

# **Shoals Christian Daycare/Early Preschool Education**

## **11-Month Contract (August - June)**

**Mission:** *To provide safe and loving childcare for the faculty, staff and parents of Shoals Christian School and the Shoals community whose children are age 3 and below.*

**Hours of Operation:** 7:30 am – 5:30 pm

**Calendar of Operation:** August 3 to June 30. We follow a slightly different calendar than the Shoals Christian School calendar, therefore, always consult the SCS Daycare/Early Preschool Calendar; however, any days marked half-days for the school are full days for the daycare.

**Enrollment:** Priority is given first to SCS Faculty and Staff, next to SCS families whose children are enrolled in Shoals Christian, SCS Alumni, and then to families from the Shoals area community.

### **Fees:**

Registration Fee = \$50 Non-Refundable (Due with Enrollment Agreement)

Supply Fee = \$75.00 Non-Refundable (Due July 1 or upon Enrollment)

Monthly Rate = \$500.00 monthly

*All monthly fees are due on the 1<sup>st</sup> of the month; late after the 10<sup>th</sup>. Faculty & Staff fees will be payroll deducted. Credit will not be given for any days absent due to illness or school closing.*

Children who are not picked up by 5:30 p.m. will be charged a late fee of \$1.00 per minute for each minute late.

### **Meals:**

NO food with red dye.

If your child arrives before 8:30, we will be glad to let them bring breakfast and eat at school. At 8:30 we will be getting started with other activities, therefore, if your child arrives at 8:30 or after, they will need to have eaten at home.

Microwavable meals need to have a time limit of three minutes or less.

**Infants:** Food, formula & snacks (Please label bottles, cups, etc...)

**Toddlers – Threes:** Lunches and drinks should be in a cooler or lunchbox with ice packs included. In addition, you need to provide nutritious snacks for your child. We do not have refrigerator space for the children. (Please label lunch boxes, cups, etc....)

**Supplies:** You will need to provide the following items for your child:

Diapers & Ointment (Infant & Toddler)  
1 pump bottle of GermX  
2 boxes of tissue

Red/Blue Kindermat (Toddler & Early Preschool)  
6 rolls of Paper towels (Select-a-Size only)  
2 Baby Wipes – All children

**Toilet Training:** Children should be potty-trained by age 3.

**Probationary Period:** There will be a probationary period of thirty (30) days for each child/parent and for the school providers to ascertain whether the child fits into the program. Parents will be notified if their child is not adjusting. Every attempt will be made to resolve the problem. This is very rarely instituted; however, cases where we will utilize this option would be in the events of extreme biting, hitting, or any other repetitive action that is harmful to other students. Our students are very kind and thoroughly enjoy learning. We feel an obligation to protect that.

**Dressing for Success and Participation:** We stress self-help skills. Dress your child in clothes they can easily manage by themselves. We dress for safety and sun protection. We have many activities that include painting, gluing, coloring and outdoor play, so always dress your child appropriately. Save the beautiful clothes and shoes for going out and special occasions. Please put shorts or bloomers under girls' dresses. Please make certain their clothing makes trips to the bathroom easy and diaper changes fast. Keep it simple!

**\*\*\*Provide 1 -2 changes of clothes, including socks and undergarments, in a bag or backpack\*\*\***

**Shoes:** Most children would rather run than walk. Wearing appropriate shoes is extremely important. Good shoes provide support, but more importantly, prevent accidents. Therefore, tennis shoes, or other closed-toed, rubber-soled shoes, are required. No exceptions.

**Illness:** Children must be kept home if they exhibit any signs of fever, diarrhea, or have communicable diseases or viruses. Any child who becomes ill at school will be isolated and parents informed to come and pick up their child as soon as possible. To ensure the health of your child, as well as the other children, please be sure your child has been fever and symptom free (without medicine) for a minimum of 24 hours before returning to school. In order to administer medicine to your child, we will need a medication authorization form on file.

**Immunization Record:** We will need to have a current Immunization record on file for your child. Please provide the Alabama Certificate of Immunization (aka - Blue Card) to the office before their first day in the nursery and again after every round of shots.

**License Exempt Daycare Facility:** Preschool programs which are an integral part of a religious nonprofit elementary school, and are so recognized in the school's documents, are not required to be licensed by the Alabama Department of Human Resources. The child care facility must also ensure that the parent or guardian and a responsible individual representing the governing board as authority of the school be required to sign, and file with the Department annually, an affidavit provided by Section 38-7-3 of the Code of Alabama. We will need you to fill in the Affidavit form and sign it in the presence of a notary public. The Affidavit will be provided by the school office.

**Shoals Christian Daycare/Early Preschool Education**  
**11-Month Enrollment Contract for 2020/2021**  
**August 3, 2020 – June 30, 2021**

I do hereby enroll my child \_\_\_\_\_ in the Daycare/Early Preschool at Shoals Christian School. I understand the child care providers will supervise my child in a loving, kind and Christian environment throughout the day. If at any time a disagreement or conflict should arise, I agree to bring it to the attention of the child care providers and to try to resolve the issue in a timely manner.

**By signing this Agreement, I understand SCS is relying upon the promise that my child will be enrolled the full 11-months due to the limited size of our Daycare/Early Preschool program. Except for a bona-fide move away from the area, the Undersigned is responsible for the full 11-months of tuition.**

Attached is my registration fee of \$50.00. In addition, I agree to pay the required monthly fee of \$500.00 no later than the 10<sup>th</sup> of the month. Accounts not paid by the 10<sup>th</sup> will be assessed a late fee of \$30 on the 11<sup>th</sup>. If any account becomes 30 days old, SCS shall have the right to refuse admittance to the Daycare until the account is paid.

For staff scheduling purposes, please indicate the time of day you feel you would generally drop-off and pick-up your child. \_\_\_\_\_ AM \_\_\_\_\_ PM

***I have read, accept and will abide by this agreement with Shoals Christian School.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Child's Name** \_\_\_\_\_ **Birthday** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

**Mom's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

**Dad's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

**Emergency Contacts** (if different from above)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

**Authorization for Pick-up**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Information**

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Allergies? \_\_\_\_\_

Special Diet? \_\_\_\_\_

Medical Conditions? \_\_\_\_\_

Medicine? \_\_\_\_\_

In case of emergency, Northwest Alabama Medical Center will be used. Check if okay. \_\_\_\_\_

Alternate instructions \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date