

Goddard Preschool and Early Learning Center



Fall 2024 Enrollment Packet and Handbook

Goddard Preschool and Early Learning Center

A ministry of Goddard United Methodist Church
1922 Dodson Avenue • Fort Smith, AR 72901



Goddard Preschool and Early Learning Center is state licensed
and adheres to the highest standards in
Early Childhood Development.

Goddard Preschool and Early Learning Center
Registration for **Fall 2024** begins
Monday, April 8, 2024

To Register your Child

Complete Child's Personal Data Sheet; Emergency Contact Information; Medical Information, Discipline Policy, Class Registration, Fee Information, and Parental Permissions pages, and optional ACH Recurring Payment Authorization that are included in this Enrollment Packet.

Attach the \$150.00 registration fee. **This fee is non-refundable.**

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 preschool@goddardumc.org although registration will not be complete until payment is received.

No registration will be taken without the registration fee!

Goddard Preschool and Early Learning Center



Registration Fee

The registration fee is \$150.00 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.

Preschool and Early Learning Center Tuition **All Ages / Classes**

Class Hours: 9:00 a.m. – 2:00 p.m.

3 days per week (MWF only) - \$400.⁰⁰ per month

5 days per week (MTWRF)- \$500.⁰⁰ per month

Before Care (with Class Hours)

7:30 a.m. – 2:00 p.m.

3 days per week - \$475.⁰⁰ per month

5 days per week - \$625.⁰⁰ per month

After Care (with Class Hours)

9:00 a.m. – 4:00 p.m.

3 days per week - \$500.⁰⁰ per month

5 days per week - \$650.⁰⁰ per month

Before and After Care (with Class Hours)

7:30 a.m. – 4:00 p.m.

3 days per week - \$550.⁰⁰ per month

5 days per week - \$675.⁰⁰ per month

Discounts

(One Discount per Family)

A discount of 15% will be available to a family's second child tuition.

A discount of 15% will be available to members of Goddard United Methodist Church.

Referral

A \$50 off one month's tuition will be given to any family who refers a second family to our program when that second family completes their registration.

See the **“Join Our Family”** form attached to the end of this packet.

Goddard Preschool and Early Learning Center
1922 Dodson Avenue · Fort Smith, AR 72901 · 479-782-6546



Child's Personal Data Sheet

Child's Full Name _____

Child's Date of Birth _____

Parent/Guardian's Name _____

Parent/Guardian's Cell Phone _____

Parent/Guardian's Employer _____

Work Phone _____ Work Hours _____

Email _____

Parent/Guardian's Name _____

Parent/Guardian's Cell Phone _____

Parent/Guardian's Employer _____

Work Phone _____ Work Hours _____

Email _____

Child's Home Address _____

City _____ State _____ ZIP _____

Custodial Parent (if married, indicate both) _____

Preschool Office Use Only

Date enrolled in center _____ Date withdrawn from center _____

Name of Center: Goddard Preschool and 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

Address

City State ZIP

Telephone

Name Relationship

Address

City State ZIP

Telephone

Name Relationship

Address

City State ZIP

Telephone

Medical Information



Child's Physician or emergency treatment facility _____

Address _____ City/State/Zip _____

Phone _____

I, _____, (Parent/Guardian) of _____ do here
(Child's Name)

by give my consent to the Director of the Child Care Facility, or his/her 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/her duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

(Parent/Guardian Signature) _____ Date _____

Witness _____ Date _____

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

Preschool Office Use Only

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 _____

Medical Information (continued)

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: _____

Previous Daycare (if applies)

Additional comments:

Acceptance of this enrollment form and the registration fee assures your child a place in the Goddard Preschool and 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.

Parent/Guardian Signature _____ Date _____

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

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 will be implemented.

I have read and understand the discipline policy of the program.

I give my permission for the Goddard Preschool and Early Learning Center to use all methods set out above for

Child's Name

Parent/Guardian Signature

Date



Class Registration Page



Infants - 6 weeks to 14 months of age

Monday, Wednesday, Friday Monday through Friday

Toddlers - 12 months to 23 months of age

Monday, Wednesday, Friday Monday through Friday

Two's - 24 months to 35 months of age

Monday, Wednesday, Friday Monday through Friday

Three's (Child MUST be 3 by August 1, 2023 and Toilet Trained)

Monday, Wednesday, Friday Monday through Friday

Four's (Child MUST be 4 by August 1, 2023)

Monday, Wednesday, Friday Monday through Friday

Pre-Kindergarten (Child MUST be 4 by August 1, 2023)

Monday, Wednesday, Friday Monday through Friday

Students must arrive by 9:30 a.m.

Before and After School Care (all age groups)

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

Monday, Wednesday, Friday Monday through Friday

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

Monday, Wednesday, Friday Monday through Friday

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

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 Preschool and Early Learning Center 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 understand that my child may be subject to interviews by DHS licensing staff.

_____ I have read the Parent Handbook and hereby agree to comply with the policies, rules, and regulations of Goddard Preschool and Early Learning Center 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 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 our children are prepared for kindergarten. The calendar and a guide can both be viewed online at:

Calendar: https://humanservices.arkansas.gov/wp-content/uploads/Getting_Ready_for_Kindergarten_Calendar_Print_Version_-1.pdf

Guide: https://humanservices.arkansas.gov/wp-content/uploads/Getting_Children_Ready_for_Kindergarten_Guide_Print_version_.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.

www.dontshake.org

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

PARENTAL PERMISSIONS



I, _____, parent/guardian of _____,

(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 Preschool and Early Learning Center to access our immunization records from the Arkansas Health Department website.
- 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 and website:
GoddardUMC.org/Preschool

Parent/Guardian Signature _____ Date _____

**Goddard United Methodist Church
Goddard Preschool and Early Learning Center**

1922 Dodson Avenue - Fort Smith, Arkansas 72901
Preschool Office 479-782-6546 - Email: preschool@goddardumc.org



ACH Recurring Payment Authorization Form (Fall 2024 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 (Sept-May) 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 Preschool and Early Learning Center to charge
(full name)
my bank account below on the 1st Monday of each month, beginning _____
and continuing through _____, in the amount of \$ _____,

Student's Name _____ Class _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Type _____ Checking _____ Savings

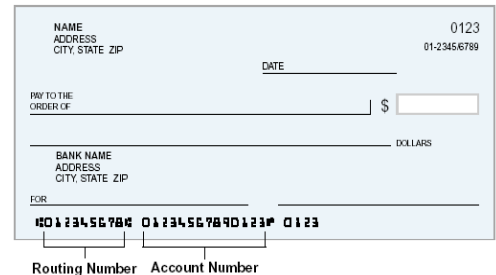
Name on Account _____

Bank Name _____

Bank Routing # _____

Account # _____

Bank City/State _____



I agree to notify Goddard Preschool and Early Learning Center 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 _____
(Account Holder's Signature)

Date _____

Signature _____
(Joint Account-Both Signatures Required)

Date _____

Join Our Family! We go to Goddard Preschool!



NOW ENROLLING!



Christian Education



Infants - Pre-K

GoddardUMC.org/Preschool

Part-time and Full-time Care for Infants through Pre-Kindergarten!

Goddard Preschool and Early Learning Center was established in 1983 as a ministry of Goddard United Methodist Church 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, and hands-on experiences with many different manipulative materials.

Goddard Preschool and Early Learning Center is state licensed,
and adheres to meet the highest standards in
Early Childhood Development.

Above all, we strive to show the children that they are special and loved children of God!

Contact Us!

(479) 782-6546
preschool@goddardumc.org
1922 Dodson Ave
Fort Smith, AR 72901



Find Us!

GoddardUMC.org/Preschool
 @GoddardPreschool

I was referred to Goddard Preschool and Early Learning Center!



Get \$50 off one month's tuition for your referral friend's family when you complete your Enrollment Packet!

My Name _____

My Child(ren)'s name(s) _____

Phone Number _____

I was referred by the _____ Family

Now:

1. Turn in **this form** to the Preschool office or to preschool@goddardumc.org
2. Complete and Turn in Your Child's Enrollment Packet.

Your friend gets their discount!

Goddard Preschool and
Early Learning Center



Fall 2024
Enrollment Packet and
Handbook



Then:

Refer another friend and get a discount for Your family when they enroll their child!