

Program Policies

“For what I received I passed on to you as of first importance: that Christ died for our sins according to the Scriptures, that he was buried, that he was raised on the third day according to the Scriptures . . .” (1 Corinthians 15:3, 4)





Parent Handbook

The following is a sample list of policies that should be included in a parent handbook for an ECM. Specific policies needing to be included vary from state to state so check with the local licensing department.

- **Mission Statement** (Cf. Appendix 2.9 or in the Chapter 2 folder)
- **Philosophy** (Chapter 1E)
- **Objectives** (Chapter 8)
- **Curriculum** (Chapter 8)
- **Daily Routine** (Cf. Appendix 8.1, 8.2 or in the Chapter 8 folder)
- **Discipline/Guidance** – Describe in detail how you will guide children and correct misbehavior. Make a statement of how you will not respond to children (i.e. humiliation, fear, abuse)
- **Non-discrimination** (Cf. Appendix 3.4 or in the Chapter 3 folder)
- **Admission** – Explain who may enroll. Will you have a probationary period?
- **Discharge/Withdrawal** – Under what circumstances will you discharge a child? What will be the withdrawal procedure? Will there be any refund of fees or tuition?
- **Absence** – What notification do you expect from parents? Do absences or vacations effect tuition?
- **Enrollment Procedure** – Establish an orderly process for parents to progress from inquiry to enrollment of their child. What forms need to be filled out?
- **What to Bring/What to Wear** – What do children need to bring (lunch, extra clothes, sleeping bags, etc.)? How do children need to dress?
- **Separation/Pick-up** – How would you like parents to handle these sensitive times of the day? What support can parents expect from teachers?
- **Daily Arrival/Departure Procedure** – Does each child have a cubby and coat hook? How do parents sign in and out? Parents need to make contact with a teacher at drop-off and pick-up. Who will you release children to?
- **Transportation** – Who is responsible for transporting children to and from the center?
- **Snacks/Meals** – What will be served? What do you expect parents to provide?
- **Birthdays** – Will you celebrate? How?
- **Naps** – What items are needed/not allowed? How will sleeping items be laundered? Where will children sleep/rest? What will you do for a child that does not sleep?
- **Field Trips** – Are field trips part of your program? If so, what safety measures will be taken? Parents will need to give permission.
- **Days Closed** – What days will you be closed? Will there be any adjustment in fees/tuition?
- **Emergency Closings** – Under what conditions will you close? Who will make the decision? How will parents be notified?
- **Parent Conferences** (Cf. Appendix 8.3 or in the Chapter 8 folder)
- **Parent Communication** (Chapter 10)
- **Visitors** – What arrangements do first time visitors need to make? Parents of enrolled children need to know that they may visit at any time and be encouraged to visit.
- **Confidentiality** – How will you protect the privacy of children and their families? Parents will need to give written permission for your photograph their children for promotional purposes. Who will have access to children's records?
- **Feedback/Suggestions/Grievances** – How do you make parents feel comfortable enough to make comments or suggestions? Is there a suggestion box in the parent center? What procedure should a parent follow if they are not satisfied with the teacher's response or the director's response to a problem?
- **Health and Safety** (Chapter 9E)
 - *child abuse/neglect* – Parents need to be aware of the laws that bind teachers concerning child abuse and neglect
 - *allergies* – A list of children with allergies needs to be posted in an area that is visible when serving food. Who will be responsible for providing food for children with allergies?

- *illness* – When should a parent keep a child home and for how long? How will you handle contagious diseases?
- *medications* – Will you give children medication (prescription and/or non-prescription)? Parents will need to fill out a form (Cf. Appendix 5.9 or in the Chapter 5 folder)
- *injuries/accidents* – How will you deal with injuries and accidents? How will parents be notified?
- *emergency procedures/contacts* – What will you do in the event of a serious injury? What hospital will you be using?

- **Programs** (Chapter 1F)
- **Fees** (Chapter 4)
- **Financial Policies** (Chapter 4)
- **Additional Policies for Infants and Toddlers** – How will you take care of the special needs of infants and toddlers? What will you expect the parents to do?
 - Feeding
 - Sleeping
 - Diapering
 - Toilet Training
 - Daily Reports (Cf. Appendix 5.10 or in the Chapter 5 folder)
 - Behavior Guidance

B Admissions and Enrollment

Admissions policies determine whether or not a child is eligible to enter your ECM. As with all other decisions, the ECM Mission Statement should serve as a guide to establishing policies regarding enrollment. All policies in written form imply that the governing board has agreed upon them. Consider your policies carefully. Have good reasons to support each one. Reduce misunderstandings between parents, staff and board members. Your state or county regulations for ECMs dictate some admissions policies. Always adhere to and exceed legal regulations for the health and safety of the children.

Age of Child

For consistency, work with local public school policies especially if parents take for granted that their child will attend preschool for two years and then enter kindergarten. A specific cut-off date is advisable. For example, “A child must be three by September 1, on before entering the program.” This helps in registering and planning. However, you can be flexible to meet the developmental needs of children.

Priority Enrollment

Many congregations choose to place un-churched families at the top of their list after children already in the ECM. This policy reflects a purpose statement that says the ECM is an outreach to the un-churched. A commonly adopted order is:

- children already in the ECM
- children of congregation members
- children of un-churched families
- children of members of other Lutheran congregations
- children of members of other churches



Unique Needs

Develop a policy to provide for acceptance of children who have very special needs (physical, HIV-positive, mental, behavioral). Ask: What does your mission statement say? What needs is our ECM designed to serve? Are staff members able to handle unique needs? Are materials and facilities available? How many children having unique needs can we accept?

Interview

After a family first contacts you through a phone call or brief visit, receives your ECM brochure and a follow up phone call, they may express interest in enrolling their child. Through an interview parents can become acquainted with your ECM and you can gather information about the family's and child's needs. Give parents a tour of your facility and a copy of the parent handbook. Help the child feel comfortable in your environment. Be sure the family understands that your ECM is centered in Jesus. Questions to ask:

- How did you find out about our ECM?
- Why do you want your child to be enrolled?
- What special needs does your family and/or child have?
- Why do you think your child will be happy here?

Enrollment Application

Your ECM application needs to be simple and ask only information that will help in deciding whether or not to accept the applicant. You may decide at the interview that the child can be accepted into your ECM. You may have to put the child on a waiting list. Or you might need to look closer at the information and phone the parents at a later time. (Cf. Appendix 5.1 Sample Application for Enrollment of New Children or in the Chapter 5 folder)

C Additional Forms

The child has been accepted into your ECM and the parents begin to complete all the necessary forms. Prepare a folder for each applicant. Keep completed forms in the child's folder.

Registration Forms

Be sure to check state licensing regulations for the information required on this form. Since you are a church-sponsored ECM, you can ask questions about religion. Ask the name of the pastor and the congregation in which the family is actively involved in addition to their religious affiliation. (Cf. Appendix 5.2 Sample Registration Form, 5.3 Infant Information, 5.4 Toddler Information or in the Chapter 5 folder)

Child's Health Report (Physician's Report)

Your state licensing office may have official physician's forms that they require all licensed facilities to use. The form usually includes a list of current immunizations, date and result of a last tuberculin test, notice of allergies and special medications, and the physician's judgment that the child is able to participate in a program such as your ECM. (Cf. Appendix 5.5 Sample Child's Health Record, 5.6 Certificate of Immunization or in the Chapter 5 folder)



Medical Emergency Authorization/Information

A card that provides the following information must be kept within easy access for staff members: home address and phone; parent's work address and phone; list of persons who may/may not pick up the child; emergency contacts other than parent's; child's physician and phone; list of allergies; hospital preference; authorization for emergency treatment. (Cf. Appendix 5.7 Sample Medical Emergency Authorization Card or in the Chapter 5 folder)

Financial Agreement

Specify the number of weeks of advance notice that must be given prior to withdrawing a child from the ECM. Review tuition and fees for the year and times of payment. Include steps taken by both parties in the event the family is unable to make payments on time and indicate late fees. Both parents and administrator sign this form. (Cf. Appendix 4.1 Sample Financial Agreement Form, 4.2 Sample Tuition Receipt or in the Chapter 4 folder)

Request to Give Medication

(Cf. Appendix 5.9 Request to Give Medication or in the Chapter 5 folder) Check with your state licensing office for appropriate forms.

A. Sample Application for Enrollment of New Children

APPLICATION FOR ENROLLMENT (Name of Early Childhood Ministry) (Address and Phone Number)

Please complete this form and return it to the church or early childhood office. Registration fee must accompany your application and is non-refundable. See reverse side for fee information.

Place a check by your choice for the _____ school year:	
_____ Pre-Kindergarten	
<i>(Age requirements: 2-day class-3 years old by July 1; 3-day class-4 years old by July 1; full day-at least 3 years old by July 1 and toilet trained)</i>	
_____ Pre-K-5 full days	
_____ Pre-K-3 days a.m.	_____ Pre-K-3 days p.m.
_____ Pre-K-2 days a.m.	_____ Pre-K-2 days p.m.
_____ Infant/Toddler Care	
_____ Parents Day Out	

CHILD INFORMATION *(Also include a copy of your child's birth certificate and immunization records)*
Name of Child: _____ Date of Birth: _____ M/F
Address: _____ Phone: _____
Baptism date: _____ Church where baptized: _____
Social Security #: _____

PARENT INFORMATION

Mother: _____
Occupation: _____
Employer: _____
Work phone: _____
Address if different than child's: _____

Father: _____
Occupation: _____
Employer: _____
Work phone: _____
Address if different than child's: _____

Marital status: (Mar/Sep/Div/Wid/Single) _____
Church name and location: _____

Marital status: (Mar/Sep/Div/Wid/Single) _____
Church name and location: _____

Pastor: _____
Member: Yes/No

Pastor: _____
Member: Yes/No

I have read the (name of early childhood program) policy manual and agree to follow the policies and support the ministry of the early childhood program.

Father's signature _____ Date _____

Mother's signature _____ Date _____

FOR OFFICE USE ONLY		
Date received: _____	Letter sent: _____	Birth certificate: _____
Reg. Fee paid: _____	Check #: _____	Waiting list: _____

A. Sample Application for Enrollment of New Children

FAMILY INFORMATION

Other children in family: (names and ages)

If there has been a separation or divorce, with whom is the child living?: _____

If child is living with someone other than parents, please complete:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Church membership: _____

CHURCH MEMBERSHIP

If you are not a member of (name of congregation), by whom were you recommended?

If you are not a member of a Lutheran church, would you be willing to attend a series of classes on the doctrines and teachings of the Lutheran Church? (Attendance at these classes does NOT obligate you to become a member.) Yes/No

FEES AND TUITION *(Insert your ECM's fees and tuition rates here.)*

<i>Registration Fee</i>	<i>Deposit Due by _____</i>	<i>½ Balance Due by _____</i>	<i>Final Balance due by _____</i>
Registration fees (per child)			

Pre-K (5 day)			
Pre-K (3 day)			
Pre-K (2 day)			
Toddler			
Infant			
Parents Day Out			

We pledge our support of the early childhood education program ministry provided by (name of congregation). We also accept our financial responsibility and pledge to pay the fees and tuition.

Signature of Parent/Guardian

Date

FOR SCHOOL USE ONLY

Approved by: _____ Date: _____

(Director's signature)

B. Sample Registration Form

Name of Child: _____

Social Security #: _____ Name child goes by: _____

Date of birth: _____ Sex: Male/Female

Baptism date: _____

Address:

Phone: (_____) _____

PARENT OR GUARDIAN INFORMATION

Father: _____ Phone: (_____) _____

Address if different from child's:

Father's occupation and Employer: _____

Work Phone : (_____) _____

Mother: _____ Phone: (_____) _____

Address if different from child's:

Mother's occupation and Employer: _____

Work Phone: (_____) _____

FAMILY INFORMATION

Other children in family: (names and ages)

Name:	Age:	In home with child? Y/N
-------	------	-------------------------

B. Sample Registration Form

Please list any other persons living with the child and their relationship (if any) to the child:

Church membership: _____

Pastor: _____

TIMES AND DAYS OF THE WEEK:

I wish my child to be enrolled: (check the option you wish)

_____ M-W-F a.m. _____ M-W-F p.m. _____ T-TH a.m. _____ T-TH p.m.

_____ M-TH a.m. _____ M-TH p.m. _____ Full-time Early Childhood

List days for full-time early childhood: _____

PICK-UP OF CHILD

Persons authorized to pick up child:

Persons who may NOT pick up child:

(if this is a parent, attach a copy of the custody document)

PERSONAL HISTORY

Is your child right-handed or left-handed? Right-handed: _____ Left-handed: _____

Has your child had a previous group interaction or preschool experience? Yes/No

If yes, where and when?

Does your child have any allergies? Yes/No If Yes, please list:

Are there any medical problems of which we should be aware?

B. Sample Registration Form

What words does your child use for toileting?

Does your child have any bowel or bladder irregularities? Yes/No If yes, please explain:

List special food or eating instructions:

List special sleeping or napping instructions:

Add additional information related to discipline, child's communication, comforting, habits:

C. Infant Information

(Name of Early Childhood Ministry-Congregation)

Name of child: _____ Age: _____

Date of birth: _____

EATING BEHAVIOR

Feeding Schedule

How child is fed: _____ lap _____ high chair _____ infant seat _____ other
_____ bottle _____ breast fed _____ cup _____ cup w/lid

Do you warm the bottle in the microwave: Yes/No In hot water? Yes/No

Infant drinks: _____ formula _____ breast milk _____ juice

Infant eats: _____ baby food _____ table food (specify if limited)

Food allergies or special needs: _____

History of colic: _____

Other feeding needs or concerns: _____

SLEEPING BEHAVIOR

Nap time(s): _____

What infant takes to bed: _____ blanket _____ bottle _____ pacifier _____ other

Nap time procedures: _____

Infant's mood upon awakening: _____

Infant sleeps: _____ in crib _____ in bed _____ on mat

Other sleeping needs or concerns: _____

C. Infant Information

TOILET HABITS

_____ disposable diapers _____ cloth diapers (*please read guidelines in Parent Handbook*)

_____ use A&D _____ Desitin _____ powder _____ special wipes

_____ other: _____

Is diaper rash a problem? Yes/No If yes, how do you treat it? _____

MISCELLANEOUS

Does child have a 'fussy' time? Yes/No When? _____

What do you do? _____

How does child relate to strangers? _____

What do you do for teething discomfort? _____

Other needs or concerns that have not been addressed: _____

D. Toddler Information

(Name of Early Childhood Ministry-Congregation)

Name of child: _____ Age: _____

Birth date: _____

EATING BEHAVIOR

Feeding Schedule

_____ drinks from cup _____ cup with lid _____ breast-fed _____ bottle

_____ uses spoon _____ hands _____ eats baby food

_____ eats table foods (specify if limited): _____

Food allergies or special needs: _____

Other feeding needs or concerns: _____

SLEEPING BEHAVIOR

Nap time(s): _____

What toddler takes to bed: _____ blanket _____ bottle _____ pacifier

_____ other: _____

Nap time procedures: _____

Toddler's mood upon awakening: _____

Toddler sleeps: _____ in crib _____ in bed _____ on mat

Other sleeping needs or concerns: _____

TOILET HABITS

_____ disposable diapers _____ cloth diapers (*please read guidelines in Parent Handbook*)

_____ use A&D _____ Desitin _____ powder _____ special wipes

_____ other: _____

Is diaper rash a problem? Yes/No If yes, how do you treat it? _____

D. Toddler Information

Is toddler toilet trained? Yes/No Is toddler in toilet training? Yes/No

If toilet training, does child indicate bathroom needs? Yes/No

How? _____

Toddler: _____ wears diaper at nap _____ stands at toilet

 _____ sits on toilet, how often? _____

Does your child need help with toileting? Yes/No If yes, what do you do? _____

Child has problems with: _____ diarrhea _____ constipation

MISCELLANEOUS

Does child have a 'fussy' time? Yes/No When? _____

What do you do? _____

How does child relate to strangers? _____

Other needs or concerns that have not been addressed: _____

E. Sample Child's Health Record

(Name of Early Childhood Ministry-Congregation)

(This report is to be filled out by a licensed physician, physician's assistant, or nurse practitioner who has seen the child within the last 12 months)

Name of child: _____

Sex: Male/Female

Date of birth: _____

Address: _____

Past illnesses: (Check those the child has had and give approximate dates.)

- | | | | |
|--|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Rubella | <input type="checkbox"/> Rubella | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other |

This child is is not physically or emotionally able to participate in the early childhood program named above.

Comments: _____

Surgery/accidents/illness/chronic or handicapping problems:

Describe any physical condition requiring special attention by ECM staff:

Medication(s) prescribed: _____

Allergies that staff should be aware of: _____

Prescribed routine: _____

Dental: No visible decay decay present exam recommended

Child's dentist: _____

Address: _____

Phone: (_____) _____

Tuberculin test given: Yes No Date: _____ Result: _____

Vision screening: _____ Hearing screening: _____

Date of most recent examination of child: _____

E. Sample Child's Health Record

Signature of licensed physician, physician's assistant
or nurse practitioner.

Date

Print name

Address

F. Certificate of Immunization

Name of child: _____ Age: _____

Date of birth: _____ Parent/Guardian: _____

MINIMUM DOSES REQUIRED			VACCINE	ENTER EACH DATE IMMUNIZATION WAS GIVEN				
Vaccine	Preschool 15 mo - 4 yrs	Grades K-6 5-11yrs	<i>Diphtheria-Tetanus Pertussis (DTP)</i>					
			<i>Or Tetanus- Diphtheria (Td, DT)</i>					
			<i>Polio</i>					
			<i>Haemophilus Influenza Type B (enter mo/day/year)</i>					
			<i>Measles (enter day/mo/year)</i>					
			<i>Rubella (enter day/mo/year)</i>					
<p><i>Any student starting or completing series within 6 months of first enrollment in school may be certified with:</i></p>			<p>To the best of my knowledge, this person has received the above immunizations.</p> <p>_____</p> <p>(Physician, nurse, or school authority)</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p>					
Vaccine	Preschool 15 mo - 4 yrs	Grades K-6 5-11yrs						
			<i>DTP/Td/DT</i>					
			<i>Polio</i>					
			<i>Measles</i>					
			<i>Mumps</i>					
			<i>Rubella</i>					
			<i>HIB</i>					

(Adapted from the *Ultimate Guide to Forms for Early Childhood Programs*.)

F. Certificate of Immunization

Exemption of Immunization	
Name:	Date of Birth:
Statement of Exemption to Immunization Law	
In the event of an outbreak, exempted person will be subject to exclusion from school and quarantine.	
Medical Exemption	
The physical condition of the above named person is such that immunizations would endanger life or health or is medically contraindicated due to other medical conditions.	
_____	_____
<i>(Physician's signature)</i>	Date
Religious Exemption	
Parent or guardian of the above named person or the person himself/herself adheres to a religious belief opposed to immunizations.	
_____	_____
<i>(Parent or guardian or emancipated student/consenting minor)</i>	Date
Personal Exemption	
Parent or guardian of the above named person or the person himself/herself adheres to a personal belief opposed to immunizations.	
_____	_____
<i>(Parent or guardian or emancipated student/consenting minor)</i>	Date

G. Sample Medical Emergency Authorization Card

(Name of Early Childhood Ministry—Congregation)

Name of child: _____ Date of birth: _____

Address: _____

Home phone: _____ Social Security Number: _____

Mother's Name: _____

Employer: _____ Work phone: _____

Father's Name: _____

Employer: _____ Work phone: _____

Name of relative/friend: _____

Home phone: _____ Work phone: _____

Out of state contact (in case of natural disaster): _____

Relationship: _____ Phone: _____

Child's physician: _____

Address: _____

Phone: _____

Child's dentist: _____

Address: _____

Phone: _____

Special instructions if child is injured or ill: _____

Medical Release: I authorize (*name of early childhood program—congregation*) to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital: _____ if possible, or to the closest available facility.

Parent/guardian's signature

Date

H. Injury, Accident, Hospitalization, or Fatality Report

Use this form for accidents requiring a doctor or an ambulance. Complete the Accident Report in triplicate. Give one copy to parents, file one copy in office files, and keep one copy in reserve if it is needed for an insurance company.

Name of child: _____

Date of accident: _____ Time of accident: _____

Social Security #: _____

Child's address: _____

Phone: (_____) _____

Nature of injury (describe in detail, including how it happened): _____

Who was supervising the child at the time? _____

Emergency care that was administered and the time of care:

Administered by: _____ Time: _____

Physician notified (if any): _____ Time: _____

Ambulance called (if any): _____ Time: _____

Which parent/guardian was notified: _____ Time: _____

Director/Teacher Signature Date and time

Parent/guardian's Signature Date and time

I. Request to Give Medication

Please note: ALL medication must be in original containers labeled clearly with the child's name, physician's name, name of medication, directions for use and the date prescribed.

DO NOT PUT MEDICATION IN CHILD'S LUNCH BOX OR BACK PACK!

Bring medication and this request directly to the early childhood center office.

I request that my child, _____ be given medication on the
Following date(s): _____ at the following time(s) of
day: _____.

The dosage to be given is: _____.

Physician's name: _____

Physician's phone number: (_____) _____

Signature of Parent/guardian

Date

FOR EARLY CHILDHOOD CENTER USE ONLY

Medication given:

<i>Date</i>	<i>Time</i>	<i>Teacher/Director/Staff Administering Medication</i>

J. My Child's Christian Care

Children Count with Christ!

Information to be given to the early childhood center when the parent brings a child, and information to be communicated to the parent when the child is picked up.

Name of child: _____ Today's date: _____

Where can we reach parent(s) today? _____

How did the child sleep? ___ Well ___ Longer than usual ___ Less than usual

Child's mood has been: _____

What time child will be picked up?: _____

By whom? _____

Medication today? Yes/No If yes, what medication? _____

New bumps/injuries? Yes/No If yes, what and where? _____

For parents of infants: time and amount of last feeding:

Time: _____ Amount: _____

Special instructions/information: _____

Staff Information:

Medication: Yes/No If yes, what time? _____

Child's mood: _____

Naps: _____ to _____ to _____

Outdoor time: _____ to _____

What my child's day was like:

Bottles: _____

AM snack: _____

Solid-food lunch: _____

PM snack: _____

Diapering: _____