



MOTHER'S DAY OUT

Program Policy

Welcome to our Mother's Day Out Program. We would like each parent to be aware of our rules and regulations. Please read the following, as these rules apply to everyone.

1. FEES AND CHARGES

- A. Registration Fee is \$30.00 Non-Refundable.
- B. **MONTHLY PAYMENTS ARE DUE ON THE FIRST DAY OF EACH MONTH.**
- C. Pre-paid days are \$17; Absences must be paid at the same rate of \$17/day.
- D. **THERE WILL BE A \$20.00 CHARGE FOR ALL RETURNED CHECKS.**

2. MDO HOURS

- A. Days of operation are Tuesdays and Thursdays.
- B. **Children must be signed up for both days. There are NO ONE DAY/WEEK enrollments.**
- C. Our program starts at 9:30 a.m. and ends at 2:30 p.m.
- D. **A LATE FEE OF \$3.00** will be charged for every 10 minutes the parent/guardian is late after the 2:30 pick-up time. This amount will be charged to the next month's bill.

3. SCHEDULE

- A. MDO will follow the same schedule (i.e. holiday, snow, etc.) as the Sevier County School System unless notified otherwise.

4. IDENTIFICATION AND INSTRUCTION FOR BELONGINGS

- A. Your child's name must be clearly and legibly visible on everything he/she brings to MDO. This includes lunch box, thermos bottle (preferably with a spout), drinks, food, sleeping bag or mat, blanket, pillow, jacket, toys, etc.
- B. If a sipper cup is sent, please place it in the lunch box not in the diaper bag.
- C. Due to a lack of space, no lunch boxes or thermos bottles can be place in a refrigerator.

5. SICKNESS

- A. **DO NOT BRING** your child if he/she is sick. Examples would include pink eye, lice, flu, water warts, strep, stomach virus including vomiting or diarrhea, rash, sinus infection with fever, persistent cough, or other obvious contagious conditions.
- B. Your child should be symptom-free for 24 hours before returning to MDO.
- C. A sickness policy and 24-hour notice is designed to protect our children as well as our adults. Time to ensure that fever and symptoms are gone gives the child the rest needed to renew his/her body and wellbeing.

This policy has been established to ensure that each child, parent, and teacher is treated fairly. We hope your child will enjoy being with us. We will do our best to take care of your child properly and treat him/her with the love and respect that he/she deserves. Please do not hesitate to call us if you have any questions or problems. We will be happy to talk with you after school or on days that we are not in class.

➔ **Director & Pre-K Teacher: Lisa Jenkins - Home: 573-8414; Cell: 661-8414** ←
Church Office: Kathy Mink, Administrator 577-1954

APPLICATION FORM FOR MOTHER'S DAY OUT SEYMOUR FIRST BAPTIST CHURCH

Child's Name _____
(Last) (First) (Middle)

Girl _____ -OR- Boy _____ Date of Birth: ____/____/____ Age: _____

Parents' Names & Address(es): _____

Telephone Numbers Where Parents Can Be Reached:

Mother:

_____ (Home) (Work) (Cell)

Father:

_____ (Home) (Work) (Cell)

Names and phone numbers of persons, other than parents, authorized to act for parent in the event of emergency:

1. _____
(Name) (Relationship to Child) (Phone)

2. _____
(Name) (Relationship to Child) (Phone)

Name of Physician: _____ Phone: _____

Are immunization shots up to date: **Yes or No** If no, why & are shots scheduled? _____

List all medical problems: _____

List any special need your child has: _____

List all foods / drinks your child cannot have: _____

List any fears your child may have: _____

List names & ages of brothers and/or sisters: _____

What special interests does your child have? _____

(Parent's Signature)

(Date)

SFBC MOTHER'S DAY OUT

Liability Release Form

In consideration of the acceptance of our child, _____ ,
as a member of the Mother's Day Out Program of First Baptist Church of Seymour, Tennessee
(SFBC), we individually and jointly, as parents of said child, release SFBC and the teachers of the
Mother's Day Out Program from all loss, damage or injury to our child while attending the program.
We also authorize emergency medical care for our child if need arises.

Signature of Mother

Signature of Father

Date

Person authorized to act for parent in case
of Emergency

Phone Number of Authorized Individual