



## Calvary Hills Mother's Day Out

### 2010-2011 SCHEDULE OF FEES

#### **Registration/Activity Fee**

A number of activities throughout the year involve costs not covered by tuition. This is a one-time fee, and is non-refundable. The fee is **\$50.00 per year per child.**

#### **Monthly Tuition**

Tuition is due each month, on the first teaching day of the month. Tuition is calculated at the following rates (assuming all children are from the same family)

	<b>1 DAY PER WEEK</b>	<b>2 DAYS PER WEEK</b>
<b>1 CHILD</b>	<b>\$70.00</b>	<b>\$140.00</b>
<b>2 CHILDREN</b>	<b>\$132.00</b>	<b>\$264.00</b>
<b>3 CHILDREN</b>	<b>\$186.00</b>	<b>\$373.00</b>

As an example: a family with 2 children who attend MDO 2 days per week = \$264.00 per month tuition.

#### **TUITION LATE CHARGE**

Full tuition is due each month on the first teaching day. If not paid by the 15<sup>th</sup> calendar day, a late charge will be applied in the amount of **\$20.00 for each occurrence.**

**NSF CHARGE:** In the unlikely event a check is rejected by the bank for non-sufficient funds (NSF), MDO will charge **\$20.00** to the check-writer. Should this occur a second time, in addition to the \$20.00 charge the account will be placed in "CASH ONLY" status for the remainder of the year.

#### **LATE PICK-UP FEE**

Children are to be picked up promptly at 2:00 P.M. While we understand that events sometimes occur preventing this, there will be a charge for picking a child up after 2:15. **There will be a \$5.00 charge every five minutes after this time.**

All fees are subject to adjustment annually. However, increases are not mandated nor necessarily implemented yearly but only as required by operating cost. The MDO staff desires to make this ministry as economically available to our community as possible.





## Calvary Hills Mother's Day Out

910 West Loop 1604 North  
San Antonio, Texas 78251  
210-681-2446

### Admission Information

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

Name child is called: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Child's Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Church Association \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Church Association \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Person to Call in an Emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone #

Name of Hospital	Address	Phone #

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed long-term continuous use, and any other information that the staff should be aware of:

\_\_\_\_\_

**GENERAL INFORMATION**

Sleep and Nap habits \_\_\_\_\_

Eating Habits or difficulties \_\_\_\_\_

Is Child Toilet Trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any special needs regarding toilet training? \_\_\_\_\_

Fears? \_\_\_\_\_

Behavior habits (Biting nails, tantrums, biting etc.) \_\_\_\_\_

Favorite toys or activities \_\_\_\_\_

Name and ages of Siblings \_\_\_\_\_

Previous experience in a group setting \_\_\_\_\_

How did you hear about MDO? \_\_\_\_\_

Note anything you feel would be helpful to us in caring for and teaching your child.

\_\_\_\_\_

I have read and understand the policies of Calvary Hills Baptist Church Mother's Day Out and agree to abide by them. I am aware that the teaching of this program is based on the Calvary Hills Doctrinal Statement of Faith.

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

I have read and received a copy of the Discipline and Guidance policies for MDO.

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

I agree that I will be providing my child's lunch from home. I agree that MDO is not responsible for it's nutritional value or for meeting my child's daily food needs.

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

I do \_\_\_\_\_ / do not \_\_\_\_\_ give permission for my child to have shared foods and or snacks on special occasions as per policies.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**CALVARY HILLS MOTHER'S DAY OUT**

**PICK-UP AUTHORIZATION LIST**

Please list any individuals (other than parents/guardians) who will be authorized to pick up your child from Mother's Day Out. Your child may not leave with anyone who is not on this list unless special arrangements are made with the director.

1. \_\_\_\_\_

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

2. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

5. \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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Office Use:

Circle Day(s) child will be in Care: Tuesday Thursday

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

First Day In Care: \_\_\_\_\_

Hours in Care Each Day: \_\_\_\_\_

## Picture Permission Form

We would like the opportunity to take a picture of your child as part of Calvary Hills BC Mother's Day Out program. Any pictures taken of your child would be used occasionally during the year for classroom crafts and projects within our MDO program.

**Yes**, I give permission for my child's picture to be used **within the MDO program** for crafts and projects.

**No**, I do not give permission for my child's picture to be used.

Calvary Hills Baptist Church Mother's Day Out has a website to inform interested parents about our program. Occasionally, we like to change the pictures on the website to give a fresh look into our program. We would like permission to use a picture of your child as needed on our MDO website. Only images would be used and no names would be given.

**Yes**, I give permission for my child's picture to be used **on the Calvary Hills BC MDO website** to help other interested parents learn about the program. I understand only my child's image would be used and no name would be given.

**No**, I do not give permission for my child's picture to be used.

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

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_