

Maranatha Baptist Church

Daycare & Preschool

Parents Handbook





Maranatha Baptist Church

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Maranatha Baptist Church Daycare/Preschool Enrollment Information with Policies & Procedures

*Train up a child in the way he should go:
and when he is old, he will not depart from it.
Proverbs 22:6*

INTRODUCTION

The Daycare / Preschool (the Center) is a ministry of Maranatha Baptist Church. It was started in 2003 and infant care was added in 2005.

A. Licensing

The program is licensed by the State of West Virginia through the Day Care Licensing Board of the Division of Health and Human Services. The license provides for an enrollment of forty-one children age 2-5 years and twelve infants age 6 weeks to 24 months.

B. Facility

The facility is inspected regularly by the Kanawha County Health Department as well as the State Fire Marshal.

C. Curriculum

The teaching curriculum is published by A Beka Book of Pensacola, Florida. It is widely recognized as one of the leading educational programs for early childhood education.

D. Personnel

Administrator - Pastor T. Kevan Bartlett

Director - Julie Jones

Office Administrator - Christina Curtis

1. GENERAL OBJECTIVES:

To provide a safe, loving, Christian environment for children while away from parents and family.

To teach religious and social values through the use of stories, songs, verses, prayer, and group experiences. The atmosphere will be clearly Christian-based.

To help in the development of social and intellectual appropriateness of each child as an individual.

To teach basic educational concepts that will prepare the children for kindergarten and elementary school.

2. EDUCATIONAL OBJECTIVES:

Present a Christian based preschool curriculum for children ages 2-5 which include:

Teach letter, number, shape & color recognition and pronunciation.

Development of language and vocabulary skills using storytelling, nursery rhymes, and Bible songs, etc.

Improvement of social skills by having the children play together (using puzzles, books, blocks, toys, etc.)

Imagination enhancement (using creative activities like- crayons, paint, chalk, play dough, and various arts and crafts projects including outside activities.)

Physical development by using motor skills such as running, jumping, throwing and kicking and coordination skills, such as writing, drawing, and cutting.

3. ENTRANCE REQUIREMENTS:

A. Forms and other documentation

A pre-admission visit is required before enrollment. Parents are encouraged to bring their children to this visit.

All registration forms must be completed at the time of admission. The Center will supply these forms. The required forms are:

Enrollment Application (pages 1-4)

Parent Authorization: Photo/Video Consent, Sunscreen Consent

Notification Request Form (Pesticide Levels 3 and 4)

Child Abuse and Neglect / Behavior Management

The *Child Health Assessment* form is to be filled out by the child's physician and returned to the Center. The Day Care Licensing Board requires that all children have a physical exam and a written statement of the results on file in the Center within 30 days of enrollment.

Children attending the Center must be between the ages of 3 months and 5 years old. Written permission from the child's physician must accompany any child younger than 3 months.

Children are accepted without regard to race, religion, ethnicity, gender, or marital status of the parent(s).

4. HOURS AND SCHEDULE OF OPERATION

Normal operating hours are: Monday through Friday from 7:30AM - 5:30PM

Children enrolled in the preschool program must arrive at the center NO LATER than 9:00 a.m.

A. Holidays:

The Center will be closed for the following days (you will not be charged for these days):

New Year's Day	Thanksgiving Day
Ladies Jubilee (one Friday in April TBA)	Day after Thanksgiving
Memorial Day (Observed)	Christmas Eve
4 th of July	Christmas Day
Labor Day	Day after Christmas

B. Snow Day Procedures:

Closure of the Center due to weather will be announced on WSAZ channel 3.

The Center will be closed anytime Kanawha County Schools are cancelled (due to snow and/or ice) **before 6:30AM**. However, if Kanawha County is closed simply for extreme cold, the center will be open. The Center will open at the **regular** time when Kanawha County Schools are on two hour delay.

Summary - The Center will open during severe weather as long as adequate staff is able to report.

C. Midday severe weather:

If Kanawha County School students are sent home during the day due to severe weather conditions, it will be determined by the Daycare Director if parent's need to be contacted to pick up their child. (Parents should be on alert)

5. TUITION RATES

A. Preschool / Daycare Full Time (Private Pay)

6 weeks-24months (Nursery): \$150 per week (5 day a week attendance required)

2-5 years (Non-Potty Trained): \$145 per week (4 day minimum)

2-5 years (Potty Trained): \$130 per week (4 day minimum)

B. Preschool / Daycare Part Time (Private Pay)

Nursery: Not available as part-time

Preschool only: \$125 (5 days a week) non-potty trained / \$120 potty trained

Preschool only: \$100 part time (3 days minimum)

See the Daycare Director for information about multi-child rates.

6. FINANCIAL POLICIES

A. General Policies:

Tuition and fee payments are accepted in cash, check, money order, VISA, MasterCard and Discover.

Make checks payable to **Maranatha Daycare/Preschool**. Receipts are issued upon payment.

Statements will be sent at the end of the year for **tax purposes** upon request.

A charge of \$15.00 will be assessed to the account for a **returned check**.

B. Late Fees

The Center closes at 5:30 p.m. each day. A late fee will be charged as follows:

1st offense of more than 5 minutes = warning from the Director.

2nd offense of more than 5 minutes = \$5.00 charge.

3rd offense of more than 5 minutes = \$10.00 PLUS \$1.00 per minute after 5:35.

4th offense of more than 5 minutes = enrollment discontinued.

C. Billing Private Pay Clients:

At the time of enrollment, a **registration fee of \$25** and a **deposit in the amount equal to one week of tuition** will be paid to ensure a spot for the child. (The deposit will be refunded at the time of withdrawal from the Center provided that a **two week notice is given** in writing **and** the account is **paid in full** before the last day in attendance.)

Invoice / Statements will be generated each week and payment is due EACH WEEK.

An account that is more than **two weeks** past due is considered IN DEFAULT.

The enrollment of the child may be suspended or discontinued by the Director for any account that is in default.

Two week's worth of **VACATION DAYS** are granted for each child on the account that may be used for absences that occur throughout the school year. Each vacation day provided is equivalent to a normal enrollment day at no charge. Example - If a child is normally at the Center three days per week, the total vacation days granted would be six.

The vacation days will be renewed at the beginning of every school year (September) and expire at the end of the school year (August). Children enrolling during the school year will be granted a prorated number of days.

D. Billing for Connect** Clients:

(Connect ** is a program to assist low income families with child-care to allow the parent(s) to work or continue their education.)

To maintain eligibility at the Center, Connect clients must have their children present at the Center for at least 15 days (minumum 4 hour days) each month.

At the time of enrollment a **deposit** in the **amount of \$50** will be paid to ensure a spot for your child. (The deposit will be refunded at the time of withdrawal from the center provided that a **two week notice is given** in writing **and** the account is **paid in full** before the last day in attendance.) Invoice / Statements will be generated monthly for the days your child is present.

Payments are to be made **NO LATER** than the 15th of the month or enrollment will be suspended and the delinquency will be turned over to the Connect office.

7. PARENT'S RESPONSIBILITY:

A. Communication

Maranatha has an open communication policy for all parents and staff. We welcome questions and suggestions.

Please, notify the Center if your child will be absent or will be arriving late.

The Center should be made aware of any change of address, telephone numbers, pick-up authorizations, or physicians.

Notify the Center directly if anyone other than the authorized pickup person will be collecting your child from the Center.

Any special instructions concerning the child should be sent to the Center in writing.

Parents are welcome at the Center, but appointments should be made for conferences.

Toys **SHOULD NOT** be brought from home. **DO NOT** allow your child to bring toy guns to the Center.

The phone number for the Daycare / Preschool is **984-2580** (Fax: 984-9309)

The church phone number is 984-9514.

B. Attendance Documentation

The adult who brings AND picks up the child at the Center will sign their full name (no initials) and time with AM or PM in the Sign-In/Out Book. Please use clear handwriting on this record.

C. Sickness / Illness Procedures:

Children at the Center are in close contact with each other during the day. Children who are sick should not attend the Center in order to avoid spreading the illness to other children.

NEVER bring your child to the Center when there are signs of illness OR when the child has a virus.

DO NOT BRING A CHILD TO DAY CARE IF HE/SHE HAS:

Runny nose with yellow/green discharge	Swollen or sore joints
Nausea or vomiting	Contagious cough
Inflamed or runny eyes	Skin rash
Chills	Fever (99.5 degrees or higher)
Sore throat	Enlarged glands
Diarrhea	Earache

Children with ANY of the symptoms listed above should NOT be brought to the Center.

If the child develops **ANY** of the symptoms above **OR** a fever of **100.0** degrees with **no** other symptom while at the Center, the parent(s) **MUST** make arrangements for the child to be picked up as quickly as possible.

Children **MUST** be **SYMPTOM FREE for 24 hours** before returning to the Center.

Parents **MUST** report to the Director if the child contracts any communicable diseases.

8. MEDICATION ADMINISTRATION:

Maranatha Baptist Church Daycare/Preschool will **not** administer ANY medication to ANY child at ANY time. This includes all prescription medications and over-the-counter medications.

Prescription medications include: any and all medications prescribed by a health care professional.

Over-the-counter medications include: pain and fever reducers, cough syrups, cold/allergy medications, antibiotic creams, hydrocortisone creams, orajel, diaper rash creams, infant gas drops, any herbal/homeopathic remedies, etc.

9. MEALS AND SNACKS

Children will be served breakfast, lunch and an afternoon snack each day.

The menu is posted each week on the bulletin board above the Sign-in/Out Book.

The items scheduled on the menu meet or exceed the West Virginia State Licensing requirements for daycares.

A.. Meal Time Schedule

Breakfast is at 8:30 each morning. (no service available after 8:45 am)

Lunch will be served around noon.

Snack time is at 3:00 – after naptime.

10. HARASSMENT POLICY:

Maranatha Baptist Church Daycare/Preschool will not tolerate any type of harassment towards any employee, child or parent. If any type of harassment occurs it should be reported to the Director immediately.

11. DISCIPLINE PROCEDURES

Maranatha Baptist Church Daycare/Preschool will only use redirection and time-out as their form of discipline. Corporal punishment is prohibited on the premises by staff and parents.

12. GRIEVANCE PROCEDURE

If a problem arises with the care of your child, please follow these procedures.

1. Report any problems to your child's teacher within 24 hours. If problem is not solved within two days, proceed to step 2.
2. Report problem to Director within 1 week. If problem is not resolved within 5 days, proceed to step 3.
3. The last step in the grievance procedure is to report the problem to Pastor Kevan Bartlett within 5 working days and expect a final resolution within 2 weeks.

13. MISCELLANEOUS ISSUES

A. CLOTHING:

Children should wear comfortable clothing that is appropriate for outdoor play. Be sure to dress the child for the season. An extra set of clothing should be left at the center at all times in case of accidents. This should include shirt, pants, socks, shoes, and under-ware. All clothes should be clearly marked with the child's name and placed in a plastic bag (a one-gallon ziplock baggie works great).

B. TOILET TRAINING:

If the child is not toilet trained, parents must supply the Center with diapers or pull-ups and baby wipes. These items must be labeled with the child's name clearly printed on them.

C. NAPTIME:

A cot and cot sheet will be provided by the Center. Parents will provide a small light-weight blanket, travel size pillow and pillowcase. Label each item with the child's first and last names. Parents must take these items home at the end of each week for cleaning. Be sure to return these needed items at the beginning of the next week.

D. BIRTHDAY SNACKS:

Refreshments may be sent for birthday celebrations, if given prior notice. Make sure to provide enough snacks for all of the preschool aged children. It will be served at the afternoon snack time scheduled between 2:30 and 3:00 pm.

Maranatha Baptist Church Daycare/Preschool Enrollment Application

Page 1 – General Information

Child's Name: _____
Last First Middle Initial

Child's Address: _____
City State Zip

Date of Birth: _____ Age: _____ Sex: M or F Toilet Trained: Yes No Date of Enrollment: _____

Circle Days Attending: Mon Tues Wed Thurs Fri Arrival Time: _____ AM Departure Time: _____ PM

1. Enrolling Parent / Guardian: _____
Last First Middle Initial

Address: _____
City State Zip

Relationship to Child: _____ Marital Status: Married Divorced Separated Widow

If divorced, who has legal custody: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____
City State Zip

2. Parent / Guardian: _____
Last First Middle Initial

Relationship to Child: _____ Email Address: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____
City State Zip

Maranatha Baptist Church Daycare/Preschool Handbook Confirmation

I have received the Maranatha Baptist Church Daycare/Preschool Handbook that contains the policies and procedures for the Center.

Child's Name: _____

Date of Enrollment: _____

Date received: _____

Parent's signature: _____

Director's signature: _____

Maranatha Baptist Church Daycare/Preschool Enrollment Application

Page 2 – Emergency Authorization

Child's Name: _____ Date of Birth: _____

Emergency Contacts:

1. Parent / Guardian: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

2. Parent / Guardian: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

3. Emergency Contact (other than parents): _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

4. Emergency Contact (other than parents): _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Emergency Information:

Allergies or special needs (Doctor's notes must be provided to director): _____

Child's Physician: _____ Phone #: _____

Address: _____

Hospital Preference: _____ Phone #: _____

Address: _____

Insurance Carrier: _____ Insurance #: _____

Family Doctor: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

I authorize the staff and director, representing Maranatha Baptist Daycare/Preschool to give consent for any and all necessary emergency medical and First Aid care in the event I cannot be reached and to make arrangements for emergency medical or dental attention to be taken to the nearest hospital and receive care as required by the attending physician for my child while he/she is in the Maranatha Baptist Daycare/Preschool custody.

Enrolling Parent / Guardian Signature: _____ Date: _____

Authorized Child Pick-Up: The child will **ONLY** be released to the people on this application and the following persons:

1. Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

2. Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Enrolling Parent / Guardian Signature: _____ Date: _____

Director Initials: _____ Date: _____

Maranatha Baptist Church Daycare/Preschool Enrollment Application
Page 3 – Tuition Agreement

Child's Name: _____

Date of Birth: _____

My child will be attending Maranatha Baptist Daycare/Preschool and I agree to pay the tuition as follows:

Private Pay Clients:

- I agree that I am enrolling my child for _____ days per week at the cost of \$_____ which will be paid **each week** upon receipt of invoice. If you are behind more than **two weeks** of payments, your child's enrollment then will be discontinued, unless payment arrangements are made with the director.
- I agree to pay, at the time of enrollment, the **registration fee of \$25** and the **deposit in the amount of the first week's tuition** to ensure a spot for my child. (The deposit will be refunded at the time of withdrawal from the center provided that a **two week notice is given** in writing and the account is **paid in full** before the last day in attendance).
- I am aware that my child has available up to **two weeks of vacation days** that may be used for absences that occur throughout the school year. (Each vacation day provided is equivalent to a normal enrollment day at no charge). The vacation days will be renewed at the beginning of every school year (September) and expire at the end of the school year (August).
- Please make checks payable to **Maranatha Baptist Church Daycare**.
- A charge of \$15 will be accessed to the account on all **returned checks**.

Parent / Guardian Signature: _____ Date: _____

Connect Clients:

- I agree that I am enrolling my child for _____ days per week and the monthly cost will be calculated each month. Upon receipt of the invoice I am expected to pay the balance due by the 15th of every month or a report will be made to Connect.
- Child must be present at least 15 days each month.
- I agree to pay, at the time of enrollment, the **registration fee of \$25** and the **deposit in the amount of \$50** to ensure a spot for my child. (The deposit will be refunded at the time of withdrawal from the center provided that a **two week notice is given** in writing and the account is **paid in full** before the last day in attendance).
- Please make checks payable to **Maranatha Baptist Church Daycare**.
- A charge of \$15 will be accessed to the account on all **returned checks**.

Parent / Guardian Signature: _____ Date: _____

Maranatha Baptist Church Daycare/Preschool Enrollment Application
Page 4 – Enrollment Interview

Child's Name: _____

Date of Birth: _____

Help Us Get To Know You and Your Child

We would like to learn about some information that would help us know what is important to you and the care for your child. Please give us some insight on what we can do to help meet your expectations and your child's needs.

Parent Questions:

Has your child been cared for in a group setting or by another individual other than a parent?

Please list any eating, sleeping habits, likes/dislikes, or comfort objects that may help in their experience at daycare?

What does your child like to do? Such as: color, blocks, puzzles, etc.

Could you please describe your child using words like: loud, quiet, bashful, playful, serious, stubborn, affectionate, etc.

Does your child have any younger or older siblings and how old are they?

What kinds of things do you and your child do together?

Does your child have a daily routine and if so, what does it consist of?

Maranatha Baptist Church Daycare Enrollment Application

Parent Authorization

Photo / Video Consent:

I give permission for Maranatha Baptist Daycare to take and use photographs, audio or videos of my child _____, during school activities for use in displays, stories or advertising purposes.

Parent / Guardian Signature: _____ Date: _____

Sunscreen Application Consent:

I give permission for the person(s) in charge of my child _____ at Maranatha Baptist Daycare to apply sunscreen of my choice during the summer hours when my child will be exposed to the sun for any extended amount of time.

I understand that I am responsible for supplying the sunscreen and it must be clearly labeled with the child's name. The Center is not responsible for supplying the sunscreen, but only for application of the sunscreen that I provide. If sunscreen is not provided then, sunscreen will **not** be applied.

Parent / Guardian Signature: _____ Date: _____

Notification Request Form

Pesticide Levels 3 and 4

Level 3 EPA Caution (crack & crevice treatments)

Level 4 EPA Warning or Danger (broadcast spraying of fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance of the application of Level 3 or 4 pesticides in your child's daycare center?

Please mark the appropriate box and return to the director:

Yes

No

A notice will be available 24 hours in advance of pesticide application. The notice will be placed at the register where you sign your child into the center each day.

Child's Name

Parent or Guardian's Name

Address

City

State

Zip

Phone

CHILD ABUSE AND NEGLECT

Maranatha Baptist Church Daycare Center is a mandated reporter for child abuse and/or neglect. We are required to report any suspicions of abuse or neglect to the proper agencies. You as parents have the right to report any suspicions that you may have to the proper authorities.

I have read and understand Maranatha Baptist Church Daycare policies of child abuse and/or neglect.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Child Abuse Hotline:
1-800-352-6513

Maranatha Baptist Daycare Behavior Management

Our policy of behavior management is redirecting a child when he/she misbehaves or is sent to the corner or time out. If the child is 2 years of age they are to have alone time. If misbehavior continues we will contact parents for a meeting to discuss the issues and come up with a plan to try to resolve the problem. If after the meeting the problems continue we will remove the child from the Center for 3 days. When the child returns if we are still having behavior problems then we will remove the child from the Center indefinitely.

Signature: _____

Date: _____

Child Health Assessment

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Child Care Facility Name: Maranatha Baptist Church Daycare/Preschool		
Facility Phone: 304-984-9514	County: Kanawha	Work Phone:
<i>To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.</i>		
Parent/Guardian Signature:		Date:

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM % ILE _____	_____ LB/KG % ILE _____	(Birth to Age 2) _____ IN/CM % ILE _____	(Beginning at age 3) _____ / _____

PHYSICAL EXAMINATION	√ = NORMAL	IF ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

NONE

NEXT APPOINTMENT - MONTH/YEAR:

Medical care Provider:	Signature of Physician or CPNP:
Address:	
Phone:	License Number:
	Date Form Signed: