Chapel in the Pines Presbyterian Church (USA) Parents' Morning Out Program Registration Form 2019-2020

Child Information		
Child:	Phone	:
Birthdate:	Gender:	
Child Address:		
Parent/Guardian Info	rmation	
Name:	Relationship:	
Cell Phone:	Work Phone:	
Email Address:		
	act do you prefer?	
Name:	Relationship:	
Cell Phone:	Work Phone: _	
Email Address:		
	act do you prefer?	
Emergency Contact I	<u>Information</u>	
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Health and Medical II	nformation	
	or illness, your child will be sent to an emerg	
Health comments/cond	cerns:	
Parent/Guardian Sigr	natures_	
I authorize the church	to obtain medical care for my child,	as specified above, in an emergency.
I declare that the infor	mation given above is true and accu	rate.
Signature:	Date:	
Signature:		Date:

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Program-Parent Covenant

The Parents' Morning Out Program uses a co-operative model, one where families and program staff work together to care for and nurture the participating children. As such, it is important that both parties agree to and uphold their commitments to the program. In signing this covenant, we are declaring our intent to be in co-operative relationship with one another as outlined below.

we are accounting our micros to so in oc opera	o rolanonomp mur ono alternor de calimod bolom
 PMO program, I commit to: Submit to a background check per the Volunteer in the classroom as scheduled 11:30AM-every 8th class meeting). If for, I will reach out to one of the other Honor the program schedule, dropping them up no later than 11:45AM Submit monthly program payments not not not not not not not not not not	child) participating in the e Chapel in the Pines Child Protection Policy aled (approximately one class period-8:15AM-1 am unable to volunteer on a date I am scheduled parents to arrange coverage for that day. In a children off no earlier than 8:15AM and picking to later than 5th of each month. It ionships with the program staff and other parents wort to the children in the program when
Signature	Date
Signature	Date
 ensure that two adults are with childreness. Provide nurturing, caring, age-approprogram. Hold classes Tuesdays and Thursday Schools Calendar for 2019-2020. She much advance notice as possible. Provide a volunteer schedule in a tim 	e Chapel in the Pines Child Protection Policy and to en at all times oriate activities for children participating in the ys 8:30-11:30AM following the Chatham County ould class need to be canceled, I will provide as
Signature	Date

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Program Costs

The cost per child for PMO is \$125/month. In addition, two supply fees will be charged to help cover classroom supplies as well as snacks. The initial fee of \$100 is due with registration. A second payment of \$50 is due with the January program payment Payment is requested by 5th each month. Payments received after the 5th of each month are considered late and must include a \$10 late fee. Payments can be made to the church office manager, Nana Morelli. Checks should be made out to Chapel in the Pines Presbyterian Church with PMO in the memo line.

Pick-up/Drop Off:

Drop-off time is 8:15am-8:30am each Tuesday and Thursday morning. If you are a parent helper that day, please try to arrive by 8:15am!

When dropping off your child, please send them with the following:

- Extra diapers, wipes, rash cream if needed, etc
- 2 extra changes of clothes
- Water bottle with label
- Hat, jacket, etc for going outside
- Comfort item
- Any medication if needed
- Bottles if needed with labels

I will have a storage space where I can hold extra changes of clothes, diapers, etc. So feel free to bring enough for the week to keep here!

Pick-up time is 11:30. During both drop-off and pick-up times, parents will need to sign in and out using our system! This will also give me a way to chat with you about how their time went:) If a person other than a parent will be picking up your child, please try to notify me in advance so that I am aware.

If the teacher will need to be out, the program will do its best to secure a substitute teacher for the day. Notice of this will be provided as soon as possible. In the unlikely event that a substitute teacher is not available, class will be canceled for that day.

Parent Roles:

For convenience purpose, the schedule for parent helpers has been preassigned. You can find the calendar in the welcome email; it is the excel document. Please be sure to download this file in order to see the calendar! I have made a schedule up to December for your convenience to have time to plan and rearrange if necessary.

If you have any conflicts, please reach out to parents via the contact log. Also feel free to reply to the mass email to find coverage. If you can't come in and couldn't find anyone to cover for you, we will have to cancel daycare for that day. Please let me know if this happens as soon as possible so I can have time to get in touch with the rest of the group!

If you will be helping in the program, you will need to undergo a background check. Nana, our church office manager, will get in touch with you soon with those forms. In addition to a background check, I would also love for our parent help to complete the Darkness to Light Training regarding child sexual abuse. I feel this is important to be aware of, especially when working with others' children. It is free and online, the only thing is you have to register for an account in order to start. Here is the link to the Darkness to Light Training:

https://d2l.csod.com/client/d2l/default.aspx? ga=2.252459849.153551688.1534885559-214935151.1534885559