

Hope Creative School
2110 Cypress Gardens Boulevard
Winter Haven, Florida 33884
(863) 324-6377 – www.hopepreswh.org
Email: hopecreative@verizon.net

2010/2011 MOTHER’S MORNING OUT REGISTRATION PACKET

Child’s Name: _____
Last First Called
Address: _____
Street City Zip
Phone: Home _____ Cell: _____ Child’s Date of Birth: _____ M ___ F ___
Siblings and Ages: _____
Home Church: _____

FINANCIAL AGREEMENT

Mother’s Morning Out is an organized Day Care option intended for occasional use by parents of children 12 months (and walking) through 3 years old. Daily capacity is limited. It is important to call ahead to reserve space in MMO. The daily fee is \$13.50 and is prepaid at the time a child is dropped off. There will be no account billing for MMO services as fees are paid at the time of service. There is no registration fee for MMO.

Mother’s Morning Out service is available between 8:45am – 12:00 pm.

HOPE CREATIVE SCHOOL CALENDAR 2010/2011

- August 20, 2010 Open House
- August 23, 2010 First Day of School
- June 9, 2011 Last Day of School
- School Closed on these dates:*
- September 6, 2010 Labor Day
- November 22-26, 2010 Thanksgiving Holiday
- December 20- January 3, 2011 Christmas Holiday
- January 4, 2011 First Day back after holidays
- January 17, 2011 Martin Luther King, Jr. Day
- February 21, 2011 President’s Day
- March 28 – April 1, 2011 Spring Break
- April 22, 2011 Good Friday
- May 30, 2011 Memorial Day

The dates listed above are reflective of the Hope Creative School calendar year for the preschooler classes. These dates are also available for Mother’s Morning Out. MMO parents will be invited to participate in several special occasion days at the pre-school.

* All dates and events subject to change.

HCS Director Signature/Date _____ Parent Signature/Date _____

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AUTHORIZED PICK-UP PERSONS

Please name all the people who are permitted to pick up your child from school. We will not release children to anyone other than the people you list below. You will need to send a note to the teacher or call the school 324-6377 in all cases where someone not listed is going to pick up your child. Thank you for your cooperation.

Child's Name: _____

People Who May Pick Up Your Child

PARENT/GUARDIAN CONTACT INFORMATION

In the event the child named above becomes injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent's (Legal Guardian's) Name: _____

Phone Numbers: _____ days/hours _____
_____ days/hours _____

Cell Phone Number: _____ Lives with you? Y_____ N_____

Parent's (Legal Guardian's) Name: _____

Phone Numbers: _____ days/hours _____
_____ days/hours _____

Cell Phone Number: _____ Lives with you? Y_____ N_____

MEDICAL INFORMATION

Child's Name: _____

Physician's Name: _____ Phone Number: _____

Allergies: _____

Medications: _____

Any special concerns? Such as fears, behaviors that we should be aware of (running away, climbing etc.)

Please describe:

HCS Director Signature/Date _____ Parent Signature/Date _____

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PARENTAL CONSENT

In the event that I or the others listed as emergency contacts are not reachable or available, I give permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to _____ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Parent Signature _____ Date: _____

EMERGENCY CONTACT PERSONS

In case of emergency, contact the following person/s if unable to reach parents:

EMERGENCY Contact Person 1:

Name: _____

Phone Number: _____

Relationship to Child: _____

EMERGENCY Contact Person 2:

Name: _____

Phone Number: _____

Relationship to Child: _____

DISCIPLINE POLICY

1. Our policy is based on rewards in the form of smiles, stickers, acknowledgement of good behavior, etc
2. Children will not be subjected to discipline, which is severe, humiliating, or frightening.
3. Discipline will not be associated with food, rest, or toileting.
4. Spanking or any other form of physical punishment is prohibited.
5. Procedure for guidance:

Time Out – according to age:

3 minutes at one time for 3 year olds

Children will never be far away (isolated) from group. An aide or teacher will be close by for discussion as to reason for time out. Time out involves sitting in a chair facing the group, but without access to activities. It is used to encourage children to think about their behavior.

I have read and understand the discipline policy. I understand that there may be occasions when I am called in to assist with my child’s behavior. Children who, in the opinion of the teacher or director, present a danger to themselves or others may be sent home.

Child’s Name: _____ Parent’s/Guardian’s Name: _____

Parent’s/Guardian’s Signature: _____ Date _____

HCS Director Signature/Date _____ Parent Signature/Date _____

CHILD CARE FACILITY BROCHURE STATEMENT

Parents, please read the Florida Department of Children and Families Brochure titled 'Know Your Child Care Facility' and complete the statement below:

(Chapter 402.3125, F.S.)

On, ___/___/___, (date)

I, _____
(PRINT Name of Parent or Legal Guardian)

Received and read a copy of the Child Care Facility Brochure.

(Signature of Parent or Legal Guardian)