St. Mark’s Episcopal Church

Parents’ Day Out
Application

2020 – 2021
Parents’ Day Out
Child Care Program

Purpose
The purpose of Parents' Day Out (PDO) is to provide competent care for preschool children from 2 years of age (as of September 1st) through 4 years of age.

We believe that parents have a need for some time away from their children. Likewise, children can benefit from time away from their home routine by meeting and playing with other children in a loving and caring environment.

Eligibility
PDO is a community service sponsored by St. Mark’s Episcopal Church. Any member of the community may be eligible to enroll.

Enrollment
To register a child, the parent must obtain physical examination forms for the child. A printout of your child’s immunization record from your physician is sufficient. A nonrefundable fee of $75 per family is required to enroll.

Scheduling
Parents’ Day Out will be in session from mid-September to mid-May on Monday through Friday from 9:00am until 1:00pm. Children may be enrolled up to two days each week. PDO will follow the school calendar of Glen Ellyn School District 41 (www.d41.dupage.k12.il.us). When Glen Ellyn School District 41 is on vacation then PDO will not be in session. A calendar will be provided on the first day of class.

A substitute/waiting list will be available for those interested in their child attending on days when a regular attendee is absent.
Fees
A fee of $35 per session will be charged per child. If two children from the same family are enrolled in the program on the same day the fee will be $60 per session; three children will be $80 per session. Payment is due on a monthly basis on the first day attended each month. Please make checks payable to St. Mark’s PDO.

Parents who cancel their child’s space are responsible for payment. If someone on the substitute list is called and uses the canceled spot, the substitute will pay the PDO director, and the appropriate family will be credited the following month.

Admission and Dismissal
You, the parent, are to sign-in on the sign-in sheet and leave an emergency number where you or a neighbor or spouse can be reached in case your child gets sick.

Place your child in the care of the teacher and then sign-in. Hang your child’s coat and bag on their assigned hook. Please mark their lunch with your child’s name and place it on the shelf above his/her coat. Make sure all belongings are labeled.

Only a parent or an authorized substitute whom the parent has designated can pick up the child. We will ask for identification if necessary.

Please do not be late in picking up your child. We will impose the following late fee:

- 1:05 – 1:14 $5 will be charged.
- 1:15 – 1:19 $8 will be charged.
- 1:20 or later $12 will be charged.

Care of Children
Staff members are actively involved with children at PDO. They will make every attempt to meet the needs of each child depending upon his/her stage of development.

Weather permitting the children may be taken outside for a period of playtime. Children may also participate in group activities such as art, crafts, games, and music.

Please send an extra change of clothing and two (2) pairs of regular underpants for those children who are trained. Again, please label all items.

Parents are requested to provide 4 disposable diapers and place them in the changing area. Please mark the diapers with your child’s name.

Discipline
Any discipline problems will be handled by a permanent staff member who has an ongoing relationship with the child. Separation from the group is the approved method of discipline if a child is not behaving in an acceptable manner.

Children are never punished for soiling their pants. Toilet training must be discussed with the staff so that there is consistency with what is done at home.

Snack
A snack will be served at 10:30am and will be provided by the parents. Parents will be asked to bring fruit juice and snack items (cheese, pretzels, raisins, fruit slices, crackers, etc.). A sign-up sheet for bringing snacks will be circulated during the orientation meeting in September. Notification of allergies within the group will be given as necessary.

*Always make sure the child’s belongings are labeled with his/her name.*
**Lunch**
Children will bring a sack/box lunch from home. Please limit lunch to what your child will reasonable eat and include something to drink.

**Religious Instruction**
Childcare workers at PDO will not carryout a specific religious curriculum. The child will be cared for in a Christian atmosphere. Grace will be said before snacks and meals. A member of the clergy may give a small presentation before certain religious holidays.

**Research**
Children will not be involved in any research project.

**Late/Negligent Fees**
The Administrator/Director will contact the parent’s who fails to pay fees. If the parents fail to pay prior to the 15th of the month, they will be assessed a late fee of $10 for each month unpaid. If they continue not to pay, they will be asked not to return until the fees are paid in full.

**Health Policy**
All children must submit documentation of immunizations and record of health prior to their first day of attendance in the program. The St. Mark’s PDO program chooses to be consistent with Dist. 41 health guidelines, and therefore requires that all children be up to date with their scheduled immunizations. Families who choose not to immunize their children should discuss this with the director.

**Sick Children**
Children will not be admitted if the child is judged to be ill by the staff member who greets the child. Please do not bring your child if they exhibit the following symptoms within 24 hours prior to class: 1) diarrhea, 2) fever, 3) vomiting, 4) rash, 5) colds, and 6) any communicable viral or bacterial disorders.

If the child has been exposed to a contagious disease (ie chicken pox, measles, hepatitis, etc.) he/she should be kept at home and the fact of the exposure should be reported to us.

Children will be sent home if in the opinion of the staff a child is too ill to remain at school. In such cases the child’s parent or guardian will be called. The ill child will be separated with supervision and the parent will be contacted as soon as possible. The parent must make arrangements to pick up the child. We consider the symptoms listed in the previous paragraph to be sufficiently serious to send the child home.

**Emergency Care**
In case of an emergency, accident or illness, a child will be transported by proper authorities to the nearest hospital for treatment. The parent will be contacted as soon as possible. Any expenses incurred are the responsibility of the parent.

**Consent**
Parents will be asked to give their consent for photographs of their children to be used for publicity purposes. Personal information gathered from various forms and references collected by the PDO Board about parents or children enrolled in our program will not be released.

**Staff**
The staff will consist of a Director and four staff persons.

**Governing Body**
The Governing body will consist of appointed members from St. Mark’s Episcopal Church.
Parents Day Out Agreement

As a participant in the Parents’ Day Out (hereinafter referred to as PDO) program at St. Mark’s Episcopal Church, I agree to the following:

1. To enroll for the entire year.

2. To pay a $75 enrollment fee payable to St. Mark’s PDO; this fee is non-refundable.

3. To keep my child home if he/she shows signs of a communicable disease.

4. To pay the applicable fees when my child is at PDO; these fees shall be $35 per session for 1 child, $60 per session for 2 children, and $80 per session for 3 children; this fee shall be paid at the beginning of the month for regularly scheduled participants. Note: In the event that PDO closes for any emergency reason, you will be credited the fee for that session the following month.

5. To notify the director of PDO if someone other than myself is to pick up my child; the notification shall include name, address, and telephone number of the authorized person.

6. I understand that the Board of Directors of PDO has the right to withdraw a child because of unsatisfactory adjustment of the child to the program or because of delinquent fees or negligent participation in the program on the part of the parent.

7. I understand that I may withdraw from the program at any time by notifying the Director of PDO.

8. I agree to pay the designated late charges if I fail to pick up my child at the dismissal time. Time will be set according to the clock in the PDO room.

9. I agree to bring my child between 8:50 am and 9:15 am.

10. If I have to bring my child early or drop him/her off later, I must obtain prior permission from the staff.

11. I understand a late fee of $10 will be assessed after the 15th of the month for unpaid fees.

12. All belongings will be clearly marked with my child’s name or it will be done for me.

Parent’s Signature _________________________________________________________ $_________ Enrollment Fee
Parent’s Day Out Enrollment Information & Emergency Authorization

Child’s name __________________________ Goes by name __________________________

Date of birth __________________________ Sex M F

Date of enrollment ______________________ Requested participation day(s) ______________________

Parents names: __________________________

How did you hear about PDO? __________________________

Home phone __________________________ Family email address __________________________

Bus/cell mother/father __________________________ Bus/cell father/mother __________________________

Home address __________________________

Working hours (outside of home) Mother/Father __________________________ Father/Mother __________________________

Persons authorized to pick up my child:

________________________________________

Name, Address, & Phone

________________________________________

Name, Address, & Phone

I authorize the PDO staff to administer first aid to my child if need be. In case of an emergency, accident, or illness I authorize the staff of Parents Day Out to take my child to the nearest hospital for emergency treatment. I also authorize the staff to contact the following persons if I cannot be reached. They may pick-up my child if I am unable to do so: (List 2 people of different addresses)

1. __________________________

Name, Address, & Phone

2. __________________________

Name, Address, & Phone

Child’s physician __________________________

Name, Address, & Phone

Known allergies __________________________

Please check boxes if you would like information about:

- St. Mark's Church Programs  - Baptism  - Sunday School  - Women's Programs  - Outreach
- Choir  - Other ________________.

I give my consent to take photographs of my child for publicity purposes.

Date: ________________  Signed: __________________________