



Resurrection Kids

A Ministry Outreach Program Supported by Resurrection Lutheran Church
675 W Vandament, Yukon, Ok 73099
(405) 354-3721 kim@rlcok.org or samantha@rlcok.org

_____ \$100.00 Non-Refundable Registration Fee
_____ Submit a current copy of Immunization record

Kids Day Out –12-24 months (2 days required)

Preschool and Pre-K –3, 4 and 5 year olds (**3 days required**)

Circle hours desired

Hours: 8:30am-4:00pm

9:30am-3:00pm

Tuition: \$29.00 per day

\$23.00 per day

1 & 2 yr old classes only select desired days ___ Mon ___ Wed ___ Fri

Tuesday/Thursday: Kids Day Out (18-35 months) ___ Tues ___ Thurs
(3-5 years) ___ Tues ___ Thurs

Before Care \$5.00 (8:00- 8:30am) ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri

Student's Name _____

Age _____ Birthday _____ Male ___ Female ___

Address: _____ City _____ Zip _____

Best Contact Telephone Number _____

Email Address _____

Emergency Contact Phone (other than parents) _____

Name _____ Relationship _____

Persons authorized to pick up your child _____

The **Remind App** will be used for classroom and program communications via cell phone. You will receive a text prior to open house. Call if you have questions, 405-354-3721.

Father's Name: _____ **Occupation:** _____

Cell # _____

Mother's Name: _____ **Occupation:** _____

Cell # _____

Siblings and their ages _____

First time in a child care program? ____ Yes ____ No

Allergies/Reaction: _____

Serious Illness: _____

Potty Trained (mark all that apply): ____ Yes ____ No ____ Goes on their own ____ Wipes

____ Washes hands ____ Can pull up pants ____ button pants ____ zip pants

Nap Habits: ____ Rests easily ____ With some assistance ____ Does not nap

Attention Span Habits: (There are no incorrect answers, knowing your child helps us to place him/ her in the correct class.)

Likes to be read to: ____ Yes ____ Sometimes ____ Not really

Likes to Color: ____ Yes ____ Sometimes ____ Not really

Stays focused on any given task: (Puzzles, blocks, Play-Doh) ____ 2 Min ____ 5 Min ____ 10 Min

Socialization Habits: (mark all that apply)

____ Plays rough ____ Generally shares ____ Can take turns ____ Likes to play with others

____ Plays well alone ____ Affectionate

General Health Agreement:

Please do not expect our program to take care of sick children. If your child has a fever, (100 degrees or greater) vomiting, diarrhea, an ear ache, sore throat, skin eruptions (rash, boils, ringworm, impetigo etc.) constant cough, red or runny eyes, runny nose with colored mucus, an acute cold, a respiratory infection, or in general feels "icky"---**PLEASE keep your child at HOME!** Children should be free of all the above described symptoms for at least 24 hours, without the use of fever/pain suppressants, before returning to school. If children become sick during the school day, we will notify you to pick them up. We will make sure your child is as comfortable as possible as they await your arrival.

NIT FREE is our policy; therefore if we suspect head lice we will contact you immediately to come get your child. A child must be nit free for at least 48 hours before returning to school.

I have read the above and will honor the program's health policies.

Doctor's Name _____ Phone # _____

Hospital Preference _____

Signature _____ **Date** _____

Emergency Treatment Release

In the event of an illness or accident that requires immediate medical treatment at a time when a parent/guardian cannot be reached, I give permission for Resurrection Kids to provide such emergency treatment to the best of their knowledge and ability. I will not hold the program or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact a parent/guardian and other persons listed as emergency contacts. I authorize staff members who are trained in the basics of first aid and CPR to administer the needed care to the best of their abilities. In the event of an illness or accident that poses imminent danger (seizure, head injury etc.) Resurrection Kids staff will call 911, for professional treatment. Every attempt will be made to contact a parent/guardian or a designated emergency contact.

Signature _____ **Date** _____

Publish Request

I here-by give Resurrection Lutheran Church/Kids the absolute right and permission to publish, copyright and use pictures of my child/myself for the purpose of promoting the ministry programs of Resurrection Lutheran Church/Kids. I understand that no names will be used to identify children without the expressed permission of parents.

Signature _____ **Date** _____

Discipline Policies:

A positive, welcoming atmosphere is maintained in the program. All children are welcomed and secure. If there is a need to correct or redirect a child's behavior, the methods used are not humiliating, frightening, or physically harmful to the child. Discipline is based on the child's level of understanding and directed toward teaching the child acceptable behavior. If a "time-out" or "thinking time" is used, their age is taken into consideration; (i.e. 1 minute per year of age.)
If a child insists on behavior that is unacceptable, disturbing or harmful to others, parent(s) will be contacted, and possibly asked to take their child home for the remainder of the day.

Biting policy: Due to the seriousness of a bite injury, the program is required to enforce a strict policy to ensure the safety of students and staff. The following school procedures are for children who bite another student or a staff member.

First and Second incident: parents are notified and asked to ***pick up the child immediately.***

Third incident: parents are notified and asked to pick up the child **immediately** and the child will be ***expelled from school for two weeks.***

Fourth incident: Parents are notified and asked to pick up the child immediately and the child will be ***expelled from school for the remainder of the semester.*** Parents may pay 50% of tuition to hold the child's classroom slot so that he/she will have the opportunity to return at semester change.

I have read the above and will honor the program's discipline policies.

Signature _____ Date _____

Financial Policies

There is a non-refundable registration fee of \$100.00 per student. This fee accompanies your enrollment form to reserve space in our program.

Tuition is **\$23/29** per day and is due the first week of every school month. A **\$10 late fee** will be added to tuition if received after the due date; additional late fees of \$10 per week will accrue if tuition is more than one week late.

Before care fees are **\$5.00** per session.

Parents/Guardians are responsible for reimbursing the program a **\$30 NSF charge** due to a returned check.

I have read the above and will honor the program's financial policies

Signature _____ Date _____