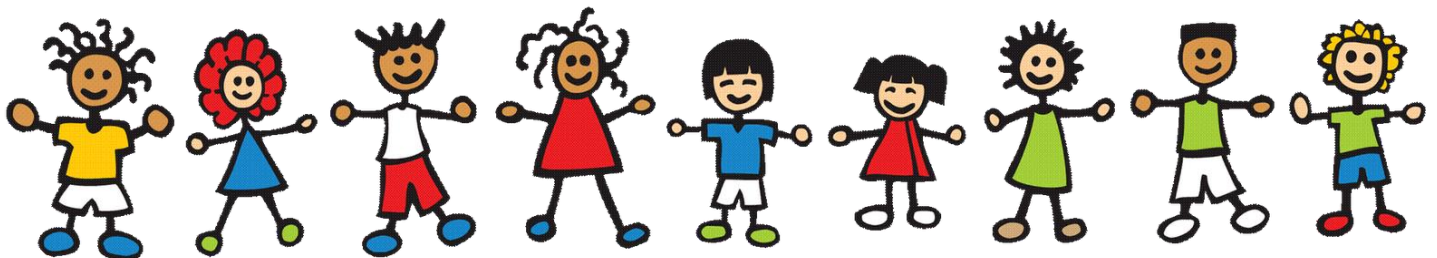


Goddard Weekday Ministries

Early Learning Center and
Preschool

Spring 2021
Enrollment Packet



GODDARD WEEKDAY MINISTRIES

Goddard United Methodist Church
1922 Dodson Avenue



Goddard Weekday Ministries holds the Arkansas "Better Beginnings" accreditation.
We are state licensed and adhere to
meet the highest standards in Early Childhood Development.

Licensed Program
Readiness for Reading
Music, Art, Dramatic Play,
Motor Development

Goddard Weekday Ministries Registration Spring 2021.

Registration begins Monday, November 16, 2020.

1. Complete registration form; sign the medical release, acetaminophen consent, discipline policy, and complete the fee information and permission page that is included in the registration forms.
2. Attach the \$62.50 registration fee. **This fee is non-refundable.**
3. Return the completed forms and registration fee by mail as soon as possible to ensure a place for your child. Forms may also be emailed to wdm@goddardumc.org although registration will not be complete until payment is received.

No registration will be taken without the registration fee!

Goddard Weekday Ministries was established in 1982 to provide a Christian environment in which children have opportunities to develop socially, mentally, physically, emotionally, and spiritually. Its purpose is to bridge the gap between the normal dependence of an infant and the necessary independence of a child entering kindergarten.

We believe that the early years should be a happy interlude to the school years. Our program is one in which the children are loved, nurtured, and encouraged to explore the world around them.

Our teachers are dedicated to the development of the total child, enabling each student to progress at his or her own rate. We provide a variety of learning experiences through art, literature, music and movement, dramatic play, outdoor play, weekly chapel time, field trips, and hands-on experiences with many different manipulative and materials. Above all, we strive to show the children that they are special and loved regardless of appearance, personality, or capability.



Goddard Weekday Ministries holds the Arkansas "Better Beginnings" accreditation, is state licensed, and adheres to meet the highest standards in Early Childhood Development.

Goddard Weekday Ministries

Registration Fee

The registration fee is \$62.50 per child and is due at time of enrollment. **This fee is non-refundable.**

Tuition

Tuition is due on the 1st of each month and is delinquent after the 5th of each month.

A nutritious mid-morning snack is included in the price of tuition.

There will be a \$25.00 late charge for all tuition payments received after the 5th of each month.

No exceptions will be given.

Early Learning Center Tuition

Infants, Little Steppers, Discovery

Hours: 9:00 - 2:00

Days: Monday, Tuesday, Wednesday,
Thursday and/or Friday

2 days per week - \$150.00 per month

3 days per week - \$210.00 per month

4 days per week - \$270.00 per month

5 days per week - \$315.00 per month

Two's

Hours: 9:00 - 2:00

Days: Monday, Wednesday, Friday

Tuition: \$210.00 per month

Days: Tuesday and Thursday

Tuition: \$150.00 per month

Days: Monday through Friday

Tuition: \$315.00 per month

Preschool Tuition

Three-year-old Preschool

Tuition: \$200.00 per month

Hours: 9:00 - 2:00

Days: Monday, Wednesday, Friday

Three & Four-year-old Preschool

Tuition: \$150.00 per month

Hours: 9:00 - 2:00

Days: Tuesday and Thursday

Four-year-old Preschool

Tuition: \$300.00 per month

Hours: 9:00 - 2:00

Days: Monday through Friday

Three-year-old Preschool

Tuition: \$300.00 per month

Hours: 9:00 - 2:00

Days: Monday through Friday

Four-year-old Preschool

Tuition: \$200.00 per month

Hours: 9:00 - 2:00

Days: Monday, Wednesday, Friday

Pre-Kindergarten

Tuition: \$300.00 per month

Hours: 9:00 - 2:00

Days: Monday through Friday

Discounts

A discount of 15% will be available to any family with a second child enrolled in our program.

*****Updated policies and procedures will be sent out in December*****

Goddard Weekday Ministries

1922 Dodson Avenue · Fort Smith, AR 72901 · 479-785-6546

Child's Personal Data Sheet

Name _____ DOB _____

Father's Name _____ Mother's Name _____

Home Address _____ City _____ State _____ ZIP _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Employer _____ Work Phone _____ Work Hours _____

Mother's Employer _____ Work Phone _____ Work Hours _____

Custodial Parent (if married, indicate both) _____ Email _____

Date enrolled in center _____ Date withdrawn from center _____

Name of Center Goddard Preschool/Early Learning Center Clock hours in care _____



Emergency Contact Information

Name of person to call if parents cannot be reached _____

Relationship _____ Telephone _____

Address _____ City _____ State _____ ZIP _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center:

| Name | Relationship | Name | Relationship | Name | Relationship |
|-----------|--------------|-----------|--------------|-----------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Address | _____ | Address | _____ | Address | _____ |
| City | State | ZIP | City | State | ZIP |
| City | State | ZIP | City | State | ZIP |
| City | State | ZIP | City | State | ZIP |
| Telephone | _____ | Telephone | _____ | Telephone | _____ |



Medical Information

Child's Physician or emergency treatment facility _____

Address _____ City _____ State _____ Phone _____

I, _____
Father
Mother (CROSS OUT WORDS THAT DO NOT APPLY) of
Guardian

_____ do hereby give my consent to the Director of the Child Care Facility, or his
(Child's Name)

duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

Signed _____ Date _____ Witness _____ Date _____

I hereby give ___/do not give ___ the Director of the Child Care Facility or his appointed representative permission to give _____ acetaminophen. I understand I will be notified that the medication has been administered.
(Child's Name)

Signature _____



Immunizations: Please provide a copy of your child's immunization record.

Verified by Health Department Record _____ Physician's Record _____ Other _____



Disease History: List the dates of each.

Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

Contracted Tuberculosis: Yes ___/No ___ Frequent Ear Infections: Yes ___/No ___

Frequent Throat Infection: Yes ___/No ___ Defective Heart: Yes ___/No ___

Other conditions or comments _____



Child's Developmental Needs

Physical or emotional problems the child might have: _____

Child's special food needs: Formula _____ Diabetic diet _____ Allergies _____

Special problems: Medications _____

Allergies _____ Temper tantrums _____ Diabetes _____ Frequent colds _____ Biting _____

Sun Sensitivity _____ Seizures _____ Fainting spells _____ Bed wetting _____ Other _____

Requires help in: Dressing _____ Undressing _____ Toileting _____ Eating _____ Washing hands _____

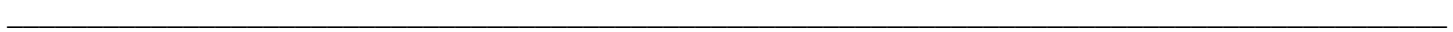
Is child toilet trained? Yes ___/No ___ Words used in toileting _____

Favorite: Games _____ Toys _____ Foods _____

Siblings: Yes ___/No ___ Name(s) of siblings: _____

Cultural practices _____

Other useful information _____



Additional comments: _____

Acceptance of this enrollment form and the registration fee assures your child a place in a Goddard Weekday Program (Preschool/Early Learning Center). In return, we expect that you will honor your enrollment for the school term. **If enrollment agreement is dissolved, the registration fee is non-refundable.**

I have read the policy statement and the parent handbook and agree to abide by these policies. I agree to honor this enrollment as described above. In case I do need to remove my child from the program, I will give two weeks notice or pay for that length of time.

Date _____ Signed _____
Parent/Legal Guardian

Registration fee \$ _____ Monthly: Spring Tuition
Days attending per week _____ Fee \$ _____

DISCIPLINE POLICY

No physical punishment will be allowed. Positive techniques of guidance, including redirection, anticipation of and elimination of potential problems, and encouragement of appropriate behavior.

I have read and understand the discipline policy of the program. I give my permission for the center to use all methods set out above for _____.

Child's Name

Parent's Signature

Date

Goddard Weekday Ministries

Class Registering For:

Infants - 6 weeks to 14 months of age

- Monday Tuesday Wednesday Thursday Friday

Toddlers - 12 months to 23 months of age

- Monday Tuesday Wednesday Thursday Friday

Two's - 24 months to 35 months of age

- Monday, Wednesday, Friday Tuesday, Thursday Monday through Friday

Three's

- Monday, Wednesday, Friday Tuesday, Thursday Monday through Friday

Four's

- Monday, Wednesday, Friday Tuesday, Thursday Monday through Friday

Pre-Kindergarten

- Monday through Friday

Before and After School Care

(all age groups)

Before Care (7:30 a.m. - 9:00 a.m.)

- Monday Tuesday Wednesday Thursday Friday

After Care (2:00 p.m. - 4:30 p.m.)

- Monday Tuesday Wednesday Thursday Friday

Child must be class age by August 1st of the current school year

Goddard Weekday Ministries

FEE INFORMATION (please initial)

- I understand that the registration fee is non-refundable, with no exceptions.
- I understand that my tuition payments are due on the 1st of each month.
- I understand that a \$25.00 late fee will be assessed to my tuition if tuition is paid after the 5th of the month. Exceptions **are not** made when the 5th falls on a weekend or when your child is out sick or on vacation. **No exceptions will be given!**
- I understand that if I withdraw from the program, I must give two weeks notice or pay for that time. No exceptions will be given.
- I understand that a fine of \$15 per incident will be enforced for late pick-ups.
- I understand that Goddard Weekday Ministries follows the Fort Smith Public School Calendar and will be closed for all days FSPS classes are not in session, including but not limited to, holidays, weather conditions, and professional development. I will still be responsible for payment on those closed days.
- I understand that I may ask for a conference with the caregiver(s) as needed.
- I have read the Parent Handbook and hereby agree to comply with the policies, rules, and regulations of Goddard Weekday Ministries regarding fees, attendance, health, parking, clothing, and other issues as listed by this form and the Parent Handbook issued yearly.
-

KINDERGARTEN READINESS (please initial)

The Department of Human Services is providing "A Getting Ready for Kindergarten" calendar for the parents of all of our three and four year olds as part of the Kindergarten Readiness Program. This is in accordance with Legislative Act 825 enacted by the Arkansas General Assembly to insure all of our children are prepared for kindergarten. The calendar and an indicator check list can both be viewed online at:

Calendar: http://humanservices.arkansas.gov/dccece/dccece_documents/DHS_RICalendar.pdf

Check list: http://humanservices.arkansas.gov/dccece/dccece_documents/New%20KRIC%20Flyer.pdf

I understand that I have been provided at link to the Kindergarten Readiness Calendar and Indicator Checklist.

SHAKEN BABY SYNDROME (please initial)

In accordance with Carter's Law, information is being provided on Shaken Baby Syndrome. <https://dontshake.org/>

I understand that I have been provided at link to the National Center on Shaken Baby Syndrome.

PARENTAL PERMISSIONS

I, _____, parent/guardian of _____, (please circle one)

- Give/Do Not Give Permission for my child to have diaper cream if needed.
 - Give/Do Not Give Permission for my child to have antibiotic ointments, lotions, and chapstick if needed.
 - Give/Do Not Give Permission to use sunscreen on my child if necessary.
 - Give/Do Not Give Permission for my child to have hydrocortisone cream on a rash or insect bite if needed.
 - Give/Do Not Give Permission for Goddard Weekday Ministries to access our immunization records from the Arkansas Health Department webIZ site.
 - Give/Do Not Give Permission to photograph my child during the school year. The pictures are to document the many fun and exciting learning activities throughout the school year. They may be posted in the classroom, used in individual portfolios, the graduation video, school projects, or on our Facebook page.
-

Parent/Guardian Signature _____ Date _____

Goddard United Methodist Church

Weekday Ministries

1922 Dodson Avenue - Fort Smith, Arkansas 72901
 Preschool Office 479-782-6546 - Fax 479-785-1124

ACH Recurring Payment Authorization Form (2020-2021 School Year)

Schedule your payment to be automatically deducted from your checking or savings account.

****Please attach a VOIDED check to this form****

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Automatic draft payments will occur for 9 consecutive months and will automatically cancel at the end of the school year.

(The first payment due for August tuition must be paid by check or cash)

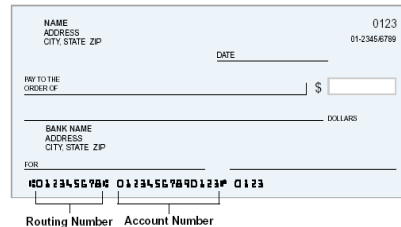
Please complete the information below:

I _____ authorize Goddard Weekday Ministries to charge my bank account below on the 1st Monday
 (full name)
 of each month, beginning _____ and continuing through _____, in the amount of
 \$ _____, with the exception of the month of December which will be \$ _____.

Student's Name _____ Class _____
 Billing Address _____ Phone # _____
 City, State, Zip _____ Email _____

Account Type _____ Checking _____ Savings

Name on Account _____
 Bank Name _____
 Bank Routing # _____
 Account # _____
 Bank City/State _____



I agree to notify Goddard Weekday Ministries in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a holiday, I understand the payment may be executed on the next business day. I understand because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for ANY reason, (Non-Sufficient Funds (NSF), cancellation without notification), I understand I will incur a \$25 charge. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date _____
 (Account Holder's Signature)

Signature _____ Date _____
 (Joint Account-Both Signatures Required)