



# “Kid’s Day Out”

First United Methodist Church  
308 Church Street, Wagoner, Ok 74467  
918-485-3059

Dear Parents,

Welcome back to those of you who have been here before, and a big welcome to all of you who are new this year!

KDO hours are from 8:00 a.m.-3:30 p.m. on Tuesday through Friday. The program is a DHS licensed Part-Day Children’s Program. An immunization record is required to be on file and the form is enclosed. Enrollment is not complete until the \$20 non-refundable registration fee is paid.

**Tuesday, August 11**, is the first day of KDO. Enclosed is a supply list and forms that must be **completed, signed, and dated** before your child will be admitted to the program. If you have any questions, call me at 485-3059.

Thank you for your interest in Kid’s Day Out. We are looking forward to a wonderful year.

Deanna Carey  
Director



# 2020-2021 KDO Enrollment



## Child's Information

**\$20 Non-refundable registration fee required at time of enrollment**

Program name Kid's Day Out First United Methodist Church 30024238                       
K8 Date

### Child Information

Child's name	Gender	Date of birth
		Oklahoma
Home street address	City	State
		Oklahoma
Mailing address	City	State
Finding directions	ZIP	County

Parent or guardian name, adult whom child lives with	Phone	Alternate phone
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Place of employment	Business phone	Email
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Parent or guardian name, adult whom child lives with	Phone	Alternate phone
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Place of employment	Business phone	Email
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### Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

## Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. Parent/guardian must provide a copy of the current updated immunization record to the child care program. Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

## Health Record

Child's physician or clinic

Phone

Street address

City

Oklahoma

State

ZIP

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?

Yes  No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

Yes  No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

Yes  No

When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes  No

**Signature**

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon DHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Child Care Program Use**

Date child entered program: \_\_\_\_\_

Date child withdrawn: \_\_\_\_\_

**Transportation**

I do not give permission to transport my child.

I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

When an emergency occurs and I cannot be reached

\_\_\_\_\_ Initials

**Pick Up Permission**

Individuals who have permission to pick up my child:

Name	Phone



**Compliance File Notification:  
Child Care Programs and Family Child Care Homes**



**Program Information**

Kid's Day Out - 1<sup>st</sup> United Methodist Church K8 30024238  
 Program name License number

308 E. Church Street Wagoner OK 74477  
 Street address City State ZIP code

P. O. Box 394  
 Mailing address

918-485-3059 Kelly Turley - Representative of  
 Phone Owner Facility

**Child Information**

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

**Agreement and Signature**

- I understand and am aware:
  - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
  - of the Compliance File location and its contents.
  - this form is to be completed:
    - upon child enrollment; and
    - every 12 months thereafter.
  - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

\_\_\_\_\_  
 Parent or legal guardian name      Parent or legal guardian signature      Date

AUTHORIZATION FOR EMERGENCY CARE TO MINORS

Reference: Title 10 O.S. (1974 Supp.) Section 170-1

I/We the undersigned, parent (s) or legal guardian of the minor (s) listed below:

\_\_\_\_\_  
Birth Date: \_\_\_\_\_  
(Minor's Name)

\_\_\_\_\_  
Birth Date: \_\_\_\_\_  
(Minor's Name)

\_\_\_\_\_  
Birth Date: \_\_\_\_\_  
(Minor's Name)

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of

\_\_\_\_\_  
Deanna Carey \_\_\_\_\_ Kelly Turley \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Name of Adult Persons who are Temporary Custodians of Minor)

the temporary Custodian of the minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a licensed hospital. I/We authorize the physician or dentist to call in any necessary consultants, in his/their discretion. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgement as to the requirements of such diagnosis or medical or dental or surgical treatment.

**This consent shall remain effective from 7:00 a.m. on the day of August 11, 2020 until 4:00 p.m. on the day of May 20, 2021 unless sooner revoked in writing, delivered to said physician or dentist or to said persons entrusted with the custody, care, and control of said minor child or children.**

DATED: \_\_\_\_\_

Father

Witness: (Other than Custodian(s))

Mother

\_\_\_\_\_  
Legal Guardian

Doctor's Name \_\_\_\_\_ Dr. Office Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_ Dr. Home Phone \_\_\_\_\_

Health Insurance Company and Number (if any): \_\_\_\_\_

In Case of Emergency, call: \_\_\_\_\_

# **FIRST UNITED METHODIST CHURCH**

## **KID'S DAY OUT**

I have received the 2020-2021 Parent Handbook of the Kid's Day Out program at the Wagoner First United Methodist Church.

Parent/Guardian Signature:

Name \_\_\_\_\_

Date \_\_\_\_\_

### **PHOTOGRAPHY POLICY**

I agree that my child's photographs may be shared for church purposes.

Name \_\_\_\_\_

Date \_\_\_\_\_



# First United Methodist Church

308 Church Street  
PO Box 394  
Wagoner, Oklahoma 74467

Church: 918-485-3059  
Website: [www.wagonerfumc.org](http://www.wagonerfumc.org)

E-mail: [office@wagonerfumc.org](mailto:office@wagonerfumc.org)  
Fax: 918-485-7649

Parents:

Tuition is pro-rated into ten installments, each due on the first school day of the month. Full installments are due, August thru April. May payments are: 2 days \$100, 3 days \$150, 4 days \$175. A \$25 late fee is assessed for payments received after the tenth of the month. Non-payment of tuition may result in dismissal from the program.

Thank you,

Deanna Carey  
KDO Director

I have read and agree to making my child's tuition payment and making it on time.

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(Signature)

## MONTHLY TUITION RATES

2020 - 2021

### TUESDAY-FRIDAY

8:00 A.M. – 3:30 P.M.

(Based on 145 School Days)

### “KID’S DAY OUT”

#### **One Year - Four Years**

August - April	Four Days	<b>\$350 monthly</b>
August - April	Three Days	<b>\$295 monthly</b>
August - April	Two Days	<b>\$200 monthly</b>
May	Four Days	<b>\$175 monthly</b>
May	Three Days	<b>\$150 monthly</b>
May	Two Days	<b>\$100 monthly</b>

Tuition is due by the first of the month unless other arrangements are made. A late fee of \$25.00 will be assessed for payments received after the 10<sup>th</sup> of the month.

### DROP-IN RATE

\$25.00 per day

Drop in will be taken **if prior approval (24 hours)** has been given by the Director. Approval will be determined by the number of student/staff ratio.

### ABSENCES

Please notify the Kid’s Day Out office if your child will be absent. If your child is absent due to a contagious disease, please let us know. **There will be no refund or reduction in payment if a child is absent.** We must charge, regardless of attendance, in order to support the enrollment space guaranteed for your child. We hope you understand our need for financial stability, and we greatly appreciate your cooperation in the matter.

## SCHEDULE INFORMATION

2020-2021

### Kid's Day Out

Tuesday – Friday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

The above schedule cannot be changed without prior approval (24 hours) by the Director. Approval will be determined by the student/staff ratio. For the safety and care of your children, this rule will be strictly enforced.

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

Parent's Name \_\_\_\_\_

# **SUPPLY LIST**

## **Kid's Day Out – 1 & 2 yr olds**

Sleep Mat - Two inch thick with cover & blanket – labeled with name

2 boxes wet wipes - per semester

Clorox wipes

1 box of disposable gloves

1 bag individually wrapped candy (kid friendly)

## **Kid's Day Out – 3 & 4 yr olds**

1 pkg fat pencils

1 box crayons

2 box wet wipes - per semester

2 roll paper towels

Sleep Mat - Two inch thick with cover & blanket – labeled with name

1 bag individually wrapped candy (kid friendly)

Lysol – can

Crayola markers

Clorox Wipes

Page Protectors – 1 package

Kid's Day Out  
First United Methodist Church  
Wagoner, Oklahoma

**Days and Hours of Operations**

Hours of operation are 8:00a.m. – 3:30 p.m. on Tuesday through Friday for children ages 1-4 years. The Wagoner Public Schools yearly calendar will be followed, closing for the same Holidays and vacations. Advance notice will be given for the days the program is closed.

**Inclement Weather**

The Wagoner Public School District policy will be followed in the event of icy or snowy weather. If the school closes or has late arrival, "Kid's Day Out" and Pre-School will be closed also. If the District has a regular school day, we will be open as scheduled.

**Enrollment**

"Kid's Day Out" maintains a waiting list for all age groups. This is our primary means of filling the classes each semester. An enrollment fee of **\$20 per child** is charged each year and is payable upon enrollment to ensure a spot for your child. This fee is non-refundable.

**Arrival Time**

Children are to arrive by **8:00 a.m.** but no earlier than **7:45a.m.** each morning so that the teachers may have time to prepare for the day. We understand that separation from parent and child can be difficult at times. If a child is having difficulties separating, a quick drop off is usually best. In most cases children usually calm down before their parents even leave the parking lot. Your child will be comforted by the teacher and reminded that their parent will return.

**Pick-Up Time**

Children are to be picked up at **3:30 p.m.** Please be prompt to pick up your child. If your child has not been picked up by 3:45 p.m., they will be taken to the Director's Office and a **\$25 late fee** may be charged.

## SECURITY

Each day you will need to sign your child in and leave a number where you may be reached if it is different from the number on file. When picking up your child you will need to sign them out as well. This ensures that every child leaves with an authorized person.

If there are occasions when someone other than those listed on your child's enrollment form is to pick up your child, please let us know. Your child will be released to another individual only after:

- **A note is left with the director with the name, address, telephone number, and relationship to the child.**
- **Proper identification must be shown at the time the child is picked up.**

KDO is released from any responsibility for accident or injury while a child is at Daycare or Pre-School.

The KDO doors will remain locked during the day. If you need to pick up your child early, check in at the church office.

## CLOTHING

Dress your child in clothing appropriate for play and outdoor activity. Select clothing that is washable, sturdy, free of complicated fastenings, and weather appropriate. Please bring an extra change of clothes for your child to be left at school. Flip-Flops are very difficult to wear during an active day at school. **All outer garments, including coats, hats, gloves, etc. should be labeled with your child's name.**

## LUNCHES

"Kid's Day Out" parents are to bring diaper bags, complete with bottles, baby food, or sack lunches for their child. We encourage ready-to-eat finger foods. **Please clearly label these items with the child's name.** A snack sign up schedule will be provided. If a lunch is not provided, a fee of \$5 will be charged.

## TOYS AND PERSONAL BELONGINGS

We request that you leave your child's toys at home or in your car. We cannot be responsible for toys brought to "Kid's Day Out". However, if your child has a security blanket or toy to sleep with and needs during rest time, please **label it clearly. Please label pacifiers, diapers, sleep mats, and blankets.**

## TOILET TRAINING/DIAPERING

We consider this to be a "team effort". Please communicate with your child's teacher when you prepare for potty training. When training, we ask that extra underwear and clothing be sent to school. A three year old child will be expected to be potty trained by the end of Christmas Break. If not, you will be asked to withdraw your child until training goals are met. If you would like your enrollment to be held, you may continue to pay tuition.

## HEALTH

In the interest of every child's well being, only healthy children will be cared for at "Kid's Day Out" and Pre-School. If a child has symptoms of illness such as an ancillary temperature of 101 degrees or more, rash, extreme nasal or eye discharge, constant cough, vomiting or diarrhea within the past 24 hours parents are requested to keep them at home until a period of 24 hours has passed since the last occurrence. If symptoms of illness are observed, the child will be isolated in the Director's Office and a parent will be called. If the parent cannot be reached, directions will be taken from the enrollment form on who to contact. You may be asked to bring a note from a physician to notify KDO that the child is healthy to return. Medications will not be dispensed to any child without **written consent form the parent/guardian**. Direction for giving the medication must be in writing on the medication form with the date and time indicated. All medications must be given to the Director and will be kept in her office and dispensed by the Director.

## DISCIPLINE POLICY

In an effort to encourage a positive, productive learning environment for all children, the following guidelines are implemented within each classroom: The following behaviors are considered to be distracting and disruptive:

- \*Defiance/disobeying
- \*Inappropriate remarks
- \*Throwing objects
- \*Not following directions
- \*Hitting, biting, kicking and other physical contact
- \*Not lying quietly at naptime

Time out is used - one minute per child's age. Taking away play time in the gym is also used.

## CURRICULUM

Our teachers are dedicated to making the "Kid's Day Out" program a positive learning experience for children ages one-four years. We strive to meet the emotional, mental, physical, and social needs of your child in a Christian and caring environment. Our rooms are arranged into play/learning centers where children can make choices for individual and small group activities. All classes are designed around age appropriate stories, sensory development, music, and movement activities and healthy living practices.

## BIRTHDAYS

Your child's birthday may be recognized at school. Parents may bring refreshments as arranged with the child's teachers.

## COMPLIANCE FILE

The Licensing Compliance File is available for viewing at anytime. It is located in the Director's Office.

## RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE

This schedule indicates the recommended age for the routine administration of currently licensed childhood vaccines. Vaccines are listed under the routinely recommended ages. Bars indicate the range of acceptable ages for vaccinations. Circled items indicate ages for catch-up vaccines:

Age Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	2 yrs	4-6 yrs	11-12 yrs
Hepatitis B		Hep B-1									
		Hep B-2				Hep B-3					Hep B
Hepatitis A									Hep A-1		Hep A
									Hep A-2		
Diphtheria, Tetanus, Pertussis			DTaP or DTP	DTaP or DTP	DTaP or DTP	DTaP or DTP				DTaP or DTP	Td
H. Influenzae Type b			Hib	Hib	Hib	Hib					
Polio			Polio	Polio	Polio					Polio	
Measles, Mumps, Rubella						MMR				MMR	MMR
Varicella						Var					Var

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).



KIDS' DAY OUT  
FIRST UNITED METHODIST CHURCH  
WAGONER, OKLAHOMA

*Our objective is to build...*

*Guidance...* for the individual child in a learning environment. Experiences, behavior, and communication between teacher and child reflect this positive and reasonable guidance.

*Sense of Trust...* for the child toward those who care as a foundation of ultimate trust in God; in the environment as it provides physical, social, emotional and intellectual needs; and in self to discover independent learning.

*Control...* of the classroom by the teacher through constructive guidance of the child in learning activities, and self-control as the child learns what can and cannot be done within the learning environment and the group situation.

*Love...* that is physical- a hug, a smile, a touch; that is emotional- the act of caring; that is intellectual- the provision of curriculum suitable for the child at individual levels; that is spiritual- modeled after the love of God shown through His Son.

*Self-Respect...* That acknowledges each child created in the image of God and worthy of respect from peers, teachers, and parents and that in turn give respect to others.

*Independence and Dependence...* as the child learns to depend on the teacher and have confidence in the guidance, to depend on self, and the ability to do things independently, and to demonstrate a developing responsibility and sense of competence.

*Acceptance...* from others so that the child can love and accept himself; from the teacher who treats each child impartially, and yet individually; from the child to promote healthy development and self-image.

*Security...* in self, self-image, personality, in the peer group; in the teacher who is consistent, patient and secure.



# NOTICE



# TO PARENTS

Please review the following records on a regular basis:

## At the Family Child Care Home

**Posted:**

The program is required to post:

- This Notice to Parents (Form 07LC084E, Notice to Parents)
- Child Welfare Investigative Summary, with confirmed findings, for 120 days from the completion of the investigation

**Compliance file:**

The program is required to make accessible the following:

- Documents issued within the last 120 days:
  - Child care licensing monitoring reports, including most recent report, and licensing correspondence
  - Form 07LC037E, Notice to Comply
  - Licensing complaints
  - Child Welfare Investigative Summary, with findings of unconfirmed to include findings of services not needed or services recommended
- Child Welfare Investigative Summary, with confirmed findings, for one year from the completion of the investigation

## Online

**Child care locator and case summary:** Access at [www.okdhs.org/services/cc/Pages/ChildCareMain.aspx](http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx)

**Child care licensing requirements:** Access at [www.okdhs.org/services/cc/Pages/ChildCareMain.aspx](http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx), or contact your county DHS office.

## At the DHS County Office

**Public licensing file:** Call the DHS county office below to schedule an appointment.

**Case summary:** Call the DHS county office below for a faxed or mailed copy.

**Child care licensing requirements:** Call the DHS county office below for a mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:



DHS Wagoner county office

102 NE 7th St

Wagoner, OK 74467

918-614-5000

[www.okdhs.org/services/cc/Pages/ChildCareMain.aspx](http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx)