

**ARK OF FRIENDSHIP  
PARENT PACK**

**PATHWAY BAPTIST CHURCH**

**1116 BROWN STREET  
WAXAHACHIE, TEXAS  
75165**

**CHURCH OFFICE and  
Fax 972-937-2416**

**SENIOR PASTOR**

**BRO. RICHARD SMITH**

**WEEKDAY  
EDUCATION  
COMMITTEE**

**MOTHER'S DAY OUT**

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### **Mission Statement**

**Ark of Friendship is a ministry of Pathway Baptist Church where we believe unity with our Christian belief in God the father, the Son and the Holy Spirit is essential for a strong foundation. Our mission is to reach out to families through nurturing, Sharing and teaching children building friendships to grow together in Christian love.**

### **Our Values**

**Nurturing- Ephesians 6:4 And ye fathers, provoke not your children to wrath, but bring them up in the nurture and admonition of the Lord. With Christian Love, Joy and Peace of Knowing Jesus and sharing his love to others.**

**Sharing- Proverbs 22:6 Direct your children to the right path, and when they are old they will not leave it. We are called to share God's word, God's ways with these children. Isaiah 54:13 And all thy children shall be taught of the Lord; and great shall be the peace of thy children.**

**Teaching- Proverbs 1: My son hear the instruction of thy father, and forsake not the law of thy mother. Instructing them in Independence, Goodness and Self-control. To learn and grow to be good caring leaders.**

**Galatians 5:22-23 But the fruit of the Spirit is love, joy, peace, patience, gentleness, faithfulness, kindness and self-control against such there is no law.**

### **Goals**

**To provide a safe Christian environment for the children while growing in their relationships with Jesus Christ, through learning to share and make good choices.**

**To provide opportunities for families to join in Christian fellowship and education.**

**To provide parents an opportunity to refresh and renew their strength.**

### **WELCOME AND PURPOSE**

We want to welcome each one of you to Ark of Friendship Mother's Day Out program (MDO). It is our pleasure to spend time with your children. We love children and believe in family values and that we, as Christians, are responsible in helping our parents guide their children in God's ways. We are a Bible-based ministry of Pathway Baptist Church where we believe all moms need time away from the pressure and responsibilities of caring for children to refresh. All children need time to spend with other children where they can learn the basics of getting along with others by sharing and playing together and learning the skills needed to prepare them for school while in a safe, secure and loving environment. Our purpose is to serve these needs while pursuing the Great Commission.

## **GENERAL PROGRAM INFORMATION**

**Our teachers-** The hiring process starts with a well thought out application and interview it includes a ministry safe training and a criminal background check. Our employees are required to earn 24 training hours yearly and remain current with their CPR certification and First Aid. We also require our teacher to go through Ministry safe training which trains them to recognize, prevent and report abuse or neglect.

Our Ark of Friendship program is a ministry of Pathway Baptist Church. We function by the monthly tuition of the children enrolled. We use Bible-based curriculum with hands on age-appropriate activities that promote developmental skills.

The following policies, goals, regulations and requirements are set by the Weekday Education Committee and the program director, following the minimum standards for childcare centers. You may view these standards at [www.dfps.state.tx.us](http://www.dfps.state.tx.us) or make an appointment with the director.

Parents of a child enrolled in our program have the right to review all current inspections conducted by Texas DFPS, local fire department, health department and any other inspections required for the operation of the childcare center. These will be posted on the bulletin board. The local licensing telephone number is 972-937-5998 and is located at 2121 Westgate Dr., Waxahachie, Texas 75165.

**Class placement** is determined by the child's age, the number of days the child will attend, and is at the discretion of the director.

**ALL enrollment forms and records must be completed, signed and submitted no later than the first day of school.**

**Dress Code:** Please dress children in comfortable play clothes that are easy for them to manage at potty times. Please have little girls wear shorts under dresses. Please have them wear well-fitting tennis shoes to help in preventing excessive stumbling and falls.

**Parents may review a copy of the child-care center's most recent Licensing inspection at any time. It is posted on the bulletin board at the check-in area. You may view the minimum Standards for childcare centers (#746) on the DFPS website or you may ask the director to view it.**

**ATTENDANCE AND FEES**

A non-refundable registration fee of \$35.00 must be paid at the time of enrollment for Spring or Fall and a \$25.00 registration fee for Summer enrollment. Payments may be made by cash or check **(made payable to Pathway Baptist Church)**. We now except credit card, bank card or auto draft. Payments can be made online through Brightwheel. If preferred check or cash may be deposited in MDO drop box.

One day a week .....	\$142.50 per month
Two days a week.....	\$240.00 per month
Three days a week .....	\$352.500 per month
Four days a week .....	\$472.50 per month

**Due to full classes and lack of subs we will no longer except drop-Ins**

Monthly tuitions are past due after the 10th of the month and a \$10.00 late fee will be added.. You will be responsible for this tuition amount each month unless changes are made in writing 30 days in advance. This helps to keep proper student/teacher ratio, and tuitions on track.

**HOLLIDAYS: WE WILL FOLLOW THE SCHOOL CALENDAR FOR ALL HOLLIDAYS THAT FALL ON MONDAY THROUGH THURSDAY. Memorial Day and July 4th - when it falls on Mon., Tues., Wed. or Thurs.**

**Tuition covers this schedule, so Holidays will not be discounted further**

Tuition is based on days open, discounted and divided into monthly payments. Therefore, full tuition is due regardless of holidays and absentees. Credit will not be given for any days missed due to weather, illness, etc. However, if your child is enrolled after the first week of the month, that month's tuition will be prorated. There is a 10% tuition discount given to additional children in the family enrolled for full time enrollment. **Monthly Tuition is due the 1<sup>st</sup> of each month** and considered late after the 10<sup>th</sup> of the month.

**Late Fees**

If the monthly payment has not been received by the 10th of the month, a late fee of \$10.00 will be charged, unless prior arrangements are made. Beginning the 11th day, an additional \$1.00 will be charged for each additional day until the payment is received. If payment has not been made by the 15th of the month, your child will not be able to attend the MDO program until payment has been received. Unless prior arrangements are made with the director.

If your child is not picked up by 2:35, there will be a \$5.00 charge added to your account and one additional dollar for every minute thereafter until child is picked up.

**Returned Checks**

There will be a \$30.00 charge for returned checks by your bank. A second returned check will

require future payments to be made in cash or bank card.

**Withdrawal from the program requires a 30-day written notification for tuition charges to be stopped.**

### **BAD WEATHER**

Our schedule follows WISD schedule for bad weather. If there is a question of school being in session because of bad weather, please check local TV stations for information. If WISD is closed, consider us closed. **If WISD is delayed, we will be delayed also, starting 30 minutes after WISD.** During the day, while class is in session, we will inform parents through Brightwheel message if we feel it is too dangerous to remain open.

### **SECURITY- Checking In and Out**

We will begin classes at 8:30AM and end at 2:30PM. Children should be in their class by 8:30 unless there is a doctor's appointment. Doors will be open at 8:15AM and lock at 9:00AM and remain locked until 2:15PM, for the safety of the children and staff. Arrivals after 9:am without prior notice of Doctor visit or an emergency will not be admitted to omit disruption of learning time and upsetting young children. If you need to pick up your child before 2:15PM, please call the MDO office or message us through Brightwheel and we will have your child ready. All of your pick-up list will receive a Brightwheel invite that when downloaded to their cell phone will give them a personal code and ability to check your child in or out. All children must be checked in and out of our program with this code. Anyone picking up your child must have their own code which identifies who picks up your child and their permission. If child is not signed out properly it will show late pick-up and charges may be added. Children arriving late disrupt class teaching and upset children to prevent this we will not allow late comers after 9:00am without proof of Dr. appointment.

Parents are welcome to observe their child's class at any time. We do ask that you do so through the class window or from outside the door so the children's attention will not be taken from their activity to you. It is hard for a teacher to maintain control of the class with visitors in the class. Please pick up a visitors tag at the office. Any person interacting with children or staying more than a short time must have a background check on file with the center.

We do ask that you take special precautions in our infant rooms. Our staff is responsible for the infants enrolled in their class. It is the parent's responsibility to ensure the older children or siblings do not compromise the safety or health of the infants. Please do not allow your child to walk in the infant room, play or climb on infant toys, or pull the mobiles. Toys handled by older children must be washed and sanitized before an infant. May be allowed to play with it.

**Children must always remain with an Ark of Friendship staff member.**

We encourage you to bring your child as near 8:30AM as possible. Children who arrive later in the day will miss out on some of the planned activities. Prolonged or hesitant goodbyes make it harder on the child. As a rule, the child settles down before you get out of the parking lot. Be assured that if your child does not calm down and causes concern, we will call you.

## **DROP OFF AND PICK UP PROCEDURES**

Please enter coming around north side of building and exit the south side keeping traffic flowing same direction and prevent accidents. **Check your child(ren) in before walking them to class**

The Mother's Day Out entrance is in the back of the church under the drive through awning. The door will be set to automatically unlock at 8:15 and lock at 9:00. Then it will unlock at 2:15 and lock at 2:30 If you come at any time that the door is locked you will need to text Mrs. Becky to let you in. There will be no drop off before 8:15 teacher need this time to prepare for the day. **Check your child(ren) out before retrieving them from their class.**

## **MEDICAL INFORMATION**

**All children** are required to have an updated shot record or exempt form as the health and well-being of your child is important to us. Please be considerate of other families and do not bring a sick child to the program. If a child shows any sign of illness, the parent will be contacted in order to keep a well-child environment. Children must be picked up within an hour of call or will not be able to return without a doctor's release to do so.

It is required that a child have a vision and hearing test done by age 4 years. The program does not accept children with contagious diseases and will only administer medication clearly marked with the child's name and physician prescribed dosage. A child taking medication will only be able to attend with a doctor's release to return.

If your child requires medication, you must sign a release form naming the medication and the time to be given. Only Tylenol or teething gel will be given without a printed doctor prescription and only with a parent permission form filled out completely. No medication will be given in excess of child dose weight-limit. All medications must be left in the director's office. Medications should never be left with the child's belongings other than inhaler or epinephrine for any reason. The director and teacher must be informed of their presence when left. The forms are available from the director. Parents are responsible for pick-up of medication from the office at the end of the day.

**Prescription medication can only be given to the child whose name is on the container.** If any medication is to be given to more than one child in the family the names must be on the container. If your child has a food allergy an allergy form must be filled out by child's doctor and displayed in caregiver's sight before any instruction can be followed. If a child with a severe food allergy is in your child's class and only attends one or two days a week, we will send a note home in all the children's folders and post a note not permitting that food on the days that child is present. If a child with a severe food allergy attends 3 or 4 days a week then it will state that we are a \_\_\_\_\_ free zone. We wish to be fair while keeping our children safe.

### **Health inspections/illness**

- Sickness – A child should not be admitted to class if he/she is sick.

Temperature over 100 degrees or above

- Signs of a cold, sore throat, cough, frequent sneezing, discharge from eyes and/or ears

- Signs of an upset stomach, diarrhea, or an unidentified rash, or have had any of these symptoms in the last 24 hours.
- A well child check will be done each morning upon the child's arrival to MDO. According to State of Texas guidelines, if the child has a fever of 99 degrees F., an unexplained rash, pink eye or other symptoms of illness, the parent will be instructed to take the child home.
- If a child becomes sick during the day, he/she will be placed in the director's office and made comfortable until the parent can pick-up the child. The child is to be picked up within an hour. The child will not be permitted to return until he/she has been without symptoms or fever for 24 hours.
- Amber beads or necklaces of any kind worn by the child will be removed and placed in the bag upon arrival at Ark of Friendship Mother's Day Out.

#### **MEDICAL EMERGENCIES & PARENTAL NOTIFICATION**

In case of medical emergency, we will make every effort to follow your directions regarding where to take your child for emergency care. In a 911 emergency, we will follow the protocol of the emergency personnel.

It is very important that we be able to reach you during the school day in case of an emergency regarding your child at our facility. Please be sure that your emergency notification form is up to date and that you sign-in and out completely each day.

#### **DISCIPLINE**

The first and primary step of discipline is redirection. Second is separation from the situation or other children. If this does not solve the problem, intervention will come from the director. If a severe or re-occurring problem exists, the parent will be notified. After 5 incidents in which your child or another child or staff is indangered with no show of improvement, that child will no longer be permitted to attend until the habit is under control.

**We reserve the right to remove any child from the program who consistently causes harm to himself or others, uses disturbing language or if fees/tuition have not been paid.**

#### **HOLIDAYS AND PARTIES**

If you wish to share your child's birthday with his/her class by bringing a snack for snack time you are welcome to do so they must be individually packaged (CDC). We recommend fruit or cookies as they are easy for children to handle and are less messy. In order that each child receives a treat, let the teacher know ahead of time so they can let you know how many children will be there that day. Class information, Daily reports and so forth will be sent through Brightwheel, It is your responsibility to check your messages regularly as this is our communication network

## WHAT TO BRING

**Infants** – you need to bring their milk or formula and any food they will need for the day. Moms, you have the right to breastfeed your baby or send breast milk for your baby. We have a mother's room set-up for your privacy. **Make sure all bottles and cups are clearly labeled with child's name on them.**

**Children 12 months and up** - you are responsible to bring them a nutritious meal and drink, with a no spill cup. We do not supply a nutritious meal for your child. **Please label all personal items with their First names and first initial of last name.** Please do not send carbonated drinks, red, purple or high sugar drinks. Please be sure all food is prepared in bite size pieces ready for your child to eat. We prefer candy not be included in your child's lunch. Please be cautious of sending foods that could be easily choked on such as whole grapes and wieners.

**Children 12 months and up classes** - need to bring a nap mat for rest time. **Please bring a change of clothes (for all ages),** and enough pull-ups or diapers for the day. Children potty training must be in pull-ups until they are able to go by themselves and tell the teacher they need to go. Nap mats are to be taken home weekly to be washed. We ask that you do not allow your child to bring toys from home, except for special event days when your child is asked to bring them. Small toys or toys with small parts are never allowed for safety reasons. However, a comfort item such as a teddy bear or blanket for nap time is acceptable.

**If a child clothing becomes soiled and doesn't have extra in their bag you will be called to pick them up. This is parent training, be sure to supply extra clothes.**

## SUPPLY LIST

Each child needs to bring the following supplies with them on the first day of preschool:

3 packages of baby wipes (sensitive/Hypo-allergenic)

2 boxes of Kleenex

1 roll of paper towels

1 pocket folder with brads

Children in diapers/pull-ups may be asked to bring more wet wipes as needed

\*Art and craft supplies will be supplied by MDO

## PROCEDURES FOR CHANGES

If a change is made to the policies and procedures during the school year, each family will receive notice. It will need to be read, signed and returned for compliance and kept in your child's folder.

**Questions and concerns** regarding policies and procedures should be addressed to the MDO Director or our Children's Director by scheduling a meeting with them. Any changes will be decided by our Weekday Education Committee.



## **ABUSE AND NEGLECT REPORTING**

By law, any person having cause to believe a child's physical/mental health or welfare has been or may be adversely affected by abuse or neglect must report any such concerns to the Texas Department of Family and Protective Services at 1-800-252-5400 immediately. Employees are also to make a written report of the suspected abuse and place in child's folder. Any employee suspected of abuse, sexual or otherwise, will be immediately released of duty and reported as well.

## **ACCIDENTS**

- Assess the severity of the accident. If it is severe (requires stitches, possible fracture or neck injury or any other injury that a physician should see immediately) call 911, the child's emergency file should be pulled, and the instructions followed. Notify the appropriate parent or guardian. Be sure to always fill out an accident report.
- For any emergency, the staff must not leave the child without supervision. They should alert another teacher and the director of the problem and then proceed with the proper steps.

Under the Texas Penal Code, any area within 1000 feet of a child-care center is a gang free zone, where criminal offenses related to organized criminal activity are subject to harsher penalty.

## **ADMISSION REQUIREMENTS**

- **Enrollment forms containing:**
  - Child's name
  - Birth date
  - Home address
  - Telephone number
  - Date of admission
  - Name and address of each parent and telephone number at which parents can be reached
  - Names of persons to whom the child may be released (children will only be released to those listed)
  - A statement of the child's health, special needs, allergies, existing illness, etc.
  - Transportation permission
  - Water activity permission
  - Emergency medical authorization

- A record of the child's immunizations

Be sure to download Lillio from your invite in emails where you can get information on your account, make payments on tuition and see your daily reports, pictures of your child and other notes.

## Safety Procedures

- All teaching staff will be prepared to greet the children in their rooms by 15 minutes prior to the scheduled opening time.
- Teachers will be responsible for checking their rooms to make sure it is safe for the children. And making sure each child is checked in and out by parent or guardian.
- The director or assistant director will be responsible for making sure the play area is safe for the children.
- First Aid and CPR - Staff must be certified in First Aid and CPR. Classes are paid for by the program.

## Teaching Procedures

The curriculum will:

- Be Christ-centered and fulfill the mission of the program;
  - Be appropriate for young children, geared to each age group and provide learning activities;
  - Strive to teach them the love and forgiveness of Christ; and
  - Children will have regular worship service time in order to teach them the joy of worship.
- Each teacher must keep a notebook in the classroom that includes:
    - (1) Children's information sheets;
    - (2) Lesson plan for the week;
    - (3) Lesson unit for the week from the curriculum guide;
    - (4) Daily schedule; and events
    - (5) Enrollment sheet (digital or hard copy)
  - Lesson Plan – Teacher is required to complete written lesson plans based on the approved curriculum provided by the program. Written lesson plans are to be turned in to the director one month in advance.
  - A daily schedule including active play and rest time will be posted for parents to

see.

- (8) Indoors play children will have free and teacher directed play time where they can stretch their creativity learning, sharing, and working together.
- (9) Outdoor play is part of the daily schedule. Child supervised free play is important for the children to use their imagination and play with other children. They will learn playground safety while taking turns with other children. Any unsafe equipment is to be reported to the director immediately.
- (10) Supervision – The children must always be visible to staff and be close enough for intervening when needed. Children are **never** left unattended including restroom and naptime.
- (11) Transition – Planning for transitions will ensure the safety of all children. Children are to be taught to stay together as a group with their teacher. Teacher must be aware of where each child is at all times.

## Mealtime Protocol

- Mealtime and snack time are teaching opportunities for young children.
- A blessing is to be offered at snack and mealtimes.
- Teacher should sit with the children, model good manners and to guide the table conversation to acceptable topics.
- Children are not to share or trade their food with other children or teachers.  
**Tables are to be cleaned before and after eating lunches and snacks, with a sanitation solution.**

## Clean-Up

Each staff member is responsible for cleaning and disinfecting toys and other equipment and inform director of any repairs needed on equipment. Good health is encouraged by keeping a clean learning environment. Rooms and storage areas are to be kept safe, neat and clean.

**Each room is to be left clean and ready for the next use. With each group or organization using these rooms, following these guidelines will make for a positive experience for all.**

**The following pages are included for your information from DFPS:**

## **Disease Outbreak**

These steps will be taken to prevent spread of disease.

- Temps will be taken upon arrival.
- Parents or guardian will be asked to use hand sanitizer before checking in/out
- Child(ren) will not go past check in point
- Parent or guardian and child will be observed for symptoms.
- If child has fever or either child or parent/guardian show signs or symptoms, you will be asked to take child home and must have dr. release to return.
- If a child develops fever or symptoms during the day a parent will be called to pick them up.
- No toys or extra items will be permitted from home.

We ask that if you or a household family member has been exposed to something please stay at home until you know all is clear.

### **Teachers Will**

Help children wash their hands upon arrival.

Keep classroom clean and disinfected throughout the day.

See that children wash their hands regularly.

Directors will make sure entrance, restrooms and hallways are kept clean and sanitized daily.

**Any other CDC or HHSC recommendations will be followed as directed.**

## INFORMATION ON REPORTING CHILD ABUSE

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- **Child abuse and neglect are against the law in Texas, and so is failure to report it.\***
- *If you suspect a child has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services or to a law enforcement agency.*
- You are required to make a report within 48 hours of the time you suspected the child has been or may be abused or neglected.

**What is Abuse?** Abuse is mental, emotional, physical, or sexual injury to a child or failure to prevent such injury to a child

**What is Neglect?** Neglect includes (1) failure to provide a child with food, clothing, shelter and/or medical care; and/or (2) leaving a child in a situation where the child is at risk of harm.

### How do I make a report?

1. Call the abuse and neglect hotline at **1-800-252-5400**.
2. When you make a report, be specific. Tell exactly what happened and when. Be sure to record all injuries or incidents you have observed, including dates and time of day and keep this information secured.
3. Reports should be made as soon as possible but no later than 48 hours before bruises and marks start to fade. It is important for the investigators to be able to see the physical signs.
4. Give the agency person any information you have about the relationship between the child and the suspected abuser.
5. Please provide at least the following information in your report.
  - Name, age, and address of the child
  - Brief description of the child
  - Current injuries, medical problems, or behavioral problems
  - Parents names and names of siblings in the home

**Will the person know I've reported him or her?** Your report is confidential and is not subject to public release under the Open Records Act. The law provides for immunity from civil or criminal liability for innocent persons who report even unfounded suspicions, as long as your report is made in good faith. *Your identity is kept confidential.*

**Finally, err on the side of caution.** If you have reason to suspect child abuse, but are not positive, *make the report.* If you have any doubts about whether or not it is abuse, call the hotline. They can advise you if the signs you have observed are abuse.

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\* Failure to report is a Class B criminal offense, punishable by a \$2,000 fine and/or imprisonment for up to 180 days. Failure to report also could subject you to considerable monetary liability in a civil rights action.

**CHILD ABUSE HOTLINE 1-800-252-5400**

**CLASSROOM**  
**SCHEDULES**

<b>Infants 2 mo. – Follow Parent given schedule</b>	
<b>Lions</b>	
8:30 – 8:45	Arrival and play
8:45 – 9:00	Snack
9:00 – 9:20	Diaper check
9:20 – 10:00	Outside Play/ Gym Back playground or Parlor
10:00 – 10:20	Music, Bible Story & Sign Language
10:20 – 10:45	Play / Stroll / Diaper check/ Wash Hands
10:45 – 11:10	Lunch time & Sign language
11:10 – 1:10	Naptime
As wake UP	Diaper check
2:00 – 2:30	Diaper check/prepare bags for home

<b>Giraffe</b>	
8:30 – 8:45	Arrival / Puzzles & Blocks
8:45 – 9:00	Snack / Chapel / Bible Story
9:00 – 9:20	Diaper Change / Hand Washing
9:20 – 9:40	Outside / Gym -Back Playground or Parlor
9:40 – 9:50	Wash hands get a drink
9:50 – 10:30	Letters & Numbers Language & Crafts
10:30 – 10:45	Clean-up / Change Diapers / Wash Hands
10:45 – 11:15	Lunch
11:15 – 11:30	Clean-up / Wash Hands diapercheck
11:30 – 2 ;00	Rest / Nap
2:00-2:15	Diaper change / Hands Washed
2:00 – 2:30	Dance & Movement

<b>Bears</b>	
8:30-9:00	Arrival/ Snack /Restroom
9:00-9:20	Playground/ Gym
9:20-9:40	Chapel
9:40-9:50	Restroom Break
9:50- 10:10	Alphabet/ Numbers/ Bible Lesson
10:10-- 10:30	Restroom Craft/Colors/Shapes
10:30-- 10:50	Restroom
10:50-11:10	Lunch
11:10 - 11:30	Restroom
11:30- 1:30	Rest Time
1:30-2:00	Restroom Break
2:00-2:30	Ready for Parents
<b>Zebra</b>	
8:30-9:00	Arrival/ snack /Restroom
9:00-9:20	Playground/ Gym
9:20-9:40	Chapel
9:40-9:50	Restroom Break
9:50-- 10:10	Colors Numbers & Shapes/ Bible Lesson/ Writing Practice/Alphabet
10:10-- 10:20	Restroom Break
10:20 - 10:30	Book reading
10:30- 11:00	Lunch
11:00- 11:30	Restroom Break
11:30-1:30	Rest / Nap
1:30-2:00	Potty Break/Wash Hands
2:00-2:30	Music & Movement

<b>Theater</b>	
8:30 – 8:45	Arrival/Snack
8:45 – 9:00	Restroom Break
9:00 – 9:20	Chapel
9:20 – 9:40	Playground gym
9:40 – 10:00	Restroom Break
10:00 – 10:20	Writing/Alphabet / Calendar / Weather Learning Application
10:20 – 10:40	Bible Lesson / Numbers / Shapes
10:40 – 11:00	Restroom Break
11:00- 11:20	Lunch
11:20 – 11:40	Restroom Break
11:40 – 1:40	Rest Time
1:40 – 2:00	Restroom Break
2:00 – 2:30	Free play / Ready for Parents

<b>School</b>	
8:30 – 8:45	Arrival / Snack
8:45 – 9:00	Restroom Break
9:00 – 9:20	Chapel
9:20 – 9:40	Playground / Gym
9:40 – 10:00	Restroom Break
10:00 – 10:20	Writing/Alphabet / Calendar / Weather Learning Application
10:20 - 10:40	Bible Lesson / Numbers / Shapes
10:40 – 11:00	Restroom
11:00 – 11:20	Lunch
11:20 – 11:40	Restroom Break
11:40 – 1:40	Rest Time
1:40 – 2:00	Restroom Break
2:00 – 2:30	Free Play / Ready for Parents



<b>Train Station 1 &amp; Bakery</b>	
8:40-9:00	Free Play time
9:00-9:20	Restroom Break
9:20-9:40	Snack/Storytime/Calendar
9:40- 10:00	Bible Lesson/SEI/Brain break
10:00- 10:20	Writing/Alphabet/sight word/Shape/Number/color(s)
10:20- 10:40	Chapel
10:40- 11:00	Playground or Gym
11:00 - 11:20	Application Centers
11:20-11:30	Restroom Break
11:30-11:55	Lunch
11:55-12:15	Restroom Break
12:15 - 12:35	Rest Timing
1:40 - 1:55	Wake Up/ Clean Up/ Pack Up
1:55 - 2:10	Restroom Break
2:10 - 2:30	Dismissal

**Train Station 2**

8:40- 9:00	Playground Gym
9:00 – 9:10	Snack
9:10– 9:30	Story Time/Circle Time/ Calendar
9:30 – 9:40	Bible Lesson, Letter / Sight word(s) Shape(s)
9:40 – 10:00	Number(s) color(s) of the week
10:00 – 10:20	Chapel
10:20 – 10:30	Restroom Break
10:30 – 11:20	Application / Learning Centers/ Small group
11:20 - 11:40	Lunch
11:40- 12:00	Restroom Break Independent Reading/ Clean-up
12:00 – 12:20	Restroom Break
12:20 – 1:30	Rest
1:30- 1:40	Wake-up/Pack-up / Clean- up
1:45 – 2:30	Restroom Break / Dismissal

**Pathway Baptist Church**  
**ARK OF FRIENDSHIP REGISTRATION FORM**

Today's Date \_\_\_\_\_ Enrolling for  Fall  Spring  Summer  Withdrawal date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Male/Female. Date of Birth \_\_\_\_\_

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

Child's Home Telephone # \_\_\_\_\_

**My child would like my child to attending the following days:**

Monday  Tuesday  Wednesday  Thursday  All 4 Days

**Note:** Any future enrollment changes must be made with a **30-day notice** to control teacher student ratio and cost by email or written request.

Child lives with  Both Parents  Mom  Dad  Guardian

**Mother's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ DL# \_\_\_\_\_

Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ DL# \_\_\_\_\_

Email \_\_\_\_\_

**Parents are:**  Married  Divorced  Separated  Widowed

If parents are separated or divorced who has custody of the child? \_\_\_\_\_

Are there any restrictions regarding custody? \_\_\_\_\_

**Church Affiliation:**

Mother Attends \_\_\_\_\_ Member  Yes  No  Active  Yes  No

Father Attends \_\_\_\_\_ Member  Yes  No  Active  Yes  No

Name & age of brothers & sisters \_\_\_\_\_

Your child will be left with staff members and released only to the person or persons named by parent. Please list person(s) approved to pick up child other than parent. **Child will not be released to others without specific permission from parents. We are not allowed by law to give your child to anyone who is not listed on our records.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Other Instructions** \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Person to be contacted in an emergency if parents can't be reached: Parents should advise these people they may be called if needed.

**Emergency Authorization**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Please list in order, the name and numbers of person(s) to be called in an emergency.

• Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

• Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

• Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

• Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Physician or emergency care facility \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Allergies or information the hospital/clinic may need to be aware of before treatment: \_\_\_\_\_

**Any distinguishing marks (i.e., birthmarks, scars, etc.)? Please describe location and shape of each distinguishing mark.** \_\_\_\_\_

**Does this child require any special needs or care, physical limitation, any reasonable accommodation or medication?**

**I give consent for necessary emergency medical treatment when my child is in the care of this Physician or Hospital/Clinic.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Receipt of Written Operational Policies:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Discipline and Guidance</li><li><input type="checkbox"/> Suspension and Expulsion</li><li><input type="checkbox"/> Emergency Plans</li><li><input type="checkbox"/> Procedures for conducting health checks</li><li><input type="checkbox"/> Procedures for parents to discuss concerns with the director</li><li><input type="checkbox"/> Promotion of indoor and outdoor physical activity including</li><li><input type="checkbox"/> Procedures for parents to participate in operation activities</li><li><input type="checkbox"/> Procedures for parents to contact Childcare Licensing (CCL), DFPS other child Abuse Hotline, and CCL, website.</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Procedures for release of children</li><li><input type="checkbox"/> Illness and exclusion criteria</li><li><input type="checkbox"/> Procedures for dispensing medications</li><li><input type="checkbox"/> Immunization requirements for children</li><li><input type="checkbox"/> Safe Sleep</li><li><input type="checkbox"/> Criteria for extreme weather conditions</li></ul> |
|--|---|

**Child's Special Care Needs (check all that apply)**

- Environmental Allergies
- Food intolerance
- Existing illnesses
- Previous serious illness
- Injuries and hospitalizations (past 12 months)
- Other \_\_\_\_\_
- Limitations or restrictions on child's activities
- Reasonable accommodations or medications
- Adaptive equipment (include instructions Below)
- Symptoms or indications of complications
- Medications prescribed for continuous long-term use

Explain any needs selected about

Does your child have diagnosed food allergies?  Yes  No Food Allergy Emergence plan submitted date \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information Line at (800) 514-0301(voice) or (800) 514-0383 (TTY)

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized,

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

## Parental Authorization for Medical Care

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize the Ark of Friendship MDO staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand this includes calling our Physician, implementing his/her instructions, and/or transporting my child to a hospital or clinic without first obtaining my consent. I will not hold the staff liable for any accident or injury to the child while in their care, provided it is not caused by the staff's negligence or willful acts.

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

Child's Health Care Professional: \_\_\_\_\_

Address of Health Care Professional: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### A shot child's up to date shot record or exemption, and a Doctor's Signature is required before a child may attend Ark of Friendship Preschool.

A copy of your child's immunization must be up-to-date and on file at the center as required by Licensing. Ark of Friendship will be letting you know 2 weeks before your child is due an immunization. It is understood that if the required immunization is not received by the due date, the child will not be allowed to attend care.

Please make sure one of the following three is done before child's first day.

- Health Care Professional's statement:** I have examined the above-named child within the past year and find that he/she to be free of disabling physical condition and he/she was found to be free of infectious and contagious disease. This child is able to participate freely and without restrictions in group activities in day care, except for the following: is physically able to take part in the MDO program.

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

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

**Physician's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Any comments: \_\_\_\_\_

- Or a signed and dated copy of a Health Care Professional's statement is attached.

It is required that a child have a vision and hearing test done by age 4 years. If your child has had either or both, please fill in this section or bring a copy when your child has had one.

<b>VISION</b>	R 20/ _____	L 20/ _____	<b>PASS</b>	<b>FAIL</b>
SIGNATURE _____		DATE _____		
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz	<b>PASS</b> <b>FAIL</b>
R				
L				
SIGNATURE _____		DATE _____		

### Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

## ARK OF FRIENDSHIP HANDBOOK ACKNOWLEDGEMENT

By my signature I acknowledge that I have received, read and agree to the policies and procedures stated in this handbook. I also understand that a desire to participate in classroom activities I must first complete Ark of Friendship Safety Policies & Procedures Manual and obtain a fingerprint background check.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT AGREEMENT

I have read and agree to the payment schedule lined out in the Mother's Day Out Handbook including Enrollment, Tuition, Late Fees, and Late Pick Up Fees. Also I understand to withdraw from the program I must submit notice in writing 30-days in advance of withdrawal for payment to be stopped.

Signature \_\_\_\_\_

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

I understand that photos and videos may be taken of the children at the school through the year. I give permission for photos and videos to be used for:

- |     |    |   |
|-----|----|---|
| Yes | No | Internal. For example, identification purposes  |
| Yes | No | Parent Newsletters' school scrapbook and end-of-year take home scrapbook              |
| Yes | No | Other parents for private use only. Photographer's child must be in the picture also. |

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**give my permission for my child to participate in water activities such as:**

sprinklers    Water table play    These outside activities may require some parent's participation.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent must update any changes in the care of child in writing**



## **DISCIPLINE AND GUIDANCE POLICY for Ark of Friendship**

- ◆ Discipline must be:
  - (12) Individualized and consistent for each child;
  - (13) Appropriate to the child's level of understanding; and
  - (14) Directed toward teaching the child acceptable behavior and self-control.
  
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L,

Discipline and Guidance

---

Signature

Date

Check one please:

parent

employee/caregiver

household member of child-care home

# INFANT INFORMATION

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

My child uses a \_\_\_\_\_ bottle with a \_\_\_\_\_ flow nipple.

My child takes a \_\_\_\_\_ pacifier/thumb.

My child likes to be put to sleep by:

*(Remember State Law requires all infants be put to sleep on their back.)*

My child likes to:

Currently my child is wearing a \_\_\_\_\_ size diaper.

My child may have the following formula/infant food: \_\_\_\_\_

My child should be fed on this schedule and approximately these amounts: \_\_\_\_\_

I understand that it is my responsibility to update this form as needed. By the State of Texas Law, my child's teacher will have me update it at least monthly, even if nothing has changed.

**Parent or Guardian's Signature**

**Date**



## ARK OF FRIENDSHIP PRESCHOOL

Dear Parents,

We are so delighted to have your child to be part of our Ark of Friendship Mother's Day Out. We are looking forward to getting to know your little one(s), teaching and caring for them. It is a joy to serve your family through this ministry. We want this new experience for your child to be an enjoyable one where they will be excited to come and play with their new friends and learn. To make the adjustment of nap time more restful for your child please fill out the information below.

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

At what time is your child use to having lunch? \_\_\_\_\_

Does he/she require a morning nap? Yes No Time \_\_\_\_\_ Length of nap \_\_\_\_\_

What is his/her normal afternoon nap time? \_\_\_\_\_ How long is nap time? \_\_\_\_\_

Does your child go to sleep with music? Yes, No

Does your child take a bottle to go to sleep? Yes No

Additional information \_\_\_\_\_

Does your child need to be rocked to go to sleep? Yes No

Additional information \_\_\_\_\_

Does your child prefer to just be laid in the crib and go to sleep on his/her own? YES NO

Does your child sleep on back stomach right side or left side?

Other \_\_\_\_\_

## TEACHER INFORMATION

Child's Full Name \_\_\_\_\_

Name or Nickname child prefers to be called \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Mom's Name \_\_\_\_\_

Dad's Name \_\_\_\_\_

Step- Mom \_\_\_\_\_

Step- Dad \_\_\_\_\_

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

My Grandparents Names Are: (Nanny & Papa) \_\_\_\_\_

What do we look for and how do we need to respond to the allergy? \_\_\_\_\_

Any other medical conditions we need to know about in caring for your child? \_\_\_\_\_

Is your child potty trained?    Yes    No    Training    Not at this time

When your child is upset he likes his pacifier, blanket, to be held, etc.? \_\_\_\_\_

Of what things has your child shown fear? \_\_\_\_\_

Does your child attend Sunday school?    Yes    No

Is this your child's first separation from home?    Yes    No

Does your child make friends easily?    Yes    No

What are the child's special interest? \_\_\_\_\_

Does he/she prefer playing    with others or    playing alone

He/she enjoys playing with \_\_\_\_\_

His/Her favorite outside activity is \_\_\_\_\_

His/Her favorite song or music is \_\_\_\_\_

His/Her favorite snack is \_\_\_\_\_

Does your child get angry easily?    Yes    No    Temper Tantrums?    Yes    No

Your normal response to a tantrum is \_\_\_\_\_

What method of discipline do you use at home? \_\_\_\_\_

# Child Assessment Form

Form 7293

November 2012

<b>Child Name (last, first, middle)</b>	<b>Social Security No.*</b>	<b>Enrollment Date</b>	<b>Date of Birth</b>
<b>Street Address (if rural, attach directions)</b>	<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Mailing Address (if different) -- Street or P.O. Box</b>	<b>City</b>	<b>County</b>	<b>Zip</b>

\* If applicable.

## 1. Health

Does your child have any allergies?	LJ Yes	LJ No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	LJ Yes	LJ No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	LJ Yes	LJ No
Is your child taking any medication?	LJ Yes	LJ No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	LJ Yes	LJ No
Are there any side effects we should be alerted to?	LJ Yes	U No

## 2 Potty Training:

Does your child need assistance with toileting?	LJ Yes	U No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

## 3. Behavior:

Does your child have any special fears?	LJ Yes	U No
How does your child communicate his/her needs?	U Yes	LJ No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What are some special interest for your child?		
Are there any routines that are particularly helpful at naptime?		

## **DIAGNOSED FOOD ALLERGY NOTIFICATION**

If your child has food allergies, according to new State of Texas guidelines for daycare, please have your physician fill out the form below and sign.  
**MUST BE POSTED IN DAYCARE CLASSROOM.**

Diagnosed food allergy: \_\_\_\_\_

(child's name)

Symptoms of allergic reaction to  
food: \_\_\_\_\_

How to Respond if Reaction

Occurs: \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_