



# Parents' Day Out Policies & Procedures

First United Methodist Church  
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At Lebanon First United Methodist Church's Parents' Day Out, our focus is to love and lead our children. Our program provides a loving Christian environment where our children feel safe, accepted, and encouraged.

While much of the day will be structured, our children are encouraged to play and interact with one another. Through this play, they will develop stronger communication, listening, and problem-solving skills.

***Our Mission Statement:***

To provide a loving and safe environment for our children in which getting along with others, learning, and creativity is encouraged.

***Hours of Operation:***

Our program is in operation Mondays and Wednesdays year-round with a few holiday exceptions. We follow Lebanon Special School District snow, weather and illness days. If schools are closed due to inclement weather or for illnesses, we will be closed. If schools start two hours late due to inclement weather we will begin at 10:00 a.m. Normally, school hours are from 8:30a.m.-2:00 p.m. Under no circumstances will a child be accepted before 8:30. Discharge time is 2:00 p.m. promptly. A late fee of \$1.00 per minute will take affect after 2:05 p.m. Extenuating circumstances will be left to the discretion of the Program Director.

\*\*\*\*Please note that the Children's entrance will be closed from 9:00am to 1:40pm for the safety of our staff and children. If you are late or need to pick your child up early, you will need to enter through the church office.\*\*\*\*

***Ages:***

Our program is available for children 10 months old- 4 years. Children who are eligible for Kindergarten age out of the program at the end of June.

***Fees:***

A registration fee of \$75 is due when the child enrolls in our program. Registration fees are non-refundable, and go toward curriculum, supplies, and toys. PDO is a year-round program with transitional breaks in January and July.

Tuition for the first month of the operating year will be due before the first day of class for each child. No child will be permitted to attend the first day if the initial month's tuition has not been received. Fees will be considered late if not paid by the 10th of each month. A \$10 late fee will be added to your bill if your payment is received after the 10th.

The following and remaining months of the program, tuition will be due by the first day of class each month. Tuition will be \$165 / month for 2 days. Tuition for more than one child will be \$160 /month for 2 days for each child. There is no discount should a child fail to attend class due to illness. There will be no reimbursement for tuition that has been paid for the month if you withdraw your child from the program before the month's end.

***Withdrawal:***

Commitment to this program is essential for the growth of your child and this program. The teachers are committed, and your child's classmates are committed. It is important to see the whole year through. A one-month in advance withdrawal notification is required. Extenuating circumstances will be left to the discretion of the Program Director.

***Health and Safety:***

Please dress your child in clothing suitable for outdoor play and activities which necessitate excessive movement. Please send your child with appropriate coats, jackets, hats, shoes, etc. All items brought to school should be labeled with your child's name. Simple first aid will be administered to minor injuries. If there is an emergency, you will be notified promptly. If you cannot be reached, we will pursue the emergency numbers provided. Let us know if any of these numbers change at all.

**Illness:**

If your child shows any indication of illness, please keep them at home. A child must be fever, diarrhea and vomiting free for at least 24 hours before returning to school. Any symptoms, such as rashes, possible pink eye, sore throat, etc. which could be contagious, needs to be checked by your family doctor. If during the course of the day we feel that a child shows any symptoms, or illness, you will be notified and expected to pick your child up immediately. We will not administer medication.

Your child's mat cover, sleeping bag, blankets, etc. must go home once a week to be washed. This will help prevent the spread of germs.

No child will be released to anyone other than their parents, legal guardian, or any designated person on your enrollment form unless notified in writing. If any of this information changes, please notify the Program Director.

***Discipline:***

Caregivers will use positive guidance, redirection, and the clear-cut limits that foster the child's own ability to become self-disciplined. Caregivers will encourage children to respect other people, to be fair, respect property, and learn to be responsible for their actions. Discipline involves teaching character and self control. In our discipline, we try to be consistent, avoid unpleasant situations, and to let the child know that we still love them, but disapprove of their actions.

## **Learning at PDO:**

Our desire is to help foster a love of learning for ALL our children. Here are some things you will see in our classrooms:

- Children practicing counting to ten, identifying basic colors and numerals, basic shapes, how to hold and use crayons, simple puzzles, zippers, and simple board books.
- Singing nursery rhymes and playing finger plays like: Where Is Thumb-kin? and The Itsy Bitsy Spider.
- Practicing a variety of gross motor skills: walking, marching, running, balance, skipping, swinging, sliding
- Using fine motor skills: picking up small blocks, using playdough, holding crayons, and finger painting,
- Practicing Social/ Emotional skills: sharing, taking turns, helping others, saying please and thank you, and saying sorry
- Developing a love of reading by reading together.

Our older Children will work on a more structured schedule to help prepare children for school. This will include scheduled restroom times, walking to and from special events in lines, and more in depth learning such as:

- Using scissors and practicing cutting in a straight line
- Identifying letters
- Counting
- Practicing writing and holding pencils and crayons correctly

The classes will also incorporate the following:

- Bible stories and scripture
- Story time
- Music
- Learning centers (blocks, home living, nature, etc.)
- Creative art activities and crafts
- Activities for large motor skills
- Exposure to shapes, colors and opposites
- Sharing/Show and tell time
- I Love You Games and Character-Building Games

***Check list:***

Each child will need to bring the following:

\***Immunization**-By the end of February each child enrolled must have an updated ***immunization form***. (LFUMC requires our children to be vaccinated in accordance with the CDC schedule.) This can be picked up at your child's doctor's office. It must be the form required for schools.

\***Mats and napping blankets**-You will need to supply a standard size mat and ***mat cover***, or you may use a sleeping bag. These will be sent home on a regular basis to be cleaned. This will cut down on the spread of germs.

\***Regular Backpack**-(Oversize or roller packs will not fit on our hooks) Make sure you include a full change of clothing, including socks and underwear. Please label all items in pack including pack.

\***Lunchbox**- Standard size, easy to open is best. Each child should be able to open their own lunchbox. (Please practice at home) The under 2 classes are the only ones we can heat lunch for. Please send spoons or forks if needed. Label all items.

\***Lunches**- Finger food is best. Example- sandwiches, fruit or vegetables cut up, Vienna sausages (in a zip lock bag), cube cheese, pepperoni, even pasta works great in a zip lock bag. Please limit cookies and sweets. We always eat our good healthy food FIRST. Please DO NOT send drinks with red or blue dye, or drinkable yogurt as they stain the carpet. Juice boxes and Capri Suns are fine.

\***Clothes**- Dress your child in easy, casual play clothes with closed toed shoes and socks. Sandals and flip flops are inappropriate for school. Teachers can't always help children with difficult clothing when they need help. Jumpsuits, overalls, belts or suspenders are cute, but too difficult for school. Please save them for other days.

\***Toys from home**- Please DO NOT send toys from home. It causes confusion and competition among the children. We WILL have days during the year for Show & Tell, and will let you know in plenty of time.

\***Names on everything**- Make sure your child's name is on EVERYTHING in permanent marker: Backpack, cover for mat, lunchbox, and clothes.

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

**First United Methodist Church  
Parents' Day Out Program  
Registration Form**

Date of Application \_\_\_\_\_

**Child's Information**

Child's Full Name \_\_\_\_\_ Name used \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (Male) or (Female)

**Parent Information**

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

Home Address \_\_\_\_\_

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

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

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

Home Address \_\_\_\_\_

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

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

Custodial parent (if divorced) \_\_\_\_\_

Copy of custody order provided: (yes) (no) (n/a)

**Background Information**

Does your child have any allergies? \_\_\_\_\_

Sibling's name(s) and age(s) \_\_\_\_\_

Describe your child's temperament \_\_\_\_\_

Does your child have any special health problems we need to be aware of?

Do you have any special classroom requests?

\_\_\_\_\_

### **Emergency Information**

Persons other than parents who can be reached in case of an emergency or sickness:

1. Name \_\_\_\_\_ Home # \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Relation to child \_\_\_\_\_
2. Name \_\_\_\_\_ Home # \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Relation to child \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
Hospital preference in case of an emergency \_\_\_\_\_

### **Transportation Plan**

To insure the safety of your child, please list all other adults and phone numbers to whom your child may be released (or to whom you give authorization to provide transportation for your child).

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Please let us know if there are any unusual circumstances where a parent does not have the authority to pick up a child. \_\_\_\_\_  
\_\_\_\_\_

Please have a note ready to give to your child's teacher if someone different than normal will be picking up your child. Thank you.

I have read through the PDO handbook and am aware of the policies and procedures of LFUMC'S PDO program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Lebanon First United Methodist Church  
Medical Consent Form for Children**

Child's name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent (s)' Names: \_\_\_\_\_

Parent (s) business phones: \_\_\_\_\_

**To Whom It May Concern:**

I (we), the undersigned do hereby give permission for my (our) child, \_\_\_\_\_ to attend and participate in activities sponsored by First United Methodist Church. I understand that activities, such as sports, field trips and other activities, carry with them a certain degree or risk. I release and discharge First Church and its representatives of all actions, claims and demands, whosoever which claimant now has or may hereafter have arising out of any accident, casualty and/or event which might happen while on the premises of First United Methodist Church.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for his/her (their) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by FUMC. Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency phone numbers: \_\_\_\_\_

**SIGNATURE(S):**

Father: \_\_\_\_\_ date \_\_\_\_\_

Mother: \_\_\_\_\_ date \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ date \_\_\_\_\_

Below, please list any allergies, medical concerns or restrictions your child may have. Thank you.

\_\_\_\_\_

**NOTARY**

Before me this day \_\_\_\_\_ (date), \_\_\_\_\_ (parent)

Personally known to me or who has produced \_\_\_\_\_ (driv. Lic. #)  
As identification and who executed the forgoing instrument for the purpose therein expressed.

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_

APPENDIX – FORM 10

## **Photo Release**

*(must be completed for all adults and children under the age of 18)*

I hereby grant all rights to Lebanon FUMC to use my photograph and/or other reproduction of me or my physical likeness for United Methodist publication purposes, whether electronic, print, video, digital or electronic publishing via the Internet. I further agree that any uses described may be made without additional compensation or consideration.

**I understand that, in compliance with Federal COPPA regulations, my identity will not be revealed or acknowledged through any descriptive text or credits.** I acknowledge Church's right to crop or treat my photograph(s) at its discretion. I also acknowledge that Church may choose not to use my photo at this time, but may do so at its own discretion at a later date. I waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used. I understand that in signing this release, I agree to all these terms and that I cannot participate without this release.

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

**For anyone under 18 years of age:**

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of Parent or Guardian: \_\_\_\_\_

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

