLAIN WHY HE/SHE MUST SIT IN THE CHAIR. PARENTS WILL BE CONSULTED IF A BEHAVIOR PERSISTS FOR AN EXTENDED TIME.

CHILDREN UNDER TWO YEARS OF AGE:

THE ABOVE POLICY IS APPROPRIATE FOR CHILDREN OVER 2 YEARS OF AGE. HOWEVER, FOR CHILDREN UNDER 2 YEARS OF AGE THE USE OF A “THINKING CHAIR” IS NOT APPROPRIATE. THE USE OF REDIRECTION AND ANTICIPATION OF AND ELIMINATION OF POTENTIAL PROBLEMS IS MOST APPROPRIATE FOR THIS AGE GROUP AND WILL BE THE METHOD THAT IS USED IN OUR PROGRAMS.

I have read and understand the discipline policy of the program. I give my permission for the center to use all methods set out above for _____.

Child's Name

Parent's Signature Date

If the parents disagree with any disciplinary method above, please list the method preferred:

Parent's Signature Date Child's Name

Goddard Weekday Ministries

Class Registering For:

Infants - 6 weeks to 14 months of age

- Monday Tuesday Wednesday Thursday Friday

Toddlers - 12 months to 23 months of age

- Monday Tuesday Wednesday Thursday Friday

Two's - 24 months to 35 months of age

- Monday Tuesday Wednesday Thursday Friday

Three's

- Monday, Wednesday, Friday Tuesday, Thursday Monday through Friday

Four's

- Monday, Wednesday, Friday Tuesday, Thursday Monday through Friday

Pre-Kindergarten

- Monday through Friday

Extended Day (12:00 - 2:00 applies to preschool only)

- Monday Tuesday Wednesday Thursday Friday

Before and After School Care

(all age groups)

Before Care (7:30 a.m. - 9:00 a.m.)

- Monday Tuesday Wednesday Thursday Friday

After Care (2:00 p.m. - 4:30 p.m.)

- Monday Tuesday Wednesday Thursday Friday

Child must be class age by August 1st of the current school year

Goddard Weekday Ministries

Fee Information (please initial)

_____ I understand that the registration fee is non-refundable.

_____ I understand that my tuition payments are due by the 7th of each month.

_____ I understand that a \$25.00 late fee may be assessed to my tuition if tuition is paid after the 7th of the month. Exceptions **are not** made when the 7th falls on a weekend.

_____ I understand that if I withdraw from the program, I must give two weeks notice or pay for that time.

_____ I understand that a fine of \$15 per incident will be enforced for late pick-ups.

_____ I understand that Goddard Weekday Ministries will be closed for holidays and weather conditions, and I will still be responsible for payment on those closed days. (We follow Fort Smith Public Schools weather closings.)

_____ I understand that I may ask for a conference with the caregiver(s) as needed.

_____ I have read the Parent Handbook and hereby agree to comply with the policies, rules, and regulations of Goddard Weekday Ministries regarding fees, attendance, health, parking, clothing, and other issues as listed by this form and Parent Handbook issued yearly.

Kindergarten Readiness (please initial)

The Department of Human Services is providing "A Getting Ready for Kindergarten" calendar for the parents of all of our three and four year olds as part of the Kindergarten Readiness Program. This is in accordance with Legislative Act 825 enacted by the Arkansas General Assembly to insure all of our children are prepared for kindergarten. The calendar and an indicator check list can both be viewed online at:

Calendar: http://humanservices.arkansas.gov/dccece/dccece_documents/DHS_RICalendar.pdf

Check list: http://humanservices.arkansas.gov/dccece/dccece_documents/New%20KRIC%20Flyer.pdf

_____ I understand that I have been provided at link to the Kindergarten Readiness Calendar and Indicator Checklist.

Parental Permissions

I, _____, parent/guardian of _____, (please circle one)

- Give/Do Not Give Permission for my child to have diaper cream if needed.
- Give/Do Not Give Permission for my child to have antibiotic ointments, lotions, and chapstick if needed.
- Give/Do Not Give Permission to use sunscreen on my child if necessary.
- Give/Do Not Give Permission for my child to have hydrocortisone cream on a rash or insect bite if needed.
- Give/Do Not Give Permission for Goddard Weekday Ministries to access our immunization records from the Arkansas Health Department webIZ site.
- Give/Do Not Give Permission for my child to go on walking, van, or parent transported field trips. I will be notified prior to any field trips. Transported field trips apply to preschool age children only.

Parent/Guardian Signature _____ Date _____