



CUMC PRESCHOOL & AFTER CARE CENTER

1711 Kirby Road, McLean, Virginia 22101
703-854-1691 / 703-854-1693 (fax)

ENROLLMENT PACKET CHECKLIST 2018-2019 New Student Enrollment Packet

| | |
|--|---|
| | ID – Birth Certificate/Passport |
| | Physical Form (parent must sign and date the front of the Physical Form) |
| | Vital Information Card |
| | Registration Form/ Emergency Card |
| | Emergency Treatment Authorization |
| | Release of Custody |
| | Sick Child Policy |
| | Policy Regarding Intoxicated Parents |
| | Financial Policies (MUST be signed and returned) |
| | Receipt of Parent Handbook Form (MUST be signed and turned in when Handbook is obtained). |
| | Directory Information Sheet |
| | Photo Permission form |
| | Allergy Action Plan (if applicable) |

Enrollment papers, tuition payments and the yearly program fee should be sent directly to **CHESTERBROOK PRESCHOOL AND CHILD CARE**; 1711 Kirby Road; McLean, VA 22101. Please make checks payable to **CHESTERBROOK PRESCHOOL**.



CUMC PRESCHOOL AND CHILD CARE PROGRAMS

1711 Kirby Road, McLean, Virginia 22101
703-854-1691 / 703-854-1693 (fax) / Chesterbrookumcpreschool@gmail.com /
www.Chesterbrookpreschool.org

REGISTRATION VITAL CARD 2018-2019

ENTRY DATE _____ WITHDRAWAL DATE _____

Child's Name _____

Nickname _____ Birth date _____ Sex _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Work Address _____

Position Held _____ Hours Worked _____

Father's Name _____ Cell Phone _____ Work Phone _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Work Address _____

Position Held _____ Hours Worked _____

Previous Child Day Care Programs and Schools Attended: _____

Child's Physician _____ Phone _____

Previous Child Day Care Programs and Schools Attended: _____

| |
|---|
| Chronic Physical Problems/Pertinent Developmental Information /Special Accommodations Needed: |
|---|

| | |
|---|--------------|
| If Child Attends This Center and Another School/Program, Give Name of School/Program: _____ | Grade: _____ |
|---|--------------|

MEDICAL CONDITIONS or ALLERGIES _____

EPI-PEN/BENDRYL IF NEEDED AND DOSAGE _____

***Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.



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EMERGENCY TREATMENT AUTHORIZATION

I _____, hereby authorize any physician member of the Department of Emergency Medicine of Commonwealth Hospital, Inova Hospitals, ACCESS or Arlington Hospital and/or any member of the Medical Staffs of the above-mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____.

Child's Allergies (if any) _____

Child's Doctor _____ Telephone number _____

Family Doctor _____ Telephone number _____

Medicines child is taking _____

Last Tetanus Shot` _____

Medical History (for example Allergies, Surgeries, Diabetes, Heart Disease, Seizures, Etc.):

INSURANCE INFORMATION

Insurance Company _____

Identification Number _____ POLICY # _____

Subscriber's Name _____

Subscriber's Place of Employment _____

Subscriber's Phone Number _____



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RELEASE OF CUSTODY 2018-2019

Name of Child _____

Date of Birth _____

I authorize the following people to pick up my child from **CUMC PRESCHOOL AND CHILD CARE** and understand that my child cannot and will not be released to anyone else (except emergency medical personnel) with my express written permission:

_____ Relationship /Phone _____

_____ Relationship /Phone _____

_____ Relationship /Phone _____

_____ Relationship /Phone _____

_____ Relationship /Phone _____

_____ Relationship /Phone _____

THESE NAMES ARE THE SAME AND INCLUSIVE OF THOSE PEOPLE I HAVE ASKED TO BE CONTACTED FOR EMERGENCIES IF I OR MY SPOUSE CANNOT BE REACHED.

Yes _____ No _____

Names and Ages of Brothers and Sisters and/or others living in our home:

| NAME & RELATIONSHIP | AGE |
|---------------------|-------|
| 1. _____ | _____ |
| 2.. _____ | _____ |
| 3.. _____ | _____ |
| 4.. _____ | _____ |

The following people are NOT given authorization to pick up my child:

_____ Relationship _____

_____ Relationship _____

As required by the Code of Virginia, custodial parents have a right to be admitted into the school unless there is a court order stating otherwise.

Signature: Mother _____ Date _____

Father _____ Date _____



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SICK CHILD POLICY



Children attending [CUMC PRESCHOOL AND CHILD CARE CENTER](#) are expected to be able to participate in all activities. Parents are responsible for bringing their child to the Center in good health and capable of participating the day's activities. We are not able to provide one-on-one supervision.

Children with short-term contagious illnesses are not allowed to attend the preschool. You are required to inform the school within 24 hours of your child getting sick. You will need a note from your child's doctor stating that the child is no longer contagious. Our school is not licensed to care for sick children.

Outside play is an integral part of a healthy day at [CUMC PRESCHOOL AND CHILD CARE](#). Licensing requires us to provide at least one hour of outdoor play (weather permitting). If a child is not well enough to play outside, the parent must keep him/her at home.

If a child is at home with a communicable illness other than a routine cold, the parent **MUST** alert the Center within 24 hours so that we can advise the other parents to look for symptoms. Such illnesses may include strep throat, pink eye, chicken pox, measles, mumps, rubella, flu-like symptoms, or a high fever. If your child is sent home from school or sick at home they need to be fever/symptom free without any medication for at least 24 hours before returning to school. Any life threatening diseases **MUST** be reported immediately. Your child may not return to school without a note from the doctor stating that he/she is no longer contagious.

When, in the opinion of the Center staff, a child arrives at preschool and is ill, we cannot admit the child. When a child becomes ill at school, we will immediately notify the parent or caregiver, and if necessary, isolate the child until he/she is picked up.

Parents or caregivers are requested to pick up sick children within one hour of being called.

Our sick child policy is designed to protect all of the children enrolled at [CUMC PRESCHOOL AND CHILD CARE CENTER](#) and to promote the highest possible level of health. Your adherence to our health policies benefits everyone.

Signature

Date



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POLICY REGARDING INTOXICATED PARENTS

While the staff of **CUMC PRESCHOOL AND CHILD CARE CENTER** does not wish to interfere in any manner with private life choices of the families we serve, we are responsible for the safety of the children in our care and believe that it is our obligation to prevent children from being released to persons who, in our opinion, may be unable to provide safe transport upon leaving our school. Further, **CUMC PRESCHOOL AND CHILD CARE CENTER** cannot and does not accept responsibility for the well-being of children once the children have been released to their parents or other authorized adults. There are instances, however, when as an entity dedicated to the well-being of children, we may be placed in a position in which we believe that we must take certain actions solely for the purpose of securing the safety of children enrolled at **CUMC PRESCHOOL AND CHILD CARE CENTER**.

The following policy sets forth actions which we believe may be necessary to take should a parent or authorized driver arrive to pick up the child in a condition which appears to us to indicate the influence of drugs, alcohol, or other influences which may endanger the safety or well-being of the children in their custody.

If a parent or authorized driver arriving to retrieve a child is considered by at least two staff to possibly be intoxicated or otherwise in an unfit condition to transport children safely, the driver may be asked to seek alternative transportation home for both themselves and the child. If the parent desires, we will call a friend, relative, or taxi to take the driver and child/children home at the parent's expense.

In the event the parent or authorized driver does not accept the staff recommendations to obtain alternate transportation, the staff has been instructed by Child Protective Services to call the local Police Department and request assistance to prevent the parent or authorized driver from attempting the unsafe transportation of the children. Subsequently, police officials could elect to charge the authorized driver with a crime such as public drunkenness, and/or driving under the influence of alcohol or drugs, or may recommend that the authorized driver be reported to Child Protective Services for child abuse.

Please sign below to attest that you have read, understand, and agree to the above policy; and you will comply with this policy as a condition for the enrollment of your child at **CUMC PRESCHOOL AND CHILD CARE CENTER**. Thank you. (All parents or guardians must sign).

Signature Printed Name Date

Signature Printed Name Date

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DIRECTORY INFORMATION SHEET

If you wish to be included in the **CUMC PRESCHOOL AND CHILD CARE CENTER DIRECTORY**, please complete this form and return it to the office. Thank you very much.

CHILD'S NAME _____

PARENTS' NAMES _____

CHILD'S BIRTHDAY _____

CHILD'S CLASS _____

HOME ADDRESS _____

HOME PHONE _____

FAMILY E-MAIL ADDRESS _____

The signature below authorizes the inclusion of this information in the **CUMC PRESCHOOL AND CHILD CARE CENTER** Directory to be distributed to all parents and employees at **CUMC PRESCHOOL AND CHILD CARE CENTER**.

Signature

Date

Printed Name





CUMC PRESCHOOL AND CHILD CARE PROGRAMS

703-854-1691 / 703-854-1693 (fax) / chesterbrookumcpreschool@gmail.com/

www.Chesterbrookpreschool.org

Tuition Rates :

The below tuition rates are subject to change for the 2018-2019 school year.

Chesterbrook UMC Preschool and Child Care (CPAC) is open during the calendar school year Monday through Friday from 7:30 am-6:00 pm. Fees vary according to the child's age and the services provided and rates are reevaluated every year.

PRESCHOOL AND AFTER CARE TUITION RATES

CHESTERBROOK UMC PRESCHOOL & CHILD CARE HAS ANNUAL FEES FOR EACH PROGRAM THAT ARE BROKEN INTO 10 PAYMENTS., SEPTEMBER THROUGH JUNE. (NO PRO-RATED MONTHS)

CLASS NAME, DESCRIPTION, TIME, DAY, MONTHLY PAYMENT AMOUNT

| <u>Class</u> | <u>Class Type</u> | <u>Time</u> | <u>Duration</u> | <u>Monthly/ Annual Tuition Rates</u> |
|--------------------------|----------------------|--------------|-----------------|--|
| Early Birds | Before Care | 7:30-9:00 am | Mon-Fri | \$277.00/ \$2770.00 |
| Caterpillars | Young 2 year old | 9:15-12:15 | Tues/ Thurs | \$277.00/ \$2770.00 |
| Honeybee | 3 year old 3 Day | 9:15-12:15 | Mon/Wed/Fri | \$395.00/ \$3950.00 |
| Bumblebees | 3 year old 5 Day | 9:15-12:15 | Mon-Fri | \$673.00/ \$6730.00 |
| Lions | 4-5 year old (Pre-k) | 9:15-12:15 | Mon-Fri | \$649.00/ \$6490.00 |
| After Care: Session 1 | After Care | 12:30-3:30 | Mon-Fri | \$413.00/ \$4130.00 |
| After Care: Session 2 | After Care | 3:30-6:00 | Mon-Fri | \$394.00 / \$3940.00 |

*PARTTIME BEFORE & AFTER CARE CAN BE ACCOMMODATED BASED ON AVAILABILITY

ALL DAY TUITION

| <u>Age</u> | <u>All Day Program 7:30-6:00 pm</u> | <u>Monthly/Annual Tuition</u> |
|------------|-------------------------------------|-----------------------------------|
| <u>3</u> | <u>Monday-Friday</u> | \$1535.00/ <u>\$15,350.00</u> |
| <u>4-5</u> | <u>Monday-Friday</u> | \$1,435.00 / \$14,350.00 |



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CHESTERBROOK UMC PRESCHOOL & CHILD CARE FINANCIAL POLICIES AGREEMENT 2018-2019

I understand that Chesterbrook UMC Preschool & Child Care will be deducting my child's tuition cost on the 5th of every month. The account that the money is withdrawn from has been selected by me and provided to the CUMC administration for deduction. I agree that in addition to the February tuition rate, that the 2nd half of the activity fee will also be deducted on February 5th.

I have read and agree to comply with the financial policies of Chesterbrook Preschool and Child Care Program.

Print Name: _____

Signed _____ Date _____

Parents Signature

Office Use Only

Student's Name: _____

Sessions Enrolled: _____

Tuition Rate: _____

Check# _____

Account# _____ Routing # _____

Office Use Only:

| Fees | Paid: Yes or No | Ck# or Auto |
|-----------------------------|-----------------|-------------|
| Registration Fee | | |
| Activity Fee First Payment | | |
| Security Deposit | | |
| September Tuition | | |
| Activity Fee Second Payment | | |



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FINANCIAL POLICIES

INITIAL FEES

A non –refundable registration fee of \$125 will be due upon acceptance into the program. All returning students must pay a \$25.00 non refundable administrative fee when securing a spot for the upcoming school year.

A security deposit of one month's tuition will be due no later than June 1, 2018. This security deposit payment will be applied to the last payment of the school year (June 2019). The security deposit is NON-REFUNDABLE and will only be applied to June 2019. Withdrawing for the program requires 30 days written notice.

PAYMENT SCHEDULE

Tuition is automatically withdrawn on the 5th of every month,.

Please review the automatic payment schedule and agreement.

AUTOMATIC PAYMENT SCHEDULE

Chesterbrook UMC Preschool & Child Care will be collecting tuition payments via an online automatic withdrawal system. The payment system will automatically withdraw the agreed upon tuition rate on the 5th of every month, September through May, from the account of the initial deposit check. Alternative date withdraw can be discussed and arranged with the School Director.

INSUFFICIENT FUNDS FEE

There is a \$30.00 fee if the tuition is withdrawn and there are insufficient funds. If you need a different date for withdrawal please notify and discuss with the Director.

CHANGE OF CLASS OFFERINGS, TUITION RATES, AND FEE AMOUNTS, ABSENCES AND REFUNDS

Chesterbrook UMC Preschool and Child Care reserves the right to change class offerings, tuition rates, and fee amounts with a 30-day written notice to all current enrolled families.

No refunds or reductions can be made for a child's absence. Tuition paid is non-refundable.

Holidays, delayed openings, closings due to weather and pre-scheduled staff training are considered in setting tuition rates. No other reductions can be made for these days that fall within the school week.

You must provide Chesterbrook Preschool 30 days notice prior to removing your child from our care.

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Photography Release

Chesterbrook United Methodist Church Preschool and After Care has my permission to take photographs of my child,

_____.

I give permission for these photographs to be used in the Church & Preschool Newsletter, Preschool website and other publicity uses.

YES _____

NO _____

I understand that these photographs will not be labeled with my child's name.

Name

Date



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Registration Form 2018-2019

Return this form with your registration fee for \$125.00

| | | | |
|--|----------|---------------|------------|
| Child | Nickname | Date of Birth | Sex |
| Address | | | Home Phone |
| Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed: | | | |
| Previous Child Day Care Programs and Schools Attended: | | | |
| If Child Attends This Center and Another School/Program, Give Name of School/Program: | | | Grade |
| CPAC CLASS(es) REQUESTED: | | | |

PARENT(S)/GUARDIAN(S)

| | | |
|--|----------------|----------------------|
| Father | Place Employed | Business Phone |
| Home Address | | Home Phone Email |
| Mother | Place Employed | Business Phone |
| Home Address | | Home Phone Email |
| Person(s) or Agency Having Legal Custody of Child: | | |
| Home Address | | Home Phone and Email |
| Business Address | | Business Phone |

EMERGENCY INFORMATION

| | | |
|---|---------|-------|
| Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency: | | |
| Child's Physician | | Phone |
| Two People to Contact if Parent(s) Cannot Be Reached: | | |
| Name | Address | Phone |
| Name | Address | Phone |
| Person(s) Authorized to Pick Up Child | Name | Name |
| Person(s) NOT Authorized to Pick Up Child | Name | Name |

- Appropriate paperwork such as custody papers shall be attached if apparent is now allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.
2. The parent(s)/guardian(s) authorize the child daycenter to obtain immediate medical care if any emergency occurs when the The parent(s)/guardian(s) cannot be located Immediately. **
3. The parent(s)/guardian(s) agree to inform the Center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent(s)/Guardian(s) _____
Date

Administrator of Center _____
Date

Date Child Entered Care: _____ Date Left Care: _____

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s)

For Office Use Only:

**OFFICE USE ONLY
IDENTITY VERIFICATION**

| | | | |
|---------------------|------------|--------------------------|------------------------------|
| Place of Birth | Birth Date | Birth Certificate Number | Date Issued |
| Other Form of Proof | | Date Document Viewed | Person Viewing Documentation |

If proof of identity is required and a copy is not kept, please fill out the following:

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____
Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal of his designee of public school in the U.S. that a certified copy of the child's birth record was previously presented o copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that he proof of identity, if reproduced o retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

2018-2019 Parent Calendar Chesterbrook UMC Preschool & After Care

| | |
|--------------|--|
| August 23 | Pre-K Open House @1:00 pm |
| August 28 | First Day Before & After Care FCPS & CPAC First Day for Lions Open House <i>Caterpillar & Bumblebee 10:00-11:00 am</i> |
| August 29 | First Day Bumblebee Open House Honeybee 10:00-11:00 am |
| August 30 | First Day Caterpillar |
| August 31 | First Day Honeybee |
| September 3 | All Programs Closed- Labor Day <i>FCPS & MSM also Closed</i> |
| Oct 8 | All Programs Closed-Columbus Day <i>FCPS & MSM also Closed</i> |
| Oct 9-12 | Scholastic Book Fair- Church Social Hall Book Fair Hours 9:00 am- 4:00 pm |
| Oct 31 | Early Release- After Care Closes @ 4:00 pm Halloween |
| Nov 5-6 | All Programs Closed Parent Conferences <i>FCPS also Closed</i> |
| Nov 21-23 | All Programs Closed- Thanksgiving Break <i>FCPS & MSM also Closed</i> |
| Dec 8 | Breakfast with Santa 10:00 am-12:00 pm |
| Dec 21 | Early Release- After Care Closes @ 5:00 pm |
| Dec 24-Jan 4 | Winter Break- All Programs Closed <i>FCPS & MSM also Closed</i> |
| Jan 7, 2019 | 1st Day back after break! Happy New Year! |
| Jan 21 | All Programs Closed-Martin Luther King Day <i>FCPS & MSM also Closed</i> |
| Feb 4 | All Programs Closed-Staff Development <i>FCPS also Closed</i> |
| Feb 18 | All Programs Closed-Presidents Day <i>FCPS & MSM also Closed</i> |
| April 5 | All Programs Closed- Staff Development <i>FCPS also Closed</i> |
| April 12 | Early Release-After Care Closes @ 5:00 pm |
| April 15-19 | All Programs Closed- Spring Break <i>FCPS & MSM also Closed</i> |
| April 22 | 1st day back after break! |
| May 27 | All Programs Closed-Memorial Day <i>FCPS & MSM also Closed</i> |
| June 6 | Last Day Morning Preschool and Before & After Care CPAC & MSM |
| June 7 | Last Day Before/After Care FCPS Early Release After Care Closes @ 5:00 pm |
| June 7 | Pre-K Graduation/Party 10:00-11:30 am |