

Center Policies and Procedures

Outreach Christian Early Academic Center is a church day care sponsored by Gospel Center Ministries, a nondenominational church. We are not a State licensed day care. It is the goal of Outreach Christian Education (OCE) to meet the needs of the family. We have an excellent staff that provides academic training and godly instruction. We teach and practice the Ten Commandments and prayer is a daily routine. We want you to leave your child with comfort; we love caring for children and thank you for placing your trust in us. If you should have any questions concerning your child's care, caretaker or tuition, please feel free to call the office and speak to the center's director.

Hours of Operation / Days of Operation

- 6:30 a.m. to 6:00 p.m. Monday - Friday

The day care closes at 4:00 p.m. on the following dates:

- New Year's Eve
- Christmas Eve

We are closed on the following holidays

- | | |
|--------------------|--------------------------------------|
| ■ New Year's Day | ■ Labor Day |
| ■ Memorial Day | ■ Thanksgiving Day and the day after |
| ■ Independence Day | ■ Christmas Day |



If Christmas falls on Saturday, we will be closed the Friday before (which will be Christmas Eve) and will close at 4:00 p.m. on the day before Christmas Eve. If Christmas falls on a Sunday, we will be closed the following day (Monday) and will close at 4:00 p.m. the Friday before Christmas Eve. If any of the above listed holidays occur during the week, a full week of tuition must still be paid.

Arrival and Departure Procedure

Arrival--When arriving at OCE, we require that you sign your child in giving your name, child's name, and the time you are checking your child in. Your child should then be taken to their classroom or the classroom used for meeting until the arrival of all teachers. Make sure the child's caregiver knows your child has arrived and that you are leaving. Children not arriving at the beginning of the day cannot be dropped off during nap.

Departure--When picking up your child, we require that you sign your child out giving your name, child's name, and the time you are checking your child out of day care. Please inform the caregiver that you are taking your child. Each child is to be picked up and signed out by closing or earlier, if possible. You are asked to designate the time you anticipate picking up your child and adhere to that time. If you know you are going to be late picking up your child, we ask that you notify the office or day care director; this ensures that the appropriate number of staff members is available to properly supervise your child.

We require a list of all people who will be picking up your child. Please list those people on the attached card, *which must be notarized*. This card is kept in a file box on the director's desk for easy, quick access. If someone other than those listed on the card is picking up your child, please follow the following procedure:

- ◆ Give **written** notice that someone not on your list of designates will be picking up your child.
- ◆ State their relationship to you or your child.
- ◆ Provide their name and driver's license number.
- ◆ Should an occasion arise that requires you to call in with the name of a person picking up your child, you must identify yourself with your driver's license number, and then provide the name and driver's license number of the person who will be picking up your child.
- ◆ **Children will not be released unless these procedures are followed!**

Licensing

We are not a state licensed facility; we are a church day care center. You can check the parent board to find out when Outreach had its last inspection. Outreach Christian Early Academic Center is a child care facility operated by a religious organization, under the exempt status of subdivisions 5 of Section 210.211 RSMo

Fees

Enrollment

- * An annual enrollment fee is due each September.

Tuition

- * Each full-time student is required to pay full tuition regardless of whether or not the child is in attendance. Once a child has taken a full-time enrollment space, staffing and services are provided based on a full-time student.
- * When taking your child out of OCE, two week's notice is necessary or full tuition will be required. *We do not refund tuition if your child is taken out of OCE prior to a two week notice.*
- * Tuition payments are due every Friday unless you have made other arrangements with the OCE director. You may pay for your child's care weekly, biweekly or monthly as long as it is "payment in advance." We cannot provide services for those who have not paid their tuition.



Late Fees

There is a late charge for any child not picked up by closing. If your child is picked up after closing, you are required to pay the teacher on duty. There are no exceptions. The fees are as follows:

- * One minute past closing is an automatic \$5 charge. **PLEASE PAY THE TEACHER IMMEDIATELY---DO NOT WAIT UNTIL A PAY PERIOD.** An additional \$5 for each 5 minutes thereafter will be charged.

Returned Checks

There is a \$30 service charge on returned checks. If you have a check returned more than once, you will be required to pay by cash or money order.

Automatic Deductions

If your center offers automatic deductions from your bank account and you choose not to use this option you will be required to pay a \$10.00 weekly service charge.

Reward / Fund-raisers

- Outreach rewards families who recommend this early academic center. New students enrolling at your recommendation will earn your family a one-time discount of \$25 off one week's tuition.
- There will be two fund-raisers each year, one in the spring and one in the fall. Fund-raisers help us keep tuition as low as possible while supplementing funds for equipment or facility upgrades.

Academic/Education Policy

OCE maintains the highest in quality education both academically and spiritually. Our curriculum is a combination of Biblical and academic learning. We are training children from infancy through high school according to God's instruction to "Train up a child in the way he should go and when he is old he will not depart from it," as well as "I can do all things through Christ who strengthens me." Our goal is to provide training in a positive, loving environment.



Behavior and Discipline Policy

All children are expected to behave. Foul language, kicking, hitting, and causing harm to other children or staff will not be tolerated. *All children are required to be respectful to the staff; this is a must.* We reserve the right to dismiss any child not complying with the rules of the day care. We also reserve the right to refuse any application.

God gives charge to the parent to discipline their children. We understand that every parent has their own guidelines, morals, and personal convictions when it comes to discipline. It is our desire to work with each family as an individual unit on all matters including discipline. Discipline is managed by first issuing a time out followed by a loss privileges. If there is a discipline problem that cannot be resolved, we do reserve the right to dismiss your child from day care; however, only as a last resort. Please be assured we are here to work with your home according to your convictions.



Supplies

All children must furnish and replenish their own supplies. (See attached supply list for each class.) If your child is in diapers and/or pull-ups, please bring your own disposable diapers/pull-ups. If you do not maintain a supply of diapers/pull-ups and the day care provides them for you, you will be charged 50¢ per diaper/pull-up used. Potty trainers need to have an ample supply of clean underwear.

Medication

If your child is on medication and you need your day care provider to administer a dosage, it must be in the original container with the pharmacy label showing the prescription number, date, name of the medication, dosage, child's name, and doctor's name. **Prescription medication will not be administered without a note authorizing dispensation of medication.** Tylenol, cough syrup, etc. will be administered if the parent/guardian sends a note of consent.



Toys

Please do not send toys of any kind with your child. The day care provides a variety of toys. We cannot be responsible for items that are sent and are damaged or lost.



Welcome!!
 We know your child will enjoy learning and meeting their new friends and teachers!
 Below is a list of supplies they will need for their first day of school.

Please make sure each item is marked with your child's name.



**Nursery
(0-1 years)**

**2 & 3-year-old Room
(2-3 years)**

**Pre-K Room
(4-5 years)**

- Diaper Wipes
- Diapers
- Change of Clothes
- Formula
- Glue
- Baby Cereal
- Baby Food
- Bibs
- Spoons
- Bottles
- Blankets
- Pacifiers
- Written schedule of baby's feeding/waking time as well as likes and dislikes
- Kleenex
- Powder/Ointment



- Scissors (blunt end)
- First Grade Tablet
- Construction Paper
- Glue Sticks (3)
- 2 Elmer's Glue
- Kleenex
- Crayons
- Pencils
- Markers
- Sleep Mat
- Two Blankets
- Change of Clothes
- Extra Underwear
- Diaper Wipes
- Diapers and/or Pull-ups
- Paint shirt



- Scissors (blunt end)
- First Grade Tablet
- Construction Paper
- Wipes
- 3 Elmer's Glue
- Kleenex
- Crayons
- Pencils
- Washable Markers
- Supply Box
- Paint Shirt
- Book Fee
- Extra Clothes

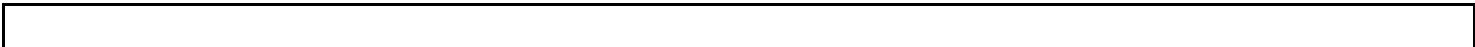
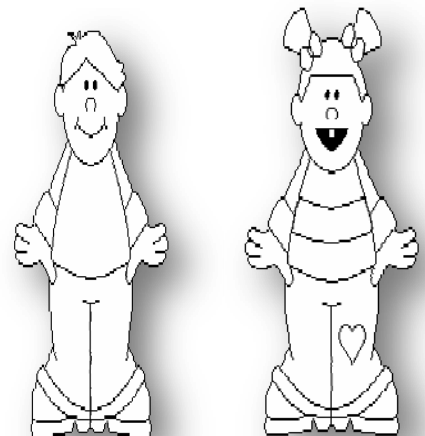
**Toddlers
(1-2 years)**

**Monthly Replacement
(All Classes)**

- Diapers or Pull-ups
- Diaper Wipes
- Baby Food
- Bibs Lg. washable
- Tippy Cups
- Kleenex
- Sleep Mat
- Juice or Milk
- Snack (graham crackers, fruit)
- Big Crayons
- Glue Sticks (3)
- Construction Paper
- Paint shirt



- 1st Monday of the month
- Juice
- Snack
- Wipes
- Diapers
- Large Plastic Bibs (3)
- Clorox Wipes
- Paint Shirt
- Tippy Cups



Who is responsible for financial obligations? _____
 Please list the name of any person other than the legal guardian who is *legally required* to receive information or communication regarding this student:
 Name: _____
 Relationship: _____ Address: _____

Academic Information

Day care / school last attended: _____ Class/Grade: _____
 Has student ever had discipline problems? _____ If so, please explain: _____

 Has student ever been expelled or suspended from school? _____ If so, state reason: _____

 Has student ever been in legal trouble or used an illegal substance? _____ If so, please explain: _____

 How did you hear about our school? _____
 State your reason for wanting to enroll your child in our school: _____

Authorization

Please list the names of those who may pick up your child and make medical decisions for them.

<i>List names in the order you would like persons to be called (including parents).</i>			Authorization	
Name	Relationship	Phone # (cell, pgr.)	Pick Up	Medical

Is your child receiving medical treatment at present? _____ If so, what kind? _____
 May we have permission to give your child acetaminophen (Tylenol) or ibuprofen (Advil) in the event of a headache or elevated temperature?
 Yes No
 Physician's Name: _____ Phone: _____

Enrollment

I wish to enroll my child in:
 Day Care Preschool (all day) Preschool (mornings) Part Time
 Before After-school Both Name of Public School Attending _____
 School Starts at _____ a.m. Ends at (time) _____ p.m.

My signature below indicates my permission for Outreach to transport my child to and/or from school. I do not hold Outreach Christian Education, Gospel Center, Inc. liable for any accidents while on school premises or being transported to and from school. In the case of an emergency I will take full responsibility for their medical care and or transportation.

My child will be attending Outreach from:
 Monday From: _____ To: _____
 Tuesday From: _____ To: _____
 Wednesday From: _____ To: _____
 Thursday From: _____ To: _____
 Friday From: _____ To: _____

 (Father's Signature) (Date) (Mother's Signature) (Date)

Agreements

Our signatures below indicate that

- We have been informed of the required health and safety inspections and the inspection forms are available for review.
- When my child is ill, I understand and agree that my child may not be accepted for care. If my child becomes ill during the day, I will be called to pick him/her up.
- Tuition must be paid in advance.
- Full tuition is due whether my child attends school or not, there are no deductions for student absence. A two week vacation time per year is given to each family without tuition payment required upon the receipt of a 30 day notice.
- I have read this packet in its entirety. I understand and accept the rules and policies including tuition and emergency care.

Father's Signature

Date

Mother's Signature

Date

How did you hear about us? Phone Book ____ Advertisement? ____ Granny's Coupon? ____ Friend? ____

Medical Information

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize staff of OUTREACH CHRISTIAN EDUCATION, GOSPEL CENTER, INC. to have my child cared for.

(Mother's Signature)

(Date)

(Father's Signature)

(Date)

Name of Doctor/Clinic: _____ Phone () _____
Address: _____ (Street, City, State, Zip)

For emergency medical treatment for my child, my preferred hospital is: _____
Address: _____ Phone () _____

Photo Permission

We would love to post the fun activities of your child at school on the outreach facebook site, our web site, and in our newsletters, emails advertisements, and other advertisements. Please sign below granting Outreach Christian Early Academic Centers permission to use photographs of your child for the above purposes only.

Parent's Signature

Date

Sunscreen Permission

In signing this form, I am giving permission for Outreach staff to apply sunscreen to my child for outdoor time.

- I understand that sunscreen will be shared unless I specify that I would like the sunscreen I bring to be used only.
- I understand that if I don't provide sunscreen for my child then my child will not have sunscreen applied and may get sun burned.
- Waterproof sunscreen is recommended because we will be having outside water play every week in the summer.
- Please note that we will be going out at least one hour a day through the summer unless the heat does not allow us to do so.

(Mother's Signature)

(Date)

(Father's Signature)

(Date)

Outreach Christian Education

Parent's Report of Medical History

Note: This side of form should be completed by parents prior to physician's examination.

Student's Name: _____ Birthdate: _____

Father's Name: _____ Mother's Name: _____

SS#: _____ SS#: _____

Father's condition of health: _____

Mother's condition of health: _____

Brothers (ages and health): _____ Sisters (ages and health): _____

General Condition of Health (Please check or explain any of the below.)

- | | | | | | |
|----------------------|--------------------------|-----------------------------------|--------------------------|---------------------|--------------------------|
| Abdominal pain | <input type="checkbox"/> | Frequent sore throat | <input type="checkbox"/> | Muscle cramps | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | Frequent boils, sties, infections | <input type="checkbox"/> | Nose bleed | <input type="checkbox"/> |
| Crippling conditions | <input type="checkbox"/> | Frequent urination | <input type="checkbox"/> | Persistent cough | <input type="checkbox"/> |
| Dental defects | <input type="checkbox"/> | How often? | <input type="checkbox"/> | Poor vision | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> | Frequent leg pains | <input type="checkbox"/> | Parasites (worms) | <input type="checkbox"/> |
| Dizziness | <input type="checkbox"/> | Headaches | <input type="checkbox"/> | Speech difficulty | <input type="checkbox"/> |
| Earaches | <input type="checkbox"/> | Hearing difficulty | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> |
| Fainting spells | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | Tires easily | <input type="checkbox"/> |

How many colds has student in last 12 months _____

Personal Record (Please answer each of the following.)

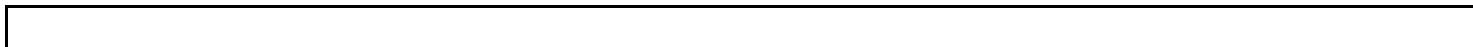
- | | Yes | No | | Yes | No | Yes | No | | Yes | No |
|---------------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|----|
| Does student have disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | Deformities? | <input type="checkbox"/> | <input type="checkbox"/> | Is student shy? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Overactive? | <input type="checkbox"/> | <input type="checkbox"/> | Bites fingernails? | <input type="checkbox"/> | <input type="checkbox"/> | Does he/she suck thumb? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Have excessive fears? | <input type="checkbox"/> | <input type="checkbox"/> | Temper tantrums? | <input type="checkbox"/> | <input type="checkbox"/> | Does he/she like school? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Play well with others? | <input type="checkbox"/> | <input type="checkbox"/> | Eat breakfast? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Does he/she take a nap? | <input type="checkbox"/> | <input type="checkbox"/> | time: _____ | | | | | | | |

When is his/her regular bed time? _____ Rising time? _____

Date _____

Signatures of Parents: _____

Signatures of Parents: _____



1. IDENTIFYING INFORMATION	
Patient's Name	Birthdate

II. CURRENT STATE OF HEALTH
I have examined the above named child and verify that this child's medical history and current state of health <input type="checkbox"/> are <input type="checkbox"/> are not satisfactory for participation in a day care program.
Does this child require any specialized care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in section IV.

III. IMMUNIZATION HISTORY						
Our records indicate that this child has the following immunizations						
IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DTap						
_____ Polio						
_____ PCV						
_____ Hib						
_____ MMR						
_____ Hep B						
_____ Hep A						
_____ RV						
_____ Varicella						

IV. COMMENTS / RECOMMENDATIONS
(Special diets, allergies, ear infections, convulsions, diabetes, emotional problems, etc.) <hr/> <hr/> <hr/>

V. SIGNATURES		
Signature of Physician or Registered Nurse under the supervision of a Physician	Physician's or Nurse's Name (Please Print)	
Name of Clinic, Group Practice, Other	If Nurse is Supervised by Physician, indicate Physician's Name	
Address (Street, City, State, Zip)	Telephone Number ()	Date

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Pick Up Authorization

Child's Full Name: _____ DOB: _____

This child will normally be picked up by: _____

Note: Please advise anyone picking up your child he/she will be required to present he/her photo ID.

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

(Mother's Signature)

(Date)

(Father's Signature)

(Date)