SUMMER LATCHKEY 2023 REGISTRATION CHECKLIST

Registration for the 2023 summer is here! You will need to have the following items completed, and compiled to register your child. Pre-registration will open to the public on Tuesday, April 11th for online enrollment. If you have any question during the registration process, please contact the program director at (575) 763-8969, or by e-mail childcare@fumcclovis.net. All registration packets and handbooks can be accessed on our website at www.fumcclovis.net.

Incomplete packets will not be accepted

- Enrollment Agreement filled out and signed
 - * You must fill out one option on the Payment Agreement. This will only be used in the case of late payment. Please see the tuition policy.
- Read the parent handbook. You can read the handbook on the website or email the Program Director for a digital copy at the email address provided above.
- An up-to-date copy of your child's immunization record.
- \$35.00 non-refundable registration fee (If you want to pay by credit card you can pay online at our website under the contributions tab)
- Any other fees will be due on the first day of the program

Enrollment Packets can be submitted in 4 ways:

- 1. Email you can email completed packets to the Childcare Director at childcare@fumcclovis.net and pay the registration fee online at www.fumcclovis.net under the contributions tab or mail a check or money order to the address listed below (Please state in your email how you have chosen to pay).
- 2. Mail you can mail the completed packets with a check or money order to the address listed below.
- 3. Drop off you can drop off completed packets with a check or money order to the church office after April 11th. The office is open Monday Thursday 8am 12pm & 1pm 4pm.
- 4. By Appointment If you would like to drop off your completed packet and registration fee directly to the childcare office you will need to email the Program Director at childcare@fumcclovis.net and we can set up an appointment.

First UMC Childcare 1501 Sycamore St Clovis, NM 88101

We are excited to see you all very soon!!

First United Methodist Church Summer Latch Key

| 2023 SUMMER ENROLLMENT AGREEMENT June 5 th – July 28 th | | | | |
|--|--|---|---|--|
| (When CMS release | their 2023-2024 calendar we | will determine if we w | ill extend the program) | |
| NAME OF CHILD: | | Birth dat | e | |
| PARENTS NAME: | | PHONE: | | |
| PARENTS NAME: | | PHONE: | | |
| E-MAIL: | | Age: | GRADE: | |
| Mailing Address: | | City | Zip | |
| am responsible for the enrollment full time, or are sent for the next bil is necessary for the pro-child ratios. When wit Program Director by fill | conor this enrollment for the 202 tuition for the current billing per Part time. Changes in schedul ling period but tuition will not be gram to plan staffing and support and make the property out a withdrawal form or party out a spot in the Summer Property in the Summer Prop | eriod for the schedule the must be made to the pe adjusted due to abserplies as well as meeting ogram I will give a two-vay two weeks minimum ogram, there is a \$35. | nat I have chosen at director before invoices ence or illness. This policing state mandated teache week notice to the fees. | |
| There is a one This helps offset some | time supply field trip fee of see of our more expensive field to kids without an add | rips and allow for us to | ummer program. do our day camps for all | |
| following payment method There is no longer a fee | I fees and charges for these all nods: Cash or Check in office a e for credit card payments. I all e completion of a new agreem | and Credit card online allso understand that any | at <u>www.fumcclovis.net</u> . change in the fee | |
| DATE: | DADENT SIGNATUR |) [- | | |

| DATE: | PARENT SIGNATURE: |
|-------|-------------------|
| | |

| | Weekly Fees | Daily Fees | |
|--|-------------|------------|--|
| Per child | \$135.00 | \$35.00 | |
| Due to the current public health crisis, we will not be accepting Drop Ins. We are sorry for any | | | |

inconvenience!

*Part Time is a consistent daily set schedule of at least 3 days a week

Please initial the desired option

Part Times – 4 equal payments

Full Time – 4 equal payments

| | Part Times – Pay in Fu | ıll | | | | |
|---|---|------------|----------|-------|----------|--------|
| | Full Time – Pay in Full | | | | | |
| Please circle days of | attendance: Monday | Tuesday | Wedne | esday | Thursday | Friday |
| PARENT SIGNATURE: | | | | DATE: | | |
| | | MER PROGRA | M | | | |
| For security purposes, First United Methodist Church will MOT allow children to be dropped off at any locations EXCEPT 1501 Sycamore. A signed permission slip is required before children are allowed to participate in the fieldtrip; failure to authorize permission will result in denied care for the day. Parents will be able to pick up children at the activity for the day, but will be required to sign children out of the program. If this creates a hardship, then prior arrangements will need to be made with the director. DATE: PARENT SIGNATURE: | | | | | | |
| I understand that for the program to do its part in keeping the children safe my child will be expected to do their part to remain safe while off site. If my child is unable to follow all program rules on field trips, I will be notified that day and I will have to find arrangements for my child the day of the next fieldtrip for they will be suspended from the field trip. If my child gets suspended from 3 field trips, they will no longer be able to attend the program. | | | | | | |
| DATE: | PARENT SI | GNATURE: | | | | |
| In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located. I give my permission for the Program Director or other personnel designated by the Program Director the right to authorize emergency service immediately and/or emergency transportation for my child | | | | | | |
| | ted Methodist Church responder to contact the paren | | | | | |
| DATE: | PARENT S | IGNATURE: | | | | |
| | | | | | | |

In order for our staff to give any kind of medication, we need signed permission from parent and written directions from a doctor about when and how much medication to administer. Please secure the proper form which needs to be signed by the doctor, when leaving medication for your child. ALL CHILDRENS'
GIVEN.
BE GIVEN.

| counter medications give | quires parents to acknowledge daily, any sunscreen ointment or other over-then to your child. Your signature when you sign your child out is your acknowledgement medications that were given or applied. |
|--|--|
| DATE: | PARENT SIGNATURE: |
| children and for maximum encourage self-control an authority is taught with low which infringes upon the in parent, support the progra | at teaches one to obey rules and control one's behavior. It is an ongoing process with a learning to occur, immediate and consistent reinforcement is important. We desponsibility for one's own actions. Respect for each other, self, peers, and we and consistency. However, there are occasions when a child creates a situation rights of the other children and the provider. The child needs to know that I, as a sam as the authority while the child is in their care. of behavior that will not be tolerated are: 1. Fighting or touching others in inappropriate ways 2. Profanity and name calling 3. Destructive acts against FUMC property 4. Lack of respect for staff and peers 5. Deliberate disobedience 6. Throwing playground covering, rocks or dirt 7. Continued disruption 8. Harming other children or staff |
| DATE: | PARENT SIGNATURE: |
| understand that I will be r the notification. Parents a | e policy in regards to violence. If my child harms another child or teacher in any way, I notified by staff and be responsible to pick my child up from camp within 30 minutes of and child will be required to enter into a behavior agreement. If issues persist the at to withdrawal the child from the program. |
| DATE: | PARENT SIGNATURE: |
| | nd the digital copy of the FUMC Child Care Program Policies Handbook for Summer II terms set within it. The handbook can be accessed on the church website |
| DATE: | PARENT SIGNATURE: |
| parents who would like to Director. We ask that if yo don't know about it. We c comments are always we | is <u>Everything</u> between teacher and parent. We will make ourselves available to drop-in or need to have a conference with the teachers, Supervisor, or Childcare ou have a question or concern, please bring it to us. We can't solve a problem if we can be reached at (575) 763-8969, or e-mail childcare@fumcclovis.net. Your lcomed. <u>Please respect us enough to talk to the Director rather than to others oblem you may have. Taking to any form of social media to "bash" the school grounds for expulsion.</u> |
| DATE: | PARENT SIGNATURE: |

TUITION POLICIES 2023

First United Methodist Church Childcare is a non-profit organization and maintains a tight budget; we try to keep our rates affordable and as low as possible. For this reason, it is necessary that parents cooperate in paying accounts on time so that we in turn can meet our obligations.

Tuition payments are due on the following schedule:

You may also set up auto pay thought the website.

| Payment due date | June 5 th | June 19 th | July 3 rd | July 17 th |
|------------------|----------------------|-----------------------|----------------------|-----------------------|
| Late by date | June 9 th | June 23 rd | July 7 th | July 21st |

A Payment agreement form is required for each child's registration packet to be complete. This form must have a debit/credit card or checking account listed as a reliable payment source. This is **NOT** optional.

On the first business day after the <u>Late by date</u> any account with a balance will have the full balance due on the current invoice drafted from the card/account on file. At any time, you may pay your account in advance to alleviate your card being drafted. Please be sure this is a reliable payment source because any payments that are returned to us will be charged a \$35.00 returned payment fee.

No credit will be given for absences due to illness (this includes COVID 19 quarantine regulations) or vacation days taken during the program.

Please be sure your payment method is a reliable payment source. If a parent gives FUMC a check that <u>is</u> <u>returned for insufficient funds</u>, the parent will be contacted, requesting that cash for the fees owed <u>plus a</u> <u>\$35.00 fee</u> be brought to the church as soon as possible. If it happens a second time the parent will be notified that the child can remain enrolled but all fees will need to <u>be paid in cash only</u>. FUMC will reserve the right not to accept checks from parents that have more than two returned checks to the church for non-payment.

If your child is not picked up by 5:30pm a late charge of \$1.75 a minute will be charged to your account.

If your account is not current and arrangements have not been made, we will be forced to withdraw your child. Your child may re-enroll upon availability and all accounts are paid in full. No child will be allowed to re-enroll for the following school year until all accounts are paid in full and arrangements are made to stay current with payments.

First United Methodist Church Childcare accepts cash and checks in office or credit cards online at www.fumcclovis.net. There is no longer a fee for credit card payments.

| DATE: | PARENT SIGNATURE: | |
|-------|-------------------|--|

First United Methodist Church Summer Latchkey Payment Agreement 2023

I hereby authorize First United Methodist Church Childcare to initiate credit/debit card charges to the below-referenced credit/debit card or checking account if I have not made a payment by the late by date. I understand it is my responsibility, as the owner of said account; to keep a reliable payment source on file at all times to avoid any additional fees for payments returned. If there is a payment arrangement made between an outside party and/or two separate households, each cardholder will need to complete a separate payment agreement. Only one option must be filled out.

CREDIT/DEBIT CARD:

| Cardholder Name: | Phone Numb | er: | |
|---------------------------|------------------|-----------|----------------------|
| Address: | City & State: | | Zip: |
| Card Number: | Expiration Date: | C | EVC # |
| Cardholder Signature: | | _ Date: _ | |
| E-CHECK: | | | |
| Account holder name: | Phone Nur | nber: | |
| Routing number: | | | Checking |
| Account number: | | | Savings |
| Account holder Signature: | | Date: | |
| | | | For Office Use Only: |
| | | | Date Received: |
| 0 | | | Employee Initials: |
| 8 | | | |

Child Admission Form First United Methodist Church – Summer Latch Key 1501 Sycamore St., Clovis, NM. 88101 - 575.763.8969

| First Day of Attendance | | Last Day of Attendance | | |
|---|-------------------|------------------------|--------------------|-----------------------|
| Child's Name: Last, First, | MI. | | Birth Date | Sex: |
| Street Address | | City | State | Zip |
| Parent / Guardian Inform | nation: | | | |
| Father's Name | | Place of Business | | Business/Cell Phone |
| Mother's Name | · | Place of Business | | Business/Cell Phone |
| Emergency Information | : | | | □None |
| Allergies: | | | | |
| Significant Medical Inform | nation or Special | Needs: | | □None |
| | | | I give permissi | ion for Emergency |
| Physician | Pł | none | | sportation: ☐Yes ☐No |
| Hospital | Phone | | Medical. ITalis | portation. Dires DNO |
| | | | ٦ | Freatment: ☐Yes ☐No |
| Name two (2) Local Emo | ergency Contact | s (other than paren | ts or guardians): | |
| Name | | Address | Phone | e |
| Name | | Address | Phone | e |
| At the end of the day o have legal custody or the | | | released to the po | erson or persons that |
| 1 | | 2 | | |
| 3. | | 4. | | |
| | | | | |
| Signature of Parent or Gu Revised 2/15 | uardian: | | Date | |

CONSENT, INDEMNIFICATION, AND RELEASE FROM LIABILITY

EVENT: Transportation to/from fieldtrips for the 2023 Summer Latchkey Program

| DATE(S): June 5, 2023 – July 28, 2023 | i e e e e e e e e e e e e e e e e e e e |
|--|--|
| | d Methodist Church in the above listed event(s) on the , including activities on and/or away from the church |
| to and from such activities, I hereby disc employees, agents, and members of the I and my heirs, distributives, guardians, le hereafter for any and all loss or damage a account of injury to my child's person or | rticipate in such activities, including the transportation harge First United Methodist Church, its officers, Board of Trustees from all actions claims or demands I gal representatives, or assigns now have or may have and any claim for damages resulting there from on property, even injury resulting in death of my child, d or otherwise, while my child is for any purposes |
| members of the Board of Trustees and ea | Methodist Church its officers, employees, agents, and ach of them from any loss, liability, damage, or cost they child in such activity, whether caused by the negligence |
| • | nd fully understand its contents. I am aware that fication, and an assumption of risks and I'm signing |
| | se from liability shall remain effective until revoked in bloyee, or agent of First United Methodist Church or the |
| Parent's Signature | Date |