



# Mother's Day Out

exploring God's world, planting the seeds of promise

2006-2007

PARENT HANDBOOK

**REDEEMER PRESBYTERIAN CHURCH**  
**MOTHER'S DAY OUT PROGRAM**  
**MCKINNEY, TEXAS**

**Statement of Purpose**

The Redeemer Mother's Day Out Program is a ministry of Redeemer Presbyterian Church, P.C.A.. The program is committed both in and out of the classroom to directing the development of the students and to enable them to translate the experience they receive here into Christian living. We use a hands-on, fun, age-appropriate, Bible-based curriculum to encourage children to explore God's world. We believe that all aspects of our lives are to be lived to the glory of God under the Lordship of Jesus Christ and strive to instill this truth in our children.

**Redeemer MDO Policies**

1. Monthly tuition is paid on the first Tuesday or Thursday of each month unless special arrangements have been made. If an enrollee falls **two** tuition payments behind, he/she will not be allowed to attend until all tuition has been paid.
2. If for any reason a child drops the program, at least two weeks notice should be given. If no notice is given, the parent is responsible for monthly payments even if the child has not attended.
3. We do not accept children before **9:00 AM**. This time is set aside for teacher preparation/devotions. Children are not allowed to bring breakfast foods into the room.
4. If children are picked up after the closing time of **12:00 PM**, late fees will be given to those arriving after 12:00 p.m. A late fee of \$1.00 per minute will be assessed. Notification will be placed in your child's bag and the appropriate fee will be automatically invoiced on your monthly statement.
5. Our program follows the McKinney ISD for all holidays, school closings and bad weather days. **If a child is absent for any reason, tuition is not refunded.**
6. All children need an extra change of clothes in their bag. Please label **all** items your child brings (clothing, bottles, lunch box & items, mat, blankets, etc.).
7. Each child needs to bring a morning snack and drink. Please pack foods the child can eat without assistance or danger of choking. Due to nut allergies, please do not send nuts.

8. Parents are asked to knock and wait for a teacher to receive or dismiss each child individually at the door, rather than entering the room. If the child cries when brought to class, it is best to leave the child quickly. Research has shown this is less traumatic to the child.
9. All rides must be arranged by the parent before the day begins. **Redeemer is not responsible for coordinating rides for children.** Only in emergency situations will exceptions be made and these must be given in writing to the director. (Please submit an emergency pick-up notice to the director.)
10. For the protection of your child and other children, parents are requested not to leave a child when any of the following symptoms/conditions exist or have existed in the past 24 hours. If a child develops a fever or other symptoms while at school, the parents will be notified as soon as possible.
  1. Fever
  2. Vomiting or diarrhea
  3. Any symptom of usual childhood diseases (See Common Communicable Diseases)
  4. Common Cold (from onset through one week) This includes a runny nose with green mucous as opposed to a clear runny nose.
  5. Sore throat
  6. Croup
  7. **Any** unexplained rash
  8. Any skin infection (boils, ringworm, impetigo, etc.)
  9. Suspected Mononucleosis
  10. Pink Eye and other infections

**Redeemer teachers may not administer medications to any child without written instructions from parents. (Medication Authorization form enclosed.)**

12. Please be sure that the teacher has all enrollment forms **on the first day of school.** **(All required enrollment forms are listed in the enclosed “Notice to Parents.”)** The State of Texas requires that every child have a current immunization form on file. Children under two who are fed a formula must also have the appropriate form signed and dated. (“Infant Care Instructions” must be given to the teacher.).
13. If anyone other than the parent will be picking up a child, a written note needs to be given to the teacher on that day. The note must have the name of the child, a description and name of the person picking up the child. The person picking up the child will have to show his/her driver’s licenses to insure proper identity. No child will be released by a teacher to anyone but the parent unless written permission has been given by the parent to the teacher or director. (Verbal permission will suffice

for those already listed on the emergency or information forms. An Emergency Pick-Up Notice should be given to the director and teacher prior to pick-up.)

14. Teachers will make every effort to handle discipline problems. In extreme situations, a conference will be scheduled with parents.
15. Parents are asked not to bring to their child's room birthday invitations that do not include the entire class, business brochures and solicitations, etc.
16. Parents are required to sign their child in and out each day. If parent will not be dropping off, the person authorized to bring the child will sign the child in and out sheet.
17. Each child enrolled or admitted to the preschool program must meet applicable immunization requirements as specified in the ***Texas Department of Health Immunization Requirements in Texas Handbook***. This requirement must be completed and on file by the date of admission or the child may not attend. Documentation of immunization records must be validated by a physician or other health care official with a signature or official rubber stamp. Documentation of a TB screening is not required.
18. Please call the director if you would be interested in participating in some aspect of the operation of our facility. We welcome parent involvement, visitation, and observation..
19. If there are questions about operational procedures or other concerns, please feel free to contact the director at any time.

## Common Communicable Diseases

<b>Disease</b>	<b>First Symptoms</b>	<b>Incubation</b>
Chicken Pox	Fever, loss of appetite, red spots/some with a clear blister <b>Return: Physician's note</b>	14 - 21 days
German Measles	Signs of cold, swollen glands, rash <b>Return: Physician's note</b>	14 - 21 days
Head Lice	Scratching of head, rash-like appearance around ears and neck, nits <b>Return: Physician's note</b>	3 week cycle
Impetigo	Small blisters with thin yellow fluid, blister breaks & scab forms <b>Return: Physician's note</b>	5 days
Measles	Signs of cold, red eyes, fever, red spots <b>Return: Physician's note</b>	10 - 14 days
Mononucleosis	<b>Return: Physician's note</b>	
Mumps	Swelling, fever, sore throat, difficulty swallowing, tired <b>Return: Physician's note</b>	12 - 26 days
Pink Eye	Pink coloration of eyes, swollen eyelids, matted eyes, sticky discharge <b>Return: 4 days or physician's note and proof of antibiotic</b>	4 days
Ringworm	Raised, round ring shape, red & itchy <b>Return: Physician's note</b>	10 - 14 days
Scarlet Fever	Sore throat, fever, possible rash <b>Return: 7 days from onset &amp; physician's note</b>	2 - 7 days
Other Strep	Sore throat, fever <b>Return: Physician's note and proof of antibiotic</b>	2 - 7 days

# Redeemer Presbyterian Church – Mother's Day Out

## Child's Health Record

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Medical History - Please indicate if your child has had any of the following:

\_\_\_\_\_ Measles      \_\_\_\_\_ Mumps      \_\_\_\_\_ Chicken Pox      \_\_\_\_\_ Convulsions  
\_\_\_\_\_ Flu      \_\_\_\_\_ Meningitis      \_\_\_\_\_ Asthma      \_\_\_\_\_ Whooping Cough

Allergies (list) \_\_\_\_\_  
\_\_\_\_\_

Is there any evidence of:

Hearing loss or difficulties? \_\_\_\_\_

Vision difficulties? \_\_\_\_\_

Speech disabilities? \_\_\_\_\_

List any:

Hospitalizations \_\_\_\_\_

Operations \_\_\_\_\_

Other serious illnesses \_\_\_\_\_

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### To Be Completed By Physician

Immunizations (give dates)

\_\_\_\_\_ OPT      \_\_\_\_\_ or Diphtheria      \_\_\_\_\_ Whooping Cough

\_\_\_\_\_ Tetanus      \_\_\_\_\_ Poliomyelitis      \_\_\_\_\_ Measles (Rubella)

\_\_\_\_\_ Hepatitis A      \_\_\_\_\_ (Rubella)      \_\_\_\_\_ Mumps

\_\_\_\_\_ Hepatitis B      \_\_\_\_\_ Varicella      \_\_\_\_\_ Pertussis

\_\_\_\_\_ Haemophilus Influenza Type B      \_\_\_\_\_ Pneumococcal  
(may also be known as Prednar)

All immunizations are up-to-date      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If no, indicate reason \_\_\_\_\_

**AN OFFICIAL IMMUNIZATION FORM MUST ACCOMPANY THIS FORM WHICH IS  
STAMPED BY THE PHYSICIAN'S OFFICE.**



# Day Care Admission Requirement for Pre-School Age Children

In order for your child to be admitted to day care, one of the following must be checked. Please sign and date below.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.

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Name and Address of Physician

WITHIN THE NEXT 12 MONTHS, I WILL OBTAIN A PHYSICIAN'S STATEMENT AND WILL SUBMIT IT TO THE DAY CARE. (See below)

\_\_\_\_ Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

# ***Infant Care Instructions***

*(if applicable)*

Dear Parent:

In order to serve your infant's needs in a more individual manner, we ask that you complete this form and return it to us or your child's teacher as soon as possible.

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Type of formula (be specific) \_\_\_\_\_ Warmed? \_\_\_\_\_

Type of juice(s) \_\_\_\_\_

Type of diet: Cereal \_\_\_\_\_ Meats \_\_\_\_\_

Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_

Allergies: Food \_\_\_\_\_

Skin \_\_\_\_\_

Other \_\_\_\_\_

Skin Care: Ointment \_\_\_\_\_ Special Soap \_\_\_\_\_

Sleeping position: On back \_\_\_\_\_ On side \_\_\_\_\_

Does your baby use a pacifier? Yes \_\_\_\_\_ No \_\_\_\_\_

Other helpful information (please include schedule for feeding, sleeping, etc.).

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Thank you for allowing us to care for your child. Please update this information as necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Redeemer Presbyterian Church**  
**Mother's Day Out Enrollment Record**

Date of Admission _____
Date of Withdrawal _____ (Office use only)

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(month) (day) (year)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street) (city & zip)

E-Mail Address \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_  
(address)

Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_  
(address)

Person(s) **other than parent(s)** authorized to call for child. The child will not be released to any others without permission.

\_\_\_\_\_  
(name) (address) Relationship \_\_\_\_\_

List persons (**other than parents**) to be called in cases of emergency when the parents can not be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Background of Child:

Church Member: Yes \_\_\_ No \_\_\_ Attendance: Regular Occasional Seldom  
(circle one)

If yes, where? \_\_\_\_\_ If no, denominational preference \_\_\_\_\_

Are parents: Living together? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_

If separated or divorced, who has custody of the child? \_\_\_\_\_

Known fears \_\_\_\_\_  
(such as storms, animals, loud noises, etc.)

Unusual habits or expressions \_\_\_\_\_

Does the child use special words to go to the restroom? \_\_\_\_\_ If so, what? \_\_\_\_\_

Brothers: Names & Ages \_\_\_\_\_ Sisters: Names & Ages \_\_\_\_\_

I have read and agree to abide by the Redeemer Presbyterian Church Mother's Day Out policies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Discipline and Guidance Policy for Redeemer Presbyterian Church Mother's Day Out

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

parent       employee/caregiver       household member of child-care home

*Redeemer Presbyterian Church*  
*Mother's Day Out*

Child's Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Persons (other than parents) authorized to pick-up your child/children:

<b>Name</b>	<b>Daytime Phone #</b>	<b>Address</b>	<b>Relationship</b>

Comments/Special Instructions:

# Birthday/Holiday Treat Permission Slip

Dear Parents:

We have holiday celebrations and many birthdays coming up. Some parents have asked to bring in treats for their child's birthday. This is welcome, but we understand that some children may not be able to partake due to dietary restrictions, allergies, etc. Please sign and return this permission slip so we know whether or not your child is aloud to have treats. Thank you!

Redeemer Mother's Day Out

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Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

1.) I give permission for my child to have treats (i.e. cookies, etc.) as part of a birthday or holiday celebration.

Parent Signature \_\_\_\_\_

2.) I *do not* give permission for my child to have treats.

Parent Signature \_\_\_\_\_

3.) My child can have *some* treats, but not all. Please list items you would prefer you child not to have:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

*Note: If you plan to bring treats as part of a celebration, please inform the teacher ahead of time, so she can check for classroom allergies. Thanks!*

## **Acknowledgement of Mission Statement and Redeemer MDO Policies**

Child's Name \_\_\_\_\_

I have read and am familiar with the *Redeemer Mother's Day Out Mission Statement and Policies* stated in the Parent Handbook.

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

Date \_\_\_\_\_