

# CMC Clinton Weekday Program Application for Child Care



## Registration

Today's Date: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

### Mother (or Legal Guardian)

Full Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employment:

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

### Father (or Legal Guardian)

Full Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employment:

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

\*If parents are divorced, please provide document for custodial/visitation information (court documents).

Names/Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

With Whom Does Child Live: \_\_\_\_\_

Preschool only: My child is completely toilet trained. THIS IS A PRESCHOOL REQUIREMENT.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_ 1 year old      \_\_\_ 2 year old      \_\_\_ PK3      \_\_\_ PK4

**Please mark the program for which you are enrolling:**

**One and Two Year Old Classes (1s: must be 1 before starting; 2s: must be 2 prior to September 1 of the school year) 8:30 am – 1:45 pm**

- 2 Days per week (Monday/Wednesday) \$230 per month August – May
- 2 Days per week (Monday/Wednesday) \$230 per month Summer (June – July)
- 2 Days per week (Tuesday/Thursday) \$230 per month August – May
- 2 Days per week (Tuesday/Thursday) \$230 per month Summer (June – July)
- 4 Days per week (Monday – Thursday) \$385 per month August – May
- 4 Days per week (Monday – Thursday) \$385 per month Summer (June – July)
- 3 Days per week (Monday/Wednesday/Friday) \$340 per month August – May
- 3 Days per week (Monday/Wednesday/Friday) \$340 per month Summer (June/July)
- 3 Days per week (Tuesday/Thursday/Friday) \$340 per month August – May
- 3 Days per week (Tuesday/Thursday/Friday) \$340 per month Summer (June/July)
- 5 Days per week (Monday – Friday 8:30 – 1:45) \$450 per month August - May
- 5 Days per week (Monday – Friday 8:30 – 1:45) \$450 per month Summer (June/July)
- Full Time Care (Monday – Friday, 7:30 am – 5:30 pm) \$190 per week (\$5 sibling discount)

**Preschool (PK3: must be 3 prior to September 1 of the school year; PK4: must be 4 prior to September 1 of the school year) \*Children MUST be fully toilet trained\***

- 3 Day Preschool (Tuesday – Thursday 8:15 am – 11:30 am) \$265 per month August - May
- 5 Day Preschool (Monday – Friday 8:15 am – 11:30 am) \$375 per month August - May
- 3 Day Preschool w/ playdays (Tuesday – Thursday 8:15 am – 1:45 pm) \$340 per month August - May
- 5 Day Preschool w/ playdays (Monday - Friday 8:15 am – 1:45 pm) \$450 per month August – May
- Playday Drop-In (11:30 am – 1:45 pm) \$12 per day August – May
- Preschool Summer Play Days (Please circle one option: Monday/Wednesday, or Tuesday/Thursday, or Monday – Thursday) 2 days: \$230 per month June and July; 4 days: \$385 per month June and July (summer times are 8:15 - 1:45)
- Full Time Care (Monday – Friday, 7:30 am – 5:30 pm) \$190 per week (\$5 sibling discount)

## Holiday/Drop-in Weeks

Clinton schools have changed their school calendar. This means that they will start earlier in the year and have two week breaks between the quarters. During these breaks, part time classes will be closed. We will have full time children here and will also allow a limited number of drop-ins for families that need to work. To drop-in during these breaks, you will need to sign up ahead of time. However, we will also send out reminders before each break. The cost will be \$38 per day (\$5 discount for additional children) or \$190 for the full week.

**September 29th - October 3rd**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**October 6th – October 10th**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**November 24th – 26th  
(Thanksgiving)**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**December 19th – 23rd**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**December 29th - 30th**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**January 2nd - 5th**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**February 16th  
(President's Day)**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**March 9th -13th**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

**March 16th - 20th**

Children/Age: \_\_\_\_\_

\_\_\_\_\_

## Emergency Card

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

Birthdate: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

First Person to Contact: \_\_\_\_\_

2) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician to be called in case of emergency. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

THE FOLLOWING PEOPLE CAN/CANNOT PICK UP MY CHILD AT ANY TIME:

(Do not list parents or emergency contacts from above unless they cannot pick up child)

Initial/Date	Can Pick Up:	Cannot Pick Up:	Initial/Date

**Allergies/Critical Information:** \_\_\_\_\_

In case of emergency, I authorize CMC Clinton Weekday Program to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel and hospital doctors and nurses.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Required Authorizations

Please initial

I agree to the payment policy of CMC Clinton Weekday Program and agree to pay in accordance with said policy. (Full payment of tuition regardless of attendance / paid two-week notice)

\_\_\_\_\_

I have received a copy of the Parent Handbook (**online and/or hard copy**) and a copy of the Mississippi State Department of Health Regulation Summary for Parents (**part of this packet**). I have read both and understand the contents of each.

\_\_\_\_\_

I understand that the morning snack served at CMC Clinton Weekday Program is a snack and is not considered a breakfast.

\_\_\_\_\_

I authorize CMC Clinton Weekday Program staff to apply and/or use non-prescription lotion, diaper cream/ointment, sunscreen (if provided by parent) or any other first aid treatment to my child in case of minor injuries (wound cleanser, antibiotic ointment, band-aids, etc.).

\_\_\_\_\_

I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities for church promotional use, web site, newsletter, etc. (**If no, please state on separate page what is allowed.**)

\_\_\_\_\_

I give permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities for the Facebook page, Facebook groups, or to share on the ProCare app. (**If no, please state on separate page what is allowed**)

\_\_\_\_\_

In the event of an emergency evacuation of the building, CMC Clinton Weekday Program has permission to transport my child to the evacuation site/sites listed in the handbook. I understand that all safety precautions will be taken.

\_\_\_\_\_

I understand that a current 121 immunization form must be on file in the CMC Clinton Weekday Program office for each of my children.

\_\_\_\_\_

I understand that I must fill out a potty-training form when I am ready to have my child start potty training. I understand that my children must be fully potty trained to start any CMC Clinton Weekday program other than 1's and 2's.

\_\_\_\_\_

I give my permission for the child listed on this application to participate in regularly scheduled activities, playground, and field trips sponsored by CMC Clinton Weekday Program. I understand that due to car seat requirements I will need to arrange transportation for my preschool child for all field trips. I understand that I will need to sign a permission slip for each field trip. If NO is marked my child will not be allowed to attend school during field trip time as class will not be onsite.

\_\_\_\_\_

In consideration of my child being permitted to participate in regular activities and activities conducted by a third party (Soccer Shots, TOTS, Dance Works, field trip venues, etc.) while under the care and supervision of CMC Clinton Weekday Program, I agree to indemnify and hold harmless CMC Clinton Weekday Program and the respective staff of the center, from all claims in any way connected with the use of the facilities or participation in third party activities of my child.

\_\_\_\_\_

**Please initial**

I agree to the discipline policy of CMC Clinton Weekday Program and understand that misbehavior may result in my child being removed from the program.

\_\_\_\_\_

I understand and agree that CMC Clinton Weekday Program is a PRIVATE CHILDCARE FACILITY and has the authority and right to deny this application for any reason other than race, sex, religion, or national origin.

\_\_\_\_\_

I understand that CMC Clinton Weekday Program staff will NOT administer medication to my child and that I will need to make accommodations for administering medication if needed.

\_\_\_\_\_

I authorize CMC Clinton Weekday Program staff to obtain all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel, and hospital doctors and nurses.

\_\_\_\_\_

I am aware that CMC Clinton Weekday Program does not provide accident insurance for my child, as stated in the Parent Handbook.

\_\_\_\_\_

I do hereby release, acquit, discharge, and covenant to hold blameless CMC Clinton Weekday Program, CMC Clinton, its' representatives, or any attending physician, from any and all actions, damages, and liabilities, arising out of treatment of any sickness or accidents incurred by my child while in attendance with CMC Clinton Weekday Program. It is the intent of this release to hold blameless the CMC Clinton Weekday Program and physician, of any medical need that may in their sole discretion, be needed by my child(ren) while with CMC Clinton Weekday Program.

\_\_\_\_\_

If I as a parent or guardian choose to do so independently, I agree to hold CMC Clinton Weekday Program harmless for any injury that my child(ren) may experience while under the care and supervision of any CMC Clinton Weekday program employee acting outside of that employee's course and scope of employment with CMC Clinton Weekday Program.

\_\_\_\_\_

My signature indicates that I have read and initialed all the above authorizations and that I am a parent or legal guardian of the child listed on this enrollment form. I affirm that the answers given here are true to the best of my knowledge.

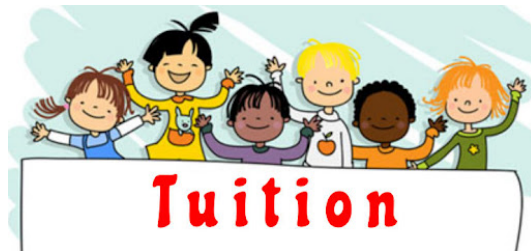
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Record to be updated and signed by parent if NO changes (once a year)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CMC Clinton Weekday Program Tuition Agreement**

1. The annual \$125 application/registration fee is non-refundable and paid at registration.
2. The annual supply/activity fee is \$100. It can be paid in full in September, or in two \$50 installments – one in September and one in January.
3. There is no refund or reduced charges for days missed.
4. If you are late picking up your child there is a late fee of \$1 per minute late.
5. A two-week written notice must be submitted if withdrawing a child from the center. If a two-week notice is not provided, then you will be charged for that additional two weeks.
6. A draft form must be completed online and be on file for every child in attendance.
7. Tuition is due each month by the 10th for part time children. Payment can be made by cash or check in the child's bag, or in the office prior to the 10th. If you indicate that you want your monthly tuition drafted it will be drafted on the 3rd of each month or the following Monday if the 3rd occurs on a weekend. If tuition has not been paid by the 10th, a \$20 late fee will be applied, and it will be drafted from the account on file.
8. Tuition for Full Time Care is due by the 3rd and the 18th of each month (or the following Monday if that date falls on a weekend). Tuition can be paid by cash or check at pick-up, put in your child's bag in a labeled envelope, or can be drafted monthly or bi-monthly. A \$20 late fee will be applied if tuition is paid after the 10th and the 25th.
9. Tuition may also be paid by credit card in the parent app. If tuition is paid this way, then a \$10 convenience fee will be added to the account.
10. If we receive notification from your bank that there are insufficient funds in your account to cover tuition, then a \$30 charge will be posted to your account.
11. If you are experiencing a family emergency and are unable to pay tuition by the due date, please speak to the office so that something can be worked out.

# CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

The *Regulations Governing Licensure of Child Care Facilities* requires that child care providers supply you with a summary of the Child Care Regulations that govern the licensure of child care facilities.

The Child Care Regulations are the rules and regulations that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled to access these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
- Buildings & Grounds
- Rights of Entry & Violations
- Health, Hygiene, Safety
- Facility Policies & Procedures
- Nutrition & Meals
- Personnel Requirements
- Discipline & Guidance
- Records
- Transportation
- Reports
- Diapering & Toileting
- Staff Requirements
- Swimming & Water Activities
- Program Activities
- Feeding of Infants & Toddlers
- Children with Special Needs
- Night Care
- School Age Care
- Summer Day Camp & School Age Programs
- Hourly Child Care
- Hearings, Emergency Suspensions, Legal Actions & Penalties
- Release of Information
- Rest Periods
- Equipment, Toys, Materials

## APPENDICES

Appendix A – Child Abuse & Neglect Reporting

Appendix C – Nutritional Standards

Appendix E – Dishwashing Procedure

Appendix G – Diaper Changing Procedure

Appendix I – Communicable Disease/Conditions & Return of Child Care Guidelines

Appendix B – Reportable Diseases

Appendix D – Playground Safety Standards

Appendix F – Handwashing Procedure

Appendix H – Cleaning & Disinfection Procedure

A full copy of the Child Care Regulations should be located in the Director's office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at [www.healthmys.com](http://www.healthmys.com) (from the left menu, select *Licensure*, then *Child Care & Youth Camps*.) You may direct your questions to your local licensing officials, or you may contact the Child Care Licensure office in Jackson at (601) 364-2827.

Should you have a complaint concerning a child care facility, contact your local licensing official

\_\_\_\_\_ or 1-866-489-8734