

2018-2019 FBC Saginaw WeeSchool Steps to Enrollment



- Schedule a tour of our facility (new students only)
- Turn in the completed enrollment packet:
 - Completed Enrollment Application (2 pages)
 - Completed Contract of Enrollment (including all blanks initialed)
 - Signed Discipline Statement
 - Provide Health Statement* (new students only)
(please ask for an allergy action plan for your child if allergies are a concern)
 - Provide proof of hearing/vision screening* (students who will be 4 by Sept. 1)
 - Provide a current copy of immunizations* (all students)
- * these items may be turned in by August 1; enrollment is provisional until the packet is complete
- Pay registration and supply fee
 - Registration fee - \$100 (\$50 discount for members of FBC, military and siblings)
 - Supply fee
 - Toddlers, Twos, Threes - \$100 for two days, \$125 for three days
 - PreK - \$150 for three days, \$175 for four days

A convenience fee will be added for debit/credit card payments

September Tuition payment is due August 20 - 9 payments for the year

- Two days - MW - \$180 per month (Twos, Threes)
- Two days - TTh - \$190 per month (Twos, Threes)
- Three days - TWTh - \$290 per month (Threes and PreK only)
- Four days - MTWTh - \$370 per month (PreK only)

10% discount given for full cash/check payment and 7% discount given for full debit/credit card payment for the year (must be paid by September 1)

10% sibling discount for second and third child in a family

A convenience fee will be added for debit/credit card payments

Parent Orientation Meeting

Thursday, August 30 at 6:00 p.m.

This is a meeting for adults only; no children, please.

Meet the teacher

Tuesday, September 4 from 9:00 to 10:00 a.m.

Bring your child for a casual visit to the classroom to meet the teacher and return the following forms:

- Parent Handbook Acknowledgement (provided at orientation)
- Parent Volunteer Form (provided at orientation)

First Day of WeeSchool - Wednesday, September 5, 2018

Last Day of WeeSchool - Thursday, May 16, 2019

**MARK YOUR
CALENDAR!**

WeeSchool Enrollment Application 2018-2019
300 N. Old Decatur Rd (PO Box 79170),
Saginaw, TX 76179
(817)232-8621 weeschool@fbcsaginaw.org

FOR OFFICE USE ONLY

Date of Application _____
Date of Enrollment _____
Registration fee: \$ _____
Supply fee: \$ _____ + PreK \$ _____ = \$ _____
Recd By: _____ **Date recd:** _____
 _____ **CASH** **CHECK #** _____
 _____ **Debit or Credit** **Total Paid:** \$ _____

Application for age _____

- All students are placed by their age as of **SEPTEMBER 1ST, 2018.**
- All students enrolling in the Threes and PreK classes must be fully potty trained.

- 2 day MW** Twos, Threes
- 2 day TTh** Toddlers, Twos, Threes
- 3 day TWTh** Threes and PreK
- 4 day MTWTh** PreK only

STUDENT INFORMATION

Last name:	First name:	Goes by:	Street address:
Potty trained (see below)* <input type="checkbox"/> Completely <input type="checkbox"/> Working on it <input type="checkbox"/> Have not started	Date of birth:	Gender <input type="checkbox"/> Age on 9/1 <input type="checkbox"/>	City: State: Zip code:
* Our definition of potty trained means the child is comfortable with all his/her toileting needs, including papering			Home or Primary phone:
Has your child ever been released from any day care or preschool for any reason? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain why:			Permission to participate in outdoor water / splash activities? <input type="checkbox"/> yes <input type="checkbox"/> no
Name of church attending:	Name of last school attended		Permission to use pictures on web site/facebook page? <input type="checkbox"/> yes <input type="checkbox"/> no
How did you hear about WeeSchool?			Permission to share parent contact information with room parent and other WeeSchool purposes? <input type="checkbox"/> yes <input type="checkbox"/> no
			Permission to utilize text services to contact me regarding my WeeSchool student? <input type="checkbox"/> yes <input type="checkbox"/> no Phone# for texting:

FATHER

PARENT INFORMATION

MOTHER

<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian	Father's last name:	First name:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian	Mother's last name:	First name:
Does child reside with you? Yes No	Home address (if different from student): Street: City / State / Zip:		Does child reside with you? Yes No	Home address (if different from student): Street: City / State / Zip:	
Work phone: ()	Cell phone: ()		Work phone: ()	Cell phone: ()	
Employer name:	Job Title		Employer name:	Job title	
Email address:			Email address:		

Other family members in the home (siblings - include age, grandparents, etc.)

Name of non-custodial parent (if applicable):	Phone #:	Street Address, City, Zip	CUSTODY PAPERS MUST BE PROVIDED WITH ANY CUSTODY AGREEMENT ASSOCIATED WITH A WeeSchool STUDENT If this person is NOT allowed to pick up your child, then you MUST provide us with appropriate legal documentation
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EMERGENCY AUTHORIZATION / MEDICAL INFORMATION

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

STUDENT'S FULL NAME: (PRINT)			
Mother's Name and contact numbers			
Father's Name and contact numbers			
Person to call for emergency if parents cannot be reached: This person may leave the premises with my child Y N			
Name:	Relationship:	Home Phone	Cell Phone
Address:	City	Zip	
Persons other than parents/guardians authorized to leave the premises with my child (pick-up and/or emergency):			
Name:	Relationship:	Home Phone	Cell Phone
Name:	Relationship:	Home Phone	Cell Phone
Name:	Relationship:	Home Phone	Cell Phone
Name:	Relationship:	Home Phone	Cell Phone
Name:	Relationship:	Home Phone	Cell Phone
List any conditions your child may have such as: Physician diagnosed food allergies, existing or previous illnesses, injuries sustained in the last 12 months, previous diagnosis (ADD, ADHD, Autism, etc.), or any medication prescribed for continued use. A "food allergy" requires an action plan that can be obtained from the WeeSchool desk and requires signatures from the parent and a medical professional. PLEASE INDICATE "NONE" IF NO CONDITIONS OR ALLERGIES EXIST.			
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the School Administration or person in charge to take my child to:			
Physician:	Street Address:	City:	Phone:
Hospital:	Street Address:	City:	Phone:
I give consent for FBC WeeSchool to secure any and all necessary emergency medical care for my child including transportation, if necessary:			
▶ Signature of Parent or Legal Guardian: _____			

FBC WeeSchool admits students of any race, color, national and ethnic origin, to all rights and privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, financial aid program, athletics, and other school-administered programs.

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_____ Parents or Guardians of _____

Agreement Between Parent(s) and WeeSchool

WeeSchool of First Baptist Church of Saginaw and the Child's Parent(s) or Guardian(s) understand and agree to the following conditions involved in the care of the child named above. This agreement is binding. The parent or WeeSchool may terminate this agreement with a **two-week advance written notice** or at any time with mutual agreement of both parties.

WeeSchool agrees to the following:

- WS** 1. In return for all upfront fees (registration and supply) and monthly tuition, which the parent agrees to pay, WeeSchool will provide preschool education and care for the child named above from 8:30 a.m. – 2:00 p.m., on the days registered, during the days scheduled on the school calendar. Parents will be notified of early dismissal days in advance.
- WS** 2. WeeSchool staff will examine the students each day for symptoms of contagious diseases or illness before the children are admitted for the day. If a child has a temperature of 99.6 and above, the WeeSchool staff will contact the parent for immediate pick up of their child. The child will not be re-admitted to the class until the child is symptom free for 24 hours.
- WS** 3. WeeSchool will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.
- WS** 4. If the child experiences an accident or illness, the WeeSchool staff will promptly take reasonable measures according to their judgment that are in the best interest of the child. Staff will notify the parents as soon as possible.
- WS** 5. WeeSchool will provide water to drink throughout the day.
- WS** 6. WeeSchool will give written notice to families when staff has been notified that students are exposed to a contagious condition within the school.
- WS** 7. WeeSchool will not release the child to anyone other than the parent or legal guardian unless the parent or legal guardian has given written authorization to release the child.
- WS** 8. WeeSchool will strive to provide sufficient toys and equipment to allow for a variety of play and learning activities during the day. However, the children will be expected to share all toys, books, and equipment that are the property of FBC WeeSchool.

The Parent agrees to the following: (please read and initial each section)

- _____ 1. Tuition is to be paid in 9 payments beginning August 20, 2018 and ending on April 20, 2019. Full tuition may be paid in a single payment by September 1 with a 10% discount. A late fee of \$25.00 will be added on the first of the month to the amount due. If there is a special situation which causes the parent to be unable to pay tuition on time, the parent will make arrangements before the due date with the Preschool Minister.
- _____ 2. The parent will pay WeeSchool a \$35.00 fee for each check that is returned to the church for insufficient funds. The parent will be required to pay tuition by a money order or cashier's check, if 2 checks are returned for insufficient funds.
- _____ 3. The parent will not bring the child to the classroom before sign-in time of 8:30 a.m. and will pick up the child prior to sign-out time at 2:00 p.m. The parent understands they will be charged a fee of \$1 per minute for late pick up and that repeated disregard of pick up time is grounds for dismissal from the program.
- _____ 4. The parent will *immediately pick up* their child, if the child becomes ill during the day and will notify WeeSchool by the start of the next school day if the child contracts a contagious condition or illness.
- _____ 5. The parent gives permission in all emergencies for the WeeSchool staff to take measures that the staff judge to be reasonable for the health and safety of the child.
- _____ 6. The parent will provide a nutritious snack for their child each day in the WeeSchool program.
- _____ 7. The parent will provide a nutritious lunch (which includes a drink) for their child each day at WeeSchool.
- _____ 8. The parent will provide one change of clothing for their child each day in the WeeSchool program.
- _____ 9. The parent will provide adequate diapers for their child (when applicable) each day in WeeSchool.
- _____ 10. The parent consents for photographs to be taken of the child for use in classroom art projects.
- _____ 11. The parent agrees that WeeSchool has the right to dismiss any child from the program if the child is unable to participate in a positive manner with group learning and play experiences.
- _____ 12. The parent agrees that liability for the acts of the child while under the care of the program is the parent's responsibility.
- _____ 13. The parent agrees to give *two weeks notice* if the child must withdraw from WeeSchool. If this notice is not given, the full month's tuition will be due.

Parents or Guardians

FBC WeeSchool Administrator

Signature

Date

Signature

Date



OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

Purpose: This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

DISCIPLINE AND GUIDANCE POLICY

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) 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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).



SIGNATURE

This policy is effective on the following date:

Signed by:

X

Role:

- Parent Caregiver/Employee
 Household Member (Ch. 747 only)

MINIMUM STANDARDS RELATED TO DISCIPLINE

- Title 40, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)
- Title 40, Chapter 747 Subchapter L
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)
- Title 40, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)

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HEALTH STATEMENT

All NEW students must have a current Health Statement on file in the school office before the start of the school year. Please complete the top portion of this form and submit it to your child's physician for completion. This form must be received in the WeeSchool office by the first day of class.

Child's Name: _____

Date of Birth: _____

Parents Name (s): _____

The above patient has been examined by me and found to be free of any contagious diseases and is able to participate in school activities.

Date of last physical exam: _____

Physician signature: _____

Date signed: _____

All PreK students must have a hearing and vision screening.
Please complete the following for children 4 years or older:

Vision screening was normal _____

Hearing screening was normal _____

Screeners signature: _____

Date signed: _____

**** Signed health statement is due by 1st day of attendance at school. If this student requires an action plan for food allergies, that plan must be attached to this form and signed by health care professional and parent.

PLEASE INCLUDE A COPY OF STUDENTS IMMUNIZATION RECORD WITH THIS STATEMENT.