

Highland Baptist Church  
1305 Edwardsville-Galena Rd.  
Georgetown, In 47122  
Ph#923-8518

## **HIGHLAND BAPTIST DAYCARE MINISTRY**

### **POLICIES & PROCEDURES**

#### **GOALS**

**THE GOAL OF OUR CHILD CARE FACILITY IS TO DEVELOP YOUR CHILD OR CHILDREN TO HIS OR HER ABILITY IN AN AWAY FROM HOME ATMOSPHERE. OUR PROGRAMS WILL BE CENTERED AROUND CHRISTIAN VALUES USING MATERIALS THAT DEAL WITH CHRISTIAN MORALS (WITHOUT ANY DENOMINATION MENTIONED).**

**WE WILL SET UP LEARNING SITUATIONS THAT YOUR CHILD WILL BE ABLE TO MANIPULATE ON HIS OR HER OWN LEVEL. WE WILL HAVE A PLANNED DAILY CURRICULUM GEARED TO THE CHILD'S ABILITIES. THIS INCLUDES MEALS, CREATIVE MATERIALS OR ACTIVITIES, QUIET TIME, TOILETING, NAP ROUTINES AND OUTSIDE PLAY.**

#### **HOURS OF OPERATION**

**THIS FACILITY WILL BE OPEN FROM 6:00 A.M. TO 6:00 P.M. EXCEPT REGULAR HOLIDAYS (CHRISTMAS, CHRISTMAS EVE DAY, NEW YEARS DAY, SOMETIMES THE DAY AFTER, THANKSGIVING DAY AND THE DAY AFTER, JULY 4<sup>TH</sup>, MEMORIAL DAY, AND LABOR DAY.**

#### **ARRIVAL AND DEPARTURE**

**ALWAYS SEE THAT YOUR CHILD IS RECEIVED BY A TEACHER AND IS ACCOMPANIED BY A SPECIFIC PERSON. A SIGNED RELEASE IS REQUESTED IF OTHER THAN THE PARENTS IS THE ESCORT. THERE WILL BE A SHEET FOR PARENTS TO SIGN EACH MORNING AND AFTERNOON AS THE CHILD ARRIVES AND DEPARTS. PLEASE SIGN LAST PAGE OF THIS MATERIAL TO SHOW THE TIME YOU WILL ARRIVE AND DEPART. BECAUSE OF THE STUDENT/TEACHER RATIO IT IS IMPORTANT THAT YOU KEEP THESE TIMES, SO WE WILL HAVE THE TEACHERS THAT ARE NEEDED EACH DAY WHEN YOUR**

**CHILD OR CHILDREN ARRIVE AND DEPART. IT HAS BECOME A PROBLEM WHEN PARENTS BRING CHILD OR CHILDREN WHENEVER. WE ARE STRUCTURED AND TRY TO KEEP THE CHILDREN ON A SCHEDULE. PLEASE DO NOT COME AFTER 10:00 A.M. EACH MORNING THE ROUTINE IS NOT THERE AND THE CHILD WILL HAVE A HARD TIME GETTING ADJUSTED. DOCTOR APPOINTMENTS ARE UNDERSTANDABLE.**

#### **SNOW AND ICE**

**WE TRY TO STAY OPEN, BUT THERE WILL BE TIMES THAT THE TEACHERS WILL NOT BE ABLE TO DRIVE IN. THEREFORE, WE WILL NEED TO CLOSE THE DAYCARE FOR SUCH PROBLEMS. IT WOULD BE WISE TO HAVE A SECOND PLAN IN MIND. WE USUALLY CLOSE BY THE T.V. BEFORE 6:00 A.M. FOX 41 WILL TAKE OUR CLOSING, OR YOU WILL BE INFORMED FOR CHANGES.**

#### **ABSENSE**

**IF A CHILD IS ABSENT FOR MORE THAN (4) WEEKS WITHOUT EXPLANATION, HE OR SHE WILL BE CONSIDERED WITHDRAWN. IF A CHILD ATTENDS ALL DAY ANY DAY DURING A WEEK FOR ANY REASON, THEY WILL BE REQUIRED TO PAY THE REGULAR WEEKLY RATE. IF YOUR CHILD IS ABSENT MOST OF THE WEEK DUE TO SICKNESS, YOU MUST HAVE A DOCTOR'S STATEMENT, AT WHICH WE WILL ALLOW YOU TO PAY ½ OF THE FULL FEE.**

#### **VACATION**

**EACH FULL TIME CHILD IS ENTITLED TO TWO(2) WEEKS VACATION EACH FISCAL YEAR AT NO EXPENSE TO THE PARENTS. THEY, MUST HOWEVER GIVE ADVANCE NOTICE. IF A CHILD IS ON VACATION FOR MORE THAN (2) WEEKS, HE MUST PAY THE REGULAR FEE FOR EACH ADDITIONAL WEEK. THE VACATION BEGINS AFTER BEING AT THE DAYCARE 6 MONTHS. YOU WILL RECEIVE 1 WEEKS VACATION AFTER THE SIXTH MONTH. (VACATION WEEK : MON - FRI ONLY)**

#### **DISCIPLINE**

**ONLY CONSTRUCTIVE METHODS (EXAMPLE TIME OUT) WILL BE USED AS DISCIPLINE. THESE METHODS WILL BE USED TO CONTROL GROUP ACTIVITIES OR HANDLE INDIVIDUAL BEHAVIOR. CORPORAL PUNISHMENT, HUMILIATING OR FRIGHTENING TECHNIQUES WILL NOT BE USED, NOR ANY PUNISHMENT ASSOCIATED WITH FOOD OR**

**REST. TO TERMINATE SERVICES FOR ANY CHILD, IS THE DECISION OF THE DAYCARE COMMITTEE. SUSPENSION FOR A DAY IS POSSIBLE.**

#### **TRANSPORTATION**

**WE PROVIDE TRANSPORTATION FOR KINDERGARTEN AND SCHOOL STUDENTS TO GEORGETOWN ELEMENTARY. GALENA ELEMENTARY IS IN OUR DISTRICT, THEREFORE THE BUS STOPS TO PICK UP CHILDREN @8:30 A.M. AND WILL BRING THEM BACK @3:40 P.M. PLEASE CONTACT GALENA ELEMENTARY TO INFORM THEM THAT YOU WILL BE ON THE BUS. YOU MUST LIVE IN THE GALENA DISTRICT TO RIDE THE BUS. THERE IS NO CHARGE FOR TRANSPORTATION TO GEORGETOWN ELEMENTARY, BUT A SMALL CHARGE IS USUALLY REQUIRED DURING SUMMER ACTIVITIES.**

#### **TRIPS**

**PARENTS MUST SIGN A PERMISSIOIN SLIP FOR EACH TRIP. THESE TRIPS ARE FOR SCHOOL AGE CHILDREN ONLY. IF WE HAVE ROOM KINDERGARTEN CHILDREN WILL BE ALLOWED TO COME ALSO. WE HAVE ONLY 13 SEAT BELTS, THEREFORE WE LIMIT THE AGE. USUALLY A SIGN-UP SHEET IS PROVIDED FOR YOU, WITH THE MORNING SIGN-IN SHEET.**

#### **VISITING FACILITY**

**PARENTS ARE WELCOME TO VISIT THIS FACILITY TO OBSERVE PROGRAMS IN PROGRESS AT ANYTIME. IF YOU HAVE BEEN TOLD OF OUR SERVICES THROUGH WORD OF MOUTH, YOU MUST CALL FIRST AND TALK TO THE DIRECTOR BEFORE YOU MAY VISIT THE DAYCARE FACILITIES. IT IS A LOCKED IN DAYCARE!**

## **10 HOUR POLICY**

**WE UNDERSTAND THE TRAFFIC AND OTHER OCCURRENCE MAY CAUSE YOU TO HAVE YOUR CHILD OR CHILDREN HERE MORE THAN THE 10 HOUR POLICY. WE WILL WORK WITH YOU ON THIS MATTER, BUT IT IS BECOMING A RATHER LONG DAY FOR OUR WORKERS AND CHILDREN. WE WILL CHARGE A \$10.00 FEE AFTER THE 6:00 P.M. TIME, AND \$3.00 IF YOUR CHILD HAS BEEN AT THE DAYCARE FOR MORE THAN 10 HOURS.**

## **RECORDS**

**THE CENTER WILL KEEP RECORDS OF ATTENDANCE, HEALTH, AND IDENTIFICATION OF EACH CHILD. WE NEED A HEALTH HISTORY REPORT FROM YOUR DOCTOR, ALONG WITH CURRENT IMMUNIZATIONS. A COPY OF IMMUNIZATION OR USING OUR FORM IS REQUIRED WITHIN 30 DAYS UPON ARRIVAL.**

## **EMERGENCY MEDICAL TREATMENT**

**PARENTS ARE REQUIRED TO SIGN AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL TREATMENT. IF A PARENT, FOR ANY REASON, IS NOT AT THE USUAL CONTACT NUMBER, THE CENTER SHOULD BE ADVISED IMMEDIATELY. PARENTS SHOULD PROVIDE TWO EMERGENCY TELEPHONE NUMBERS THAT WILL BE AVAILABLE AT ALL TIMES. CPR TRAINING IS GIVEN TO ALL FULL-TIME TEACHERS. WE WILL ASSIST IF DEEM NECESSARY.**

## **MEALS**

**BASIC 4 LUNCH AND SNACK WILL BE SERVED DAILY. ALL CHILDREN MUST HAVE BREAKFAST EITHER BEFORE OR WHEN WE SERVE BREAKFAST WHICH IS 9:00 A.M. IF A CHILD COMES EARLY, BEFORE 8:00 A.M. WE DO ALLOW THE CHILD TO BRING IN A SNACK TO HELP THE PARENTS. AFTER 8:00 PLEASE DO NOT BRING ANYTHING, WE BEGIN BREAKFAST PROMPTLY AT 9:00 A.M. LUNCH WILL BE SERVED @11:30 A.M. AND A SNACK IS PROVIDED @2:30 P.M.**

## **TOYS**

**WE HAVE TOYS AND EQUIPMENT IN THE CENTER, WHICH WE WASH WITH CLOROX QUITE OFTEN. OUR CLEANING DAYS ARE WEDNESDAY AND FRIDAY. FOR THIS REASON WE DISCOURAGE CHILDREN FROM BRINGING TOYS OF ANY KIND FOR HYGIENIC REASONS. INSTEAD, THEY MAY WANT TO SHARE A FAVORITE BOOK OR TAPE. NO TOY GUNS OR WAR TOYS ARE ALLOWED.**

### **OUTDOOR PLAY**

**THE CHILDREN WILL PLAY OUTSIDE EACH DAY UNLESS SEVER WEATHER CONDITIONS EXIST. IF THE WEATHER IS TOO COLD OR TOO HOT TO BE OUT, WE WILL LISTEN TO THE NEWS TO MAKE A DECISION IF WE WILL GO OUT. THE INSPECTOR DESIRES US TO BE OUTSIDE FOR A BRIEF TIME TO RECEIVE FRESH AIR AND WE MUST ABIDE. PLEASE SEND YOUR CHILD WITH WARM CLOTHING ON COLD DAYS AND APPROPRIATE CLOTHING ON HOT DAYS. FOR THE SAFETY OF YOUR CHILD TENNIS SHOES ARE THE BEST!**

### **PICKING UP CHILDREN**

**YOU MUST ALWAYS PARK IN FRONT OF THE DAYCARE BLDG. PLEASE DO NOT GO TO THE PLAYGROUND TO PICK UP YOUR CHILD OR CHILDREN IN YOUR CAR. YOU MAY NOT SEE SOME OF OUR SMALL CHILDREN PLAYING ON THE BLACK TOP OR THEY MAY NOT SEE YOU AND RUN OUT IN FRONT OF YOU.**

### **ILLNESS**

**ISOLATION IS PROVIDED AT FIRST SYMPTOM, AND PARENTS WILL BE ADVISED TO REMOVE THE CHILD AS SOON AS POSSIBLE. PARENTS ARE ASKED TO NOTIFY THE FACILITY WHEN THE CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE. DRUG RELEASE MUST BE SIGNED WHEN MEDICINE NEEDS TO BE ADMINISTERED DURING THE DAY. ALL CHILDREN WILL BE EXAMINED UPON ARRIVAL EACH DAY. IF SYMPTOMS OF ILLNESS ARE OBSERVED (FEVER, DIARRHEA, FLUSED SKIN, EARACHE, CHILLS, RED EYES, NAUSEA, SKIN ERUPTIONS, SORE THROAT, BAD RUNNY NOSE, COUGH, ETC) THE CHILD WILL BE SENT HOME. MEDICINE WITH FEVER RELIEF, IS NOT PERMITTED. IF YOU HAVE A DOCTOR PERMIT YOU MAY BRING A CHILD IN LESS THAN 24 HRS. OTHERWISE THEY MUST BE GONE FOR 24 HRS FOR ABOVE SYMPTOMS.**

**FIVE DAYS OF ABSENTEEISM IN 1 WEEK UP TO 2 WEEKS, FEE REQUIRED WILL BE HALF OF REGULAR FEE FOR THAT CHILD. PLEASE HAVE A DOCTOR STATEMENT WHEN YOU RETURN TO RECEIVE THE DISCOUNT.**

**AFTER TWO WEEKS A MEDICAL LEAVE OF ABSENCE WILL BE APPROVED WITH SIGNED DOCTORS STATEMENT WITH OPTIONS  
(1) HALF RATE WILL BE CHARGED TO CONTINUE TO HOLD OPENING OR  
(2) USE VACATION WEEKS.**

**WE ARE TRYING TO KEEP BATHROOMS CLEAN EVERY DAY TO KEEP DISEASES AWAY. HELPING US BY KEEPING YOUR CHILD AT HOME WHEN THEY ARE SICK IS APPRECIATED. WE USE TWO OR THREE DIFFERENT THERMOMETERS. WE CONSIDER A FEVER @100.5.**

**POLICY FOR CARS PARKING IN OUR PARKING LOT**

**IF YOU MUST LEAVE YOUR VEHICLE, PLEASE INFORM DAYCARE DIRECTOR.**

**INSURANCE**

**DUE TO LIABILITY REASONS, IT IS A REQUIREMENT OF THE CHURCH'S INSURANCE COMPANY, THAT THE DAYCARE CHILDREN ONLY BE RELEASED TO THOSE PERSONS THAT HAVE BEEN AUTHORIZED BY THE PARENT OR PARENTS, TO PICK THE CHILD UP, AND THAT THE CHILDREN, UNDER NO CIRCUMSTANCES, BE RELEASED INTO A SITUATION WHERE THERE IS THE POSSIBILITY THAT THE CHILD MAY COME TO HARM. AT THAT POINT, THE CHILD'S FAMILY OR EMERGENCY CONTACT PERSON, OR LOCAL LAW ENFORCEMENT OFFICIALS MUST BE CONTACTED.**

**FEE SCHEDULE EFFECTIVE JUNE 2007**

**STUDENT CLASSIFICATION**

**FEE AMOUNT**

**FULL-TIME (3YRS & UP) \$70.00**  
**FULL-TIME (1 & 2 YR OLDS IN DIAPERS) 75.00**

**FULL-TIME (MORNING ONLY) 25.00**  
**FULL-TIME (AFTERNOON ONLY) 35.00**  
**FULL-TIME (MORNING & AFTERNOON) 50.00**

**PART-TIME**

**(We will not take any part-time children, effective Aug. 21, 1995)**

**NO TRANSPORTATION FEE, EXCEPT FOR SUMMER ACTIVITIES.**

**REGISTRATION FEE \$25.00 (once per full-time enrollment)**

**NO BABIES UNDER 1 YR OLD. (Must be able to walk and sleep on a cot)**

**IF SCHOOL IS NOT IN SESSION, WE WILL CHARGE 70.00 A WEEK.  
THIS INCLUDES HOLIDAY WEEKS AND SPRING BREAK.**

**NAMES FORM FOR THOSE PICKING UP CHILDREN**

**LISTED BELOW ARE THE NAMES OF ANY AND ALL PERSONS WHO  
MAY PICK UP \_\_\_\_\_  
CHILD'S NAME**

**FROM THE HIGHLAND BAPTIST DAYCARE CENTER. UNLESS THEIR  
NAME APPEARS BELOW WE WILL NOT RELEASE YOUR CHILD TO THAT  
INDIVIDUAL. THIS POLICY IS BEING ENACTED TO ASSURE THAT YOUR  
CHILD IS NOT RELEASED TO SOME UNAUTHORIZED PERSON. PLEASE  
SIGN BELOW TO INDICATE YOUR PERMISSION FOR THE FOLLOWING  
PERSON TO PICK UP YOUR CHILD.**

\_\_\_\_\_  
**PARENTAL SIGNATURE**

	<b>Name</b>	<b>Relationship</b>	<b>Phone No.</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**PARENTS NAME** \_\_\_\_\_

**CHILD/CHILDREN'S NAME**\_\_\_\_\_

\_\_\_\_\_  
**TIME ARRIVE**\_\_\_\_\_

**TIME DEPART**\_\_\_\_\_

### **PARENT'S NOTICE**

**I UNDERSTAND THAT THIS DAYCARE MINISTRY IS NOT LICENSED UNDER THE LAWS OF INDIANA. HOWEVER, I UNDERSTAND THAT THIS DAYCARE MINISTRY COMPLIES WITH THE STATE RULES CONCERNING SANITATION AND FIRE SAFETY FOR THE PRIMARY USE OF THE STRUCTURE IN WHICH IT IS CONDUCTED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE NUTRITIONAL AND HEALTH NEEDS OF MY CHILD ARE MET WHILE MY CHILD IS AT THE DAYCARE MINISTRY.**

\_\_\_\_\_  
**SIGNATURE OF PARENT OF GUARDIAN**

\_\_\_\_\_  
**Name of Child or Children Enrolled**

### **PAYMENT GUIDELINES**

**Due to the problems occurring with daycare payments, please use these Guidelines when making your weekly payments.**

- 1. Payment is to be made with a CHECK, WEEKLY, unless arrangements Have been made. If you do not pay on time, you may be terminated after Two weeks.**
- 2. Write which week you are paying, on the check.**
- 3. Payments must be kept current. Check must be received on Monday Or Friday for that week of child care.**
- 4. All checks will be placed in the Payment Box.**
- 5. Paying with cash, please ask for a receipt. Do not put cash inside Box without an envelope. Please show how much and the week You are paying.**

**We are a non-profit organization, but Highland Baptist Daycare has Financial obligations that must be paid in a timely manner. We appreciate You consideration in following the above guidelines.**

### **EMERGENCY INFORMATION FORM**

#### **HIGHLAND BAPTIST DAYCARE MINISTRY**

**CHILD'S NAME** \_\_\_\_\_

**Name, Address, and phone number of person who would assume responsibility**

**In an emergency when school would be unable to contact parents:**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Permission is granted to meet the needs of my child in case of emergency.**

\_\_\_\_\_  
**Parent Signature**

**FAMILY PHYSICIAN** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**OTHER SPECIALISTS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**MEDICAL INSURANCE CARRIER** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

**NAME ON POLICY** \_\_\_\_\_

**APPLICATION FOR ADMISSION**

**HIGHLAND BAPTIST DAYCARE MINISTRY**

**CHILD'S NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME  
PHONE NUMBER** \_\_\_\_\_

**AGE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **SEX** \_\_\_\_\_

**DATE OF APPLICATION** \_\_\_\_\_

**DESIRED DATE OF ENROLLMENT** \_\_\_\_\_

**CHURCH MEMBERSHIP** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

**BUSINESS PH. & ADDRESS** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

**BUSINESS PH & ADDRESS** \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT OUR DAYCARE?** \_\_\_\_\_

\_\_\_\_\_

**DATE OF INTERVIEW** \_\_\_\_\_ **INTERVIEWED BY** \_\_\_\_\_

**DATE OF ENROLLMENT** \_\_\_\_\_ **CLASS ASSIGNMENT** \_\_\_\_\_