

## ***Faith Presbyterian's "Mother's Morning Out" Program Handbook – 2011-2012***

We at Faith Presbyterian Church are so glad that you've decided to participate in our "Mother's Morning Out" program! This program is open to children who are 2 or 3 years old on Sept 1, 2011. The weekly program will run from 9 a.m. to noon on Wednesdays, starting August 31 and running through May 16 (holidays noted below). We will accept up to 8 children. We ask that families commit to a semester (Sept through Dec and Jan through May). If you drop out during the semester and decide to re-enroll, you will be added to the waiting list for re-enrollment. The children will be led by two teachers, Sabrina Ostergren and Edye Bender. Activities will include Bible story time and craft, snack, indoor play time, and (weather permitting) outdoor playtime. From time to time, we may invite guests from the congregation in to read stories or lead music or movement time.

We have compiled some pertinent information about our program below. If you have additional questions or concerns, please contact Edye Bender (contact info at the end of the handbook).

### ***Registration Policy:***

Any openings will be offered to families on our waiting list, giving priority to any Faith Church members. At the end of each semester (Dec and May), the currently enrolled children will be offered the chance to re-enroll for the following semester. If the class is not full, the open spaces will then be offered to church member families for 2 weeks, and then opened to the public.

### ***Fees & Payments:***

Cost will be \$40 per month for one child. Additional children from the same family will have a 50% discount (or \$20 per month per child). We may also ask for donations of supplies from time to time. Payment may be made by cash or check (payable to Faith Presbyterian Church, with a memo of "MMO"). Payment is due on the 1st Wednesday of each month, to the administrative assistant in the church office. We also must have a signed information and medical waiver form on file before the child may be dropped off. If payments are not kept current, you will be contacted by the director.

### ***Holidays and inclement weather:***

Mother's Morning Out will NOT meet on Nov 23 (Thanksgiving holiday), Dec 21 or 28 (Christmas holidays) or April 4 (Spring Break).

If Lancaster County schools are cancelled due to inclement weather, we will also be cancelled. If there is a ONE or TWO-hour delay of the school system, we will run from 10 a.m. to noon.

### ***Arrivals & Departures:***

Hours for the Mother's Morning Out program are 9 a.m. to noon. Children should be brought to the church office (7520 Charlotte Hwy) and brought into the building for sign-in. We understand that for children of this age, separation can be difficult. Feel free, on the first visit or two, to come into the classroom and help involve your child in an activity until they feel comfortable in the environment. Let your child know that you feel positive about this new experience, that you love him or her, and that you will return later. As your child becomes more familiar with the setting, we encourage you to be brief in saying "good bye". If you want to call back and check on how he or she is doing, that is fine (Edye's cell # is 803 526-6294 or the office # is 803 548-8810). If activities with the children prevent

teachers from coming to the phone, leave a message at the cell # and we will get back with you. If the child seems particularly unhappy or to not be feeling well, we will contact you.

While we understand that emergencies do arise, all children must be picked up by closing. If you will not be able to pick up your child by that time, please make another arrangement to make sure that your child is picked up on time. Late pick-ups will be charged \$1 per minute that you are late. You must inform the MMO staff of any alternative person designated to pick up your child (information about this person should be listed on your application). The person picking up your child **MUST** be listed in your registration information or the child will not be released to him or her. If there are custody issues the staff should be aware of, please speak to one of the teachers and also note this on your registration form.

***Snacks & food allergies:***

The children will be fed a snack mid-morning of juice, fruit, and crackers or cookies (such as Goldfish, animal crackers, graham crackers, etc.). If your child has any food allergies, please highlight that portion of your application form and provide an alternative snack for the child in a container marked with his or her name, and let the teachers know it is there. If a child has a birthday and you would like to bring cookies or cupcakes for snack, we would love to have you do that. Please check with the teachers about whether there are children with allergies in the class.

***What to bring:*** Each child should bring a bag or backpack marked with his or her name (this can also be the diaper bag for children in diapers). Please include a full change of clothes, and at least 2 diapers or pull-ups (if appropriate) each day. Clothing should be marked with the child's name. As we will be using art supplies and playing on the playground, we ask that your child wear casual clothing. Please do not bring toys or other items unless requested by the instructor according to the week's theme. Mother's Morning Out does not assume responsibility for valuables brought from home.

***Diapers and Potty training:***

If your child is still in diapers, please bring at least 2 extra diapers in a bag with his or her name on it. If your child is in the process of potty training, please advise one of the teachers.

***Discipline Policy:***

If children are behaving in a way that distracts or endangers their classmates, the following steps will be taken (in this order):

1. Redirection – The child will be redirected to a more positive activity.
2. Time-out – If the behavior continues, the child will be placed in a time-out chair for no more than 1 minute per year of his or her age.
3. Speaking to the parents – If the behavior continues, the teacher(s) will engage the parent or guardian in finding appropriate ways to solve the issue.
4. If the behavior continues and is disrupting the class or endangering other children (such as biting, physical roughness, etc), the child may be discontinued from the program until the next school year.

In no case will spanking or physical discipline (aside from removal of the child from the situation) be used.

**Health Information:**

Your child's health is a top priority for us. To prevent the spread of communicable diseases among the children at Mother's Morning Out, children with the following symptoms will not be admitted (or will be sent home when the symptoms occur):

- A fever (unless a doctor has confirmed that it is not contagious, such as with an ear infection) in the last 24 hrs
- Severe pain or discomfort
- Diarrhea or vomiting within the last 24 hrs
- Sore throat or severe coughing
- Red eyes with discharge
- Skin rashes lasting more than 24 hrs
- Visibly enlarged lymph nodes
- Stiff neck
- Heavy discharge in conjunction with a cold.

If your child has a medical need or emergency while he or she is at MMO, we will make every effort to contact you at the numbers you provide on your application form. We also ask that you sign the medical release in case we cannot reach you in an emergency. If a child is sick (but not an emergency) and parents are not reachable, we will isolate him or her from the group until someone can be reached to get them from MMO. If a child sustains an accident or injury during MMO, staff in charge will administer appropriate first aid and protect the child from further harm. Parents will be contacted if necessary. All injuries and accidents occurring at MMO will be documented on an injury/accident form to be signed by the parent. In case of a medical emergency requiring immediate attention, 911 will be called. (A copy a signed medical consent form will be placed in your child's file.)

Medications will NOT be administered while your child is in our care. The only exception will be for children who have allergies and require an epi-pen. The parent will sign a form allowing us to administer this to the child and to contact 911.

Please also verify on the application form that your child's **immunizations** are up to date.

**Screening & Safety:**

Our teachers have had a negative criminal background check and have agreed to abide by the Safe Place policy of Faith Presbyterian Church. (on file in the church office). They are certified in first aid and CPR.

We are looking forward to having your child as part of our Mother's Morning Out program! If you have questions or concerns not covered by this handbook, please feel free to contact us!

**Church office: 803 548-8810**

Director (Edye Bender): 803 526-6294 (cell)

Email: [dcedye@aol.com](mailto:dcedye@aol.com)

***We also welcome you to worship with us at Faith Presbyterian on Sundays at 10 a.m. in the Indian Land Recreation Center! (more info @ [www.faithpresusa.org](http://www.faithpresusa.org)). Sabrina Ostergren (teacher) is also a nursery worker on Sundays, so your child will have a familiar face!***

**Faith Presbyterian's Mother's Morning Out Program  
Application Form**

Child's Name: \_\_\_\_\_ Nickname or preferred name: \_\_\_\_\_

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

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

Parent or Guardian's name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

The following persons are authorized to pick my child up from MMO. ID will be required of them at pick-up time. (Additional names may be added on the back of this form, if needed).

Name:

Relationship to child:

Name:

Relationship to child:

Name:

Relationship to child:

Please respond to the following. You may use the back of the form for more details, if needed:

- Are your child's immunizations current? \_\_Yes \_\_No
- Does your child have any allergies (to food, medications, etc) of which you are aware? \_\_Yes \_\_ No  
If so, please list:
- Are there any medical conditions of which the Mother's Morning Out staff should be aware?  
\_\_Yes \_\_No (if so, please list)
- Are there any custody issues of which the Mother's Morning Out Staff should be aware?  
\_\_Yes \_\_No (if so, please explain).

**To the best of my knowledge all the information included on this application is true and complete.**

**(Parent or Guardian signature)** \_\_\_\_\_

**(Date):** \_\_\_\_\_

**Faith Presbyterian Church**  
**Consent for Medical Treatment**

I give my consent for (child's name): \_\_\_\_\_ to participate in the Mother's Morning Out Program offered by Faith Presbyterian Church (USA).

In the event that my child becomes ill or injured while involved in Mother's Morning Out, I approve of the teacher(s) taking the following steps:

1. Contact a parent or legal guardian of the child and follow his/her instructions.
2. In the event of an emergency when neither parent nor legal guardian can be reached immediately, the MMO teachers are hereby authorized to use their best judgement in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Church leaders will provide transportation, or if the leaders deem it necessary, will call an ambulance.

If, in the opinion of a licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I authorize, appoint, and empower the church leaders to furnish on my behalf such written or oral authorization as may be required.

Furthermore, I release Faith Presbyterian Church and any of its leaders from any liability that might arise from the giving of such authorization, as it is my desire that my child be furnished such medical or surgical services as soon as possible after the need arises. I agree to be responsible for medical services that result from the above treatment without my consent.

Signature of parent/guardian: \_\_\_\_\_

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

The child is covered by the following insurance policy:

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Please list any medications your child takes regularly: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies or allergic reactions to medications that your child may experience:

\_\_\_\_\_