

# SUMMIT CHRISTIAN CENTER

## 2011-2012

### MOTHERS DAY OUT PROGRAM INFORMATION

Thank you for considering our Mother's Day Out program at Summit Christian Center.

Summit Christian Center's purpose is to connect people with God and others, leading them to become fully devoted followers of Christ, who are expressing His life in their world. This purpose statement is the bedrock of our Children's Ministry and Mother's Day Out Program.

Our bible based curriculum is designed to nurture young children, and to stimulate their spiritual, language, physical, cognitive, and creative development, and to encourage positive self-esteem and social interaction. The curriculum is designed to meet the individual needs of each child in a warm and nurturing environment, emphasizing the building of autonomy and problem-solving abilities in the following areas:

Music and Movement

Physical and Natural Science

Language Arts

Cooking

Gross and Fine Motor Coordination

Creative Art

Dramatic Play

**Our learning goals for our preschool aged children include the following:**

Participating as part of a classroom community:

being respectful of others and property

sharing information

listening

taking turns

Developing social competence:

building relationships with peers and teachers

entering and sustaining play

developing empathy for others

learning to negotiate

Developing early language and math concepts:

expressing feelings and ideas

making attempts at writing

recognizing symbols (starting with the children's names)

exploring math concepts through manipulation of objects

Our program is offered from 9am-2pm on Monday and Wednesday of each week.  
 We serve children ages 4 mos.-4 years. Children are placed in classrooms according to age range.  
 Summit Christian Center's MDO program begins September 7, 2011 and ends May 23, 2012.  
 NEISD school calendar and holidays will be observed.  
 Annual supply fee of \$125, \$50 Registration fee, and first month's tuition of \$165 (\$190 for infants) is due at time of enrollment.  
 Tuition is due by the 10<sup>th</sup> of each month, if tuition is received after the 10<sup>th</sup> of the month, a \$25 late fee will be added to the balance.  
 Children must be picked up by 2:00 pm each day; a charge of \$1 per minute will be due upon pick up.  
 Spaces are limited by age and class size, and are given on a first come first served basis.  
 Spaces will be assigned with required paperwork, payment of all fees and first month's tuition.  
 Early Bird Registration for the 2011-2012 school year will be held from April 4-May 31, 2011, a discount of \$25 will apply to the annual supply fee.

Meet your teacher will be held on August 31, 2011 from 10:00am-12:00pm.

Please contact Cara Fernandez for registration and program information.  
 HYPERLINK "mailto:cfernandez@summitsa.com" [cfernandez@summitsa.com](mailto:cfernandez@summitsa.com)  
 210-402-0565 ext. 2182

We look forward to serving you at Mother's Day Out!

## SUMMIT CHRISTIAN CENTER 2011-2012 MOTHERS DAY OUT REGISTRATION FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Home Church \_\_\_\_\_

Home Church \_\_\_\_\_

Does child live with both parents?  Yes  No

If no, list whom child lives with and marital status of that parent.

**Other children in the family:** Name \_\_\_\_\_ Age

School

Name \_\_\_\_\_ Age

School

Name \_\_\_\_\_ Age

School

**Emergency Contact and Pick Up (other than parents)**

Name \_\_\_\_\_ Relationship

Address \_\_\_\_\_ Contact Phone

Name \_\_\_\_\_ Relationship

Address \_\_\_\_\_ Contact Phone

**Names of those other than parents and Emergency Contact, who may pick up your child?  
(ID will be required)**

Name \_\_\_\_\_ Relationship

Address \_\_\_\_\_ Contact Phone

Name \_\_\_\_\_ Relationship

Address \_\_\_\_\_ Contact Phone

**I have received and agree to the policies of Summit Christian Center Mother's Day Out and I give permission for my Child to be given medical treatment in the event of an emergency.**

Signature \_\_\_\_\_ Date

*Office Use only*

Registration Fee \$ \_\_\_\_\_ Supply Fee \$ \_\_\_\_\_ Monthly Tuition \$ \_\_\_\_\_  Check# \_\_\_\_\_ Cash \$ \_\_\_\_\_

Initials \_\_\_\_\_

**SUMMIT CHRISTIAN CENTER**  
**2011-2012**  
**MOTHERS DAY OUT MEDICAL RELEASE FORM**

Child's Name \_\_\_\_\_ Classroom

Child's Physician \_\_\_\_\_ Phone

**Please list any special/medical needs or allergies (Environmental, food and medical)**

**Does your child have any hearing or speech problems?**     Yes     No

If yes, please describe

**Please answer the following questions:**

Is your child taking any medication?     Yes     No

If yes, please describe

Is your child allergic to insect bites or stings?     Yes     No

If yes, please describe

Has your child had asthma or wheezing?     Yes     No

Has your child ever had chicken pox?     Yes     No

Has your child had allergic skin reactions such as hives, welts, contact dermatitis, etc?     Yes     No

If yes, which ones?

**Please initial the following statements:**

My child's immunizations / health records are current.

I have provided Summit Christian Center with a copy of current records. Parent \_\_\_\_\_SCC\_\_\_\_\_

I give permission for my child's picture to be used on bulletin boards, newsletters and or Summit Christian Center's website.

Parent \_\_\_\_\_SCC\_\_\_\_\_

*I understand it is my responsibility to change any information on this medical information form as needed. By this signature I am verifying that this information is true and correct to the best of my knowledge. In consideration for my child being allowed to participate in activities at Summit Christian Center's Mother's Day out program, I hereby release, discharge, indemnify and agree to hold harmless Summit Christian Center, it's directors, officers and employees, agent and all volunteer personnel from any and all liability for personal injuries and or damages, injury or illness that my be suffered by*

*I/We further agree to indemnify and hold harmless Summit Christian Center, it's directors, officers, employees, agent and all volunteer personnel for any claim and or damages , or it's agents are required to pay as result of any injury or damage including reasonable attorney fees, litigation expenses and courts costs.*

Parent(s) Name

Signature \_\_\_\_\_ Date

**SUMMIT CHRISTIAN CENTER  
MOTHERS DAY OUT PROGRAM**

**ALL ABOUT ME!**

*Paste recent photo of child here*

My Name

is: \_\_\_\_\_

I am \_\_\_\_\_ years old. My eyes are \_\_\_\_\_ My hair

is \_\_\_\_\_

My favorite song

is: \_\_\_\_\_

My favorite food

is: \_\_\_\_\_

My favorite book

is: \_\_\_\_\_

My favorite toy

is: \_\_\_\_\_

My favorite place to visit

is: \_\_\_\_\_

My best time of day

is: \_\_\_\_\_

These are the people that live in my

house: \_\_\_\_\_

\_\_\_\_\_

These are other people that are important to

me: \_\_\_\_\_

\_\_\_\_\_

These are my

pets: \_\_\_\_\_

\_\_\_\_\_

***Learning to communicate and cooperate with other children and adults in an important part of your child's Mother's Day Out experience. Any information you can provide about your child's abilities and style of communication and cooperating will be helpful to us. Please fill in the form below and return with your registration packet.***

How does your child respond to new people? Is he/she shy around strangers or does he/she appear happy and curious?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child behave in play situations with others? Does he/she enjoy observing children play? Does he/she prefer to play next to another child or to share activities with other children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child show you that he/she has truly become comfortable with a stranger, whether an adult or child?

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What techniques do you use to help your child feel comfortable with your visitors at home?

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What kinds of activities does your little one enjoy with his or her favorite people?

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