

Dear Friends and Families,

Thank you for your interest in Faith Lutheran Preschool and Christian Childcare. Our staff is dedicated to providing a Christ-centered education for every young person who attends our school. We offer care from the ages of 6 weeks to 3 years in our childcare program and 3 to 5 years in our preschool program. In regards to the cut off date for preschool, we follow MCCSC the current date is August 1st.

Registration packets will be available near all parent sign in/out locations on January 6th. They will also be emailed. If you are expecting and/or anticipating enrolling a sibling to our program, this is the time to submit your paperwork for that child as well. **The earliest you may submit a registration packet for the 2019-2020 school year is at 7:45 on the morning of January 22nd for families currently enrolled at Faith Lutheran Preschool and Christian Childcare. All that needs to be turned in is your paperwork. I do not need a check or shot records. Once your spot has been confirmed via email from me, you will be invoiced the registration fee of \$75 per child and \$15 for each additional child by the bookkeeper the week of February 24th and it will be due on March 15th. Please put in the memo line that it is for registration and your child(ren)'s name(s). You must pay by March 15th to secure your spot in our program. If you are going on the waitlist, you will not be invoiced until I have a spot secured for you in our program.**

Registration will open up to families who are **members of Faith Lutheran Church**, but are not currently enrolled at Faith Lutheran Preschool and Christian Child Care on January 27th. Members of Faith Lutheran Church may pick up a registration packet anytime after January 6th and return them anytime during the week of January 27th – 31st. You may turn them into the church office and I will pick them up from there.

Members of the community at large may pick up a registration packet anytime after January 6th. The earliest you may turn in your paperwork is at 7:45 on February 4th.

Feel free to email me (faithlutheranps@gmail.com) to schedule an appointment to visit our program. It would be our pleasure to show you around, get acquainted with your family, and give you an opportunity to meet our dedicated staff and enthusiastic students. Hope to see you soon!

Dates to remember

January 7th packets available to pick up near parent daily sign in sheets

January 7th-24th current families may turn their packets in at any parent sign-in/out location in the basket provided. After January 24th – if you have not turned in your paperwork you are at risk of losing your spot with us.

January 27th it opens up to church members that do not already attend the preschool and childcare

February 4th at 7:45 it is open to the public to turn in paperwork as a new family to Faith.

God's Peace and Blessings,

Rachel Stults

Director

Faith Lutheran Preschool and Christian Childcare

2200 S High Street, Bloomington, IN 47401

Phone 812-334-2209

Fax 812-332-2206

email address: faithlutheranps@gmail.com

Faith Lutheran Preschool & Christian Child Care: A Ministry of Faith Lutheran Church

Name of child: _____ Nick name of child if applies _____

Birth date or Due date: _____ Male/Female (circle) Requested Start Date: _____

Address: _____ Zip code: _____

Church Affiliation: _____ Baptismal Birthday (if applies): _____

Would you like information about our church: Yes _____ or No _____

How did you hear about our program: _____

(Optional) Nationality: _____

Parents Information: Please circle the number to call in an emergency

Father's name: _____ **Cell phone #:** _____

Occupation: _____ **Email address:** _____

Employer: _____ **Work phone number:** _____

Mother's name: _____ **Cell phone #:** _____

Occupation: _____ **Email address:** _____

Employer: _____ **Work phone number:** _____

Would you prefer a (circle one) **text** or **phone call** if we need to reach you during the day.

Dismissal and Emergency Information:

For your child's safety, picture ID will be needed for first time pick-up for the person's listed below.

Your child or children will only be released to the individuals listed below (Parents may add names or delete names from this list after contacting the Director).

Name(s) of person(s) to be called in case of emergency or pick-up, if parent(s) are not available:

1. _____ Relationship: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

3. _____ Relationship: _____ Phone #: _____

Child Information:

What does your child enjoy? _____

Any dislikes? _____

Any fears? _____

How would you assess your child's behavior (circle)? Assertive Nonassertive Passive Aggressive

Any other notes _____

Office Use: Received: Date _____ Time _____ Number _____

Received (Y or N)– Paid Reg Fee _____, Check # _____, Immunizations _____. Sessions _____

Preschool Age Only: I give permission for my child to participate in learning responsibility of his/her toileting needs, autonomy, and to be trusted when using the restroom as needed without adult supervision (circle) YES or NO.

If applicable -Toileting habits: Total control Total day control Partial control (occasional accident)

Medical Information:

Please describe any physical disability your child may have that the school should know about. Write description, if applies.

_____.

Physician: _____ Phone Number: _____

Medical Information that we should know about your child:

Please list any allergies your child may have plus possible reactions: **Please write none if there are none known allergies.**

Allergy

Possible Reaction

Sibling Information:

Name: _____ Age: _____ Gender: M F

Name: _____ Age: _____ Gender: M F

Name: _____ Age: _____ Gender: M F

Name: _____ Age: _____ Gender: M F

Permission for the following:

Photographs: I give permission for my child to be photographed during the time he or she is involved in program activities. The permission is granted based on the assumption that there will be no commercial use of the photograph without further written consent. This permission does not allow us to post on any social media cites. These photos are strictly for school use.

Please circle one: Yes or No

Facebook:

____ Yes, I grant permission for a photo/image that includes my child without any other personal identifies to be published on our school Closed Facebook page

____ No, I DO NOT grant permission for a photo/image that includes my child to be posted on our school Facebook page

(Parent's signature)

(Date)

Faith Lutheran Preschool/Christian Child Care Agreement

- Follow all procedures in the program's parent handbook.
- Understand that we are a Lutheran preschool. We implement a Lutheran curriculum.
- Obtain a Special Care Plan for my child's allergies (if applicable).
- Complete a medication consent form when requesting any medication administration by Preschool/Christian Child Care staff including bug spray, rash cream, and sunscreen.
- Adhere to child's scheduled arrival time and departure time. If you will be late or pick up early please let the staff know. Notify the staff when my child will not be present when expected.
- Notify the staff every time my child arrives and departs with an authorized person or myself.
- Understand Early drop-off/Late Pick-up Fee Policy: \$1.00 per minute charge for first ten minutes and \$5.00 per minute after the first ten minutes.
- Agree to pay for all sessions signed up for my child regardless of vacation, illness, and any other reason to miss school.
- Obtain, maintain, and provide records of immunizations for my child according to the schedule recommended by the American Academy of Pediatrics.
- Will give at least a 2 weeks notice of withdraw from the program. A two week notice is required to apply your deposit to your last invoice.

(Parent's Signature)

(Date)

Safe Transportation of Food Responsibility

Food must be brought to the school in clean, sanitized containers, in one clear plastic bag or container with child's name on clearly displayed. Upon entering the building, the parent is responsible to place the lunch in the refrigerator that is provided. The school is responsible for maintaining the correct food temperatures until served. Preschoolers may not bring in cups unless they fit in the bag/container that holds their lunch.

I, _____ (Parent's Name) will provide food for

_____ (Child's Name). I take full responsibility for the safety of the food during preparation, storage and transport to the school for meeting needs of my child.

(Parent's Signature)

(Date)

Mission Statement: Faith Lutheran Preschool shall be distinctively Lutheran in philosophy, curriculum, and staff. While evangelistic outreach is the preschool's primary purpose, it strives to assist in the nurturing of all children and parents in a Christ-centered environment.

Note: Faith Lutheran Preschool admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, athletic and other school-administered programs.

Financial Agreement:

1. Tuition payments are due the 15th of each month. You will be billed for the month you are going to attend. You will receive your bill by the 5th of each month and payment is due by the 15th of that month. (See table below.)
2. Tuition payments received after the 15th of the month will receive a late fee of \$15.00. All payments that are 30 days late will receive a \$30.00 late fee. (See table below.)
3. A deposit is required, which is equal to an average cost of 2 weeks of your child's tuition. This deposit will be charged on your child's first invoice after enrollment. This deposit may only be applied to your child's tuition for the last two weeks of the school year. If you have a need to withdraw from the program before the last day of school, we require a 2 weeks notice to apply the deposit to your last invoice.
4. All tuition payments that are 45 days late will receive a "Failure to Pay" notice by mail and email. All "Failure to Pay" notices will be required to be paid within 15 days of notice. If there is still no attempt to pay or a payment arrangement is not made, services may be terminated. Date of termination will be stated in a second "Failure to Pay" notice. If there is no communication between the family and the Bookkeeper concerning any of the "Failure to Pay" notices the child's spot will be terminated.
5. No family with an outstanding balance will be allowed to attend the following school year in August.
6. You will be charged a \$30.00 fee for any returned checks.

Invoice Date	Due Date	Dates paying for
By May 24 th	July 15 th	Deposit for 2020-2021 school year
August 1 st	August 15 th	Month of August
September 1 st	September 15 th	Month of September

Late Fee for Payments Received after:

15 th of the month	\$15.00
30 th of the month	\$30.00
45 days late	Failure to pay notice

All questions pertaining to billing
should be submitted to

Jen Edwards at -
faithlutheranpsbk@gmail.com

Student's Name(s) _____

Parent's Signature _____ Date _____

Authorization for Over-the-Counter Products

For: _____ (child's name)

This form must be completed by the parent/guardian to authorize the use of:

Please check the products that apply:

_____ Diaper cream/ointment

_____ Insect repellent

_____ Vaseline/Petroleum Jelly/Lotion/Aquaphor

_____ Lip Balm

_____ Topical Cream/Ointment Pain Reliever

_____ Sunscreen

(such as Neosporin)

All Items must be in the original packaging and will only used according to directions on product. If it is to be used otherwise, we must have a written Doctor's note that gives specific directions and be signed by the Doctor administering the product.

Authorization for Over-the-Counter Products

Please check the products that apply:

_____ Benedryl

_____ Dosage

_____ Frequency

_____ Motrin

_____ Dosage

_____ Frequency

_____ Tylenol

_____ Dosage

_____ Frequency

Other _____

_____ Dosage

_____ Frequency

Other _____

_____ Dosage

_____ Frequency

Faith Lutheran Preschool and Child Care has my permission to apply the over-the-counter products listed above to my child.

(Parent's Signature)

(Date)

This Authorization is effective from: August 1, 2020 to August 1, 2021

Authorization to Administer Prescription Medication

Child's full name: _____ Date: _____

Name of Medication*: _____ Dosage: _____

Time(s): Of Dosage: _____ Frequency: _____

(Any medication exceeding two weeks will require a Physician's statement)

Any Special Instruction (take with food, on "as needed" basis", before nap...)

Start Date: _____ End Date: _____

Name of Pharmacy: _____

Phone Number of Pharmacy: _____

Prescribing Physician: _____ Phone Number: _____

I release Faith Lutheran Preschool and Christian Child Care from any liability from administering this medication.

(Parent Signature)

(Date)

*All medications must be in original container and clearly labeled with the Child's name and dispensing instructions.

While your're away.

Pre-consent form for emergency care.

As a parent, one of your primary concerns while you're away on business or pleasure is childcare. If your child becomes ill or injured during your absence, you want to be sure that he/she will get the proper care.

Indiana University Health Bloomington Hospital provides this pre-consent for emergency care for you to complete before you leave town. It will help ensure that if an emergency arises, your child will receive the needed medical treatment.

PRE-CONSENT FOR EMERGENCY CARE

With this form you delegate your authority to consent for health care to the person responsible for your child in your absence. If care is needed while you're away, the appointee will be able to authorize your personal physician to administer treatment. If your physician is unavailable, the appointee may take this form to IU Health Bloomington Hospital Emergency Department and receive immediate medical care.

BEFORE YOU LEAVE

- ☐ Fill out both sides of the attached form for each of your children.
- ☐ Update the information every time you go away.
- ☐ Leave the completed forms with the person responsible for your children in your absence.
- ☐ Instruct the appointee to take this form with him/her if a medical emergency arises.

Every effort will still be made to contact you in an emergency. Presenting this completed form means your child can be treated more quickly when you cannot be located.

DELEGATION OF AUTHORITY TO CONSENT FOR HEALTHCARE

I, _____, delegate my authority to consent for the healthcare of my minor child, _____,
Parent/guardian's name Child's name
for a period of time when I will not be reasonably available to exercise my authority.

Also, I delegate my authority for consent to Faith Lutheran Preschool & Christian Childcare except as specified below.

This authorization of consent is to be exercised in good faith and in the best interest of my minor child subject to the following terms and conditions (if any):

This authorization of consent becomes effective on the
31st day of July, 2020 and will continue until the 31st day of July, 2021

Please check one:

- ☐ I authorize the individual which I have delegated authority to, to delegate the authority to another.
- ☐ I do not authorize the individual which I have delegated authority to, to delegate the authority to another.

Dated this _____ day of _____, 20 ____.

(Please print)

Address _____

(Parent/Guardian signature)

Phone _____

Appointer

I declare that I am an adult at least eighteen (18) years of age and that at the request of the above named individual making the appointment, I witness the signing of this document by the appointer on the date noted above.

Rachel Stults, Director

(Please print)

Address _____

2200 South High Street, Bloomington, Indiana, 47401

Phone _____

Rachel Stults

(Signature of person accepting authority of consent)

812-334-2209

Appointee

**Please fill out
both sides.**

Please check one



MEDICAL CONTACTS

Family Physician

Phone

Preferred Surgeon

Phone

INSURANCE INFORMATION

Medical Insurance Carrier

Identification Number

Member's Name

Benefit Code

Account Number

MEDICAL HISTORY

Allergies, if any, including medication:

Chronic or existing diseases or medical problems (i.e., diabetes, epilepsy):

Medicines your child is taking now:

In an emergency, parents can be reached as follows:



Indiana University Health

Indiana University Health Bloomington

PO Box 1149, Bloomington, IN 47402

T 812.353.5252 iuhealthorg/bloomington

**NOTICE CONCERNING FIRE SAFETY
PROTECTION**

_____, 20____

Faith Lutheran Preschool and
Christian Child Care
2200 S. High Street
Bloomington, IA 47401

Dear Parent(s) or Legal Guardian(s)

Under Indiana Law, a child care ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is/are notified about the absence of the fire safety protections. The purpose of this notice is to advise you that this child care ministry does not have the same level of fire safety protection as a licensed child care center. As you have already been notified, the child care ministry does not have to comply with the same sanitation, life and fire safety rules as a licensed day care center. The reason you are being given this notice is that this child care ministry has chosen not to provide any form of fire warning system, such as smoke detectors or fire alarms, as is required for a licensed day care center.

I/we, the parent(s) or legal guardian(s) of _____,
acknowledge that I/we have read and understand the above notice concerning fire
safety protection.

Signature

Date

Please, see other side →

**PARENT'S NOTICE**

State Form 49444 (11-99) / BCD 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Address of facility (number and street, city, state, ZIP code)

County

Faith Lutheran Preschool / Christian Child Care

2200 S. High Street

Bloomington, IN 47401

Monroe

Please, see other [→]side

Faith Lutheran Preschool and Childcare Discipline Policy

At Faith Lutheran Preschool and Childcare we view discipline as a valuable life skill. Discipline is a vital component to the learning process of a child. Gentle discipline is neither permissive nor punitive, rather a means of teaching, guiding and training. When boundaries and expectations are clearly defined, children feel secure. By setting rules and clearly communicating expectations, misbehaviors can be avoided and children can develop self-discipline and self-control. At Faith Christian Preschool and Childcare, children receive gentle, loving and biblically modeled discipline.

- The staff will model appropriate Christian behavior
- Prepare the class environment so as to avoid unnecessary conflicts for children
- Create psychological safety through predictable routines, expectations and schedules
- Provide positive verbal praise when interacting with children
- Promote self-esteem
- Avoid making comparisons between children
- Help children know and understand limits
- Give children positive verbal redirection when necessary
- Help children express their wants, needs and feelings
- Help children understand the wants, needs and feelings of others
- Support children in learning to resolve conflicts with others; give opportunities for children to solve problems
- Ensure that children know the consequences for inappropriate behavior
- Provide consistent discipline practices

Disruptive Behaviors

We attempt to provide all children with a positive, supportive environment that will minimize problem behaviors. Children are learning social skills and there will occasionally be conflicts, which goes beyond the scope of these techniques.

Disruptive Behaviors that will lead up to Disciplinary Action:

- Child requires constant attention from the staff
- Inflicts physical or emotional harm on other children, adults, or self
- Disrespects people and/or materials provided in the learning environment
- Consistently disobeys the rules of the classroom
- Verbally threatens other students and/or staff
- Uses verbal or physical activity that diverts attention away from the group of children and their learning environment

Disciplinary Strategies

Preventative approaches prevent many problems before they occur.

- Help children resolve their own conflicts using their words before behavior escalates to an inappropriate level
- Redirect inappropriate behavior
- Putting children into small groups and assigning them to stations to change the focus of the inappropriate activity or behavior
- Provide alternatives for inappropriate behavior
- Protect the safety of others by removing a child from the group when necessary, giving them a "Time Out". A "Time-Out" takes place in the room where the child is supervised while taking a few minutes to reflect on the fact that his/her actions did not represent good decision making. After a brief interval, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over. The period of time a child is in time-out is equal to one minute for each year of age. Before re-engaging in activities

the staff will discuss with the child why the time out occurred and what other options the child had at their disposal to create a better outcome.

- ◆ If a child is aggressive toward another (pushing, shoving, hitting, spitting, biting), the aggressor will be immediately removed from the group and placed in an immediate time out.

Discipline Procedures for Correcting Disruptive Behaviors

When a child's behavior requires stronger measures, the teacher will determine an appropriate response such as a short time out, for the child to calm down and think through what has just occurred. If this occurs, it is expected that parents will work constructively with staff to resolve the issue.

- Step 1: Contact will be made in a private manner (personal conversation, email, text, etc.) discussing the incidents(s) that led to disciplinary actions being taken by the staff.
- Step 1: Parents will be notified of the inappropriate behavior and how it is being handled at school with a written notice
- Step 2: The teacher will discuss the issue with the director to develop a suitable strategy for correcting the child's inappropriate behavior.
- Step 3: Parents will meet with the teacher and the director to discuss how this can be handled differently and how it is being handled at home. We will work together to devise a consistent and positive plan of action to modify the behavior.
- Step 4: If the child continues to behave inappropriately, becomes dangerous to his surroundings and others around him/her; and there is no acceptable solution, the child may be suspended or terminated from the preschool and/or childcare program entirely. The actions taken and the incidents that have occurred will be brought to the School Board's attention and it will be decided by the School Board what course of action will take place. If the School board deems that the child's actions lead to dismissal, there will be no refunds for termination of services.

The staff of Faith Lutheran Preschool and Childcare will not:

- Handle a child roughly in a way to include shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking
- Discipline a child for not sleeping during rest period
- Place a child in a locked room, closet, or box
- Discipline a child for toileting accidents or any other accidents
- Delegate a child to administer discipline to another child
- Withhold food as a form of discipline
- Verbally abuse, belittle, or shame a child

Discipline Policy Agreement

I have read the Preschool Disciplinary Policies and Procedures. I have discussed this with my child and agree to comply with the discipline policies and procedures of The Early Learning Academy.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name Printed _____

Child's Name _____

Date _____

Please fill out for children 12 months and younger:



BREAST MILK PROCEDURE

State Form 49954 (1-01) / BCD 0067

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (see "Parent Agreement").
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (see "Parent Agreement").
4. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for 2 months or stored in a deep freezer at 0° F for 6 months.
5. Frozen breast milk may be thawed as follows:
 - (a) Frozen breast milk may be thawed under warm water, gently mixed, used within one (1) hour or refrigerated immediately and used within three (3) hours. Label the bottle with the time and date thawed and method used for thawing ("warm water" or "heat thaw").
 - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, never warm the breast milk until ready to feed the child.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder must be discarded and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____
in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining
this milk at 41° F or below during home storage and transport to the center.

Signature of parent

Date (month, day, year)

Please fill out for children 12 months and younger:

Safe Sleep Practice

Dear Parent:

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. To that end, our child care facility has implemented policies and procedures to create a safe sleep environment for your infant.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."

Our written policy is as follows:

- All infants will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for a medical reason and a written note from the infant's health professional is provided.
- Infants will not sleep on water beds, sofas, soft mattresses or other soft surfaces.
- Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys and loose bedding will not be placed in infants' sleep environments.
- Infants will not share a safety-approved crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping.
- Supervised "tummy time" will be observed while infant is awake.
- No smoking will be allowed in infants' environment.

Since the start of the 1994 national campaign that provided guidelines for parents, health professionals and other caregivers to place infants on their backs to sleep, the number of infants dying of SIDS has decreased by 42%.

Again, safety of your infant is paramount to us. By signing below, you, as the parent, understand and comply with the policies of the child care facility which your child will be attending.

Signature of Child Care Provider

Date

Signature of Parent

Date

REDUCING the RISK of SIDS in CHILD CARE

Fee Schedule for Preschool 2020-2021

Preschool (ages 3-5 years)

Please circle the days listed in each section that you would like to attend.

Cost listed is the amount you will pay for each day that you select.

OPTION A: Early Care 7:45-8:15: M T W R F
\$3.00 per day selected

OPTION B: Before Care 8:15-8:45: M T W R F
\$3.00 per day selected

OPTION C: AM Session 8:45-11:45: M T W R F
\$13.50 per day selected

OPTION D: Lunch Bunch 11:45-12:45: M T W R F
\$6.00 per day selected

OPTION E: PM Session 12:45-3:45: M T W R F
\$13.50 per day selected

OPTION F: After Care 3:45-4:30: M T W R F
\$4.50 per day selected

OPTION G: Extended Care 4:30-5:00: M T W R F
\$3.00 per day selected

Sibling Discounts:

2 children = 5%

3 children = 10%

4 children = 15%

5 children = 20%

Late Fee Policy \$1.00 per minute charge for first ten minutes and \$5.00 per minute after the first ten minutes.

Fee Schedule for Childcare 2020-2021

Toddlers (ages 1-3 years)

Please circle the days listed in each section that you would like to attend.

Cost listed is the amount you will pay for each day that you select.

OPTION A: Early Care 7:45-8:15: M T W R F
\$3.00 per day selected

OPTION B: Before Care 8:15-8:45: M T W R F
\$3.00 per day selected

OPTION C: AM Session 8:45-11:45: M T W R F
\$14.25 per day selected

OPTION D: Lunch Bunch 11:45-12:45: M T W R F
\$6.00 per day selected

OPTION E: PM Session 12:45-3:45: M T W R F
\$14.25 per day selected

OPTION F: After Care 3:45-4:30: M T W R F
\$4.50 per day selected

OPTION G: Extended Care 4:30-5:00: M T W R F
\$3.00 per day selected

Sibling Discounts:

2 children = 5%

3 children = 10%

4 children = 15%

5 children = 20%

Late Fee Policy \$1.00 per minute charge for first ten minutes and \$5.00 per minute after the first ten minutes.

Fee Schedule for Infants 2020-2021

Infants (ages 6 weeks to 1 year)

Please circle the days listed in each section that you would like to attend.

Cost listed is the amount you will pay for each day that you select.

OPTION A: Early Care 7:45-8:15: M T W R F
\$3.00 per day selected

OPTION B: Before Care 8:15-8:45: M T W R F
\$3.00 per day selected

OPTION C: AM Session 8:45-11:45: M T W R F
\$16.25 per day selected

OPTION D: Lunch Bunch 11:45-12:45: M T W R F
\$6.00 per day selected

OPTION E: PM Session 12:45-3:45: M T W R F
\$16.25 per day selected

OPTION F: After Care 3:45-4:30: M T W R F
\$4.50 per day selected

OPTION G: Extended Care 4:30-5:00: M T W R F
\$3.00 per day selected

Sibling Discounts:

2 children = 5%

3 children = 10%

4 children = 15%

5 children = 20%

Late Fee Policy \$1.00 per
minute charge for first ten
minutes and \$5.00 per minute
after the first ten minutes.