

Thank-You!

We are so glad that you have chosen Susanna Wesley for your child's preschool and childcare experiences! We have a fabulous program and are very glad for your child to be a part of it!

Our enrollment packet is attached. I realize that it is lengthy, but every piece of information is important and required by the state of Kansas that we have them on file.

Please make sure every line is completed (even if you've filled the same info out on another sheet)

This packet MUST be turned in as a complete set on or before **August 1st, 2020 for both **Pre-school and Childcare**. For new enrollees in our Summer Days Out program, this packet is due **May 1st, 2020**.**

For questions, you may contact:

Edye Salmans, Director - 785-478-3703 or
edye@swumc.org

WELCOME TO SUSANNA WESLEY CHILD CARE CENTER

You will find the following forms in this packet. Please fill out each one out completely and return the packet, along with your fees/tuitions to the office to ensure your child's placement in the program. Students will not be able to begin classes until all forms are correctly completed and returned to the preschool/childcare office on/before August 1' 2020.

Enrollment Application – Please fill in all of the information completely and legibly. We need actual address and complete phone numbers. Emergency pick-up information must be someone local.

Contract for Fees – Please make sure that both parents have read and signed the contract.

Medical Record – Every line must be filled in completely. If something doesn't apply, please use 'n/a'. Once again, **local contacts** only.

Immunization Record – We need a complete list of immunizations – a copy from your doctor's office can be attached to this form. Your child must be current on immunizations before preschool begins.

Health Assessment – This form must be signed (electronic or actual signature) by your child's doctor or physician's assistant. A copy from your online health records is not sufficient.

Emergency Medical Release – Please complete every line. The Director will sign as witness and the form does not need to be notarized. If something doesn't apply, please use 'n/a'.

Illness/Exclusion Policy – Sign and date the form. This information is also in the Parent Handbook for reference.

Parental Permission Form – Please sign for each of the places listed. We cannot take your children out of the preschool area without your permission (the playground is licensed space).

Allergy Care Plan – If your child has no known allergies, please mark the correct box and sign.

Child Care Aware- Literacy Connections program demographic info- Fill out all forms. It is grant based, therefore all information is important.

Behavior/Dismissal Process – Please read and sign. This info is also in the Parent Handbook for reference.

Facebook Picture Permission/Directory Info- Please sign permission for your child to be included.

Home and Family Information – It is helpful for us to have this information on your child so that we can get to know them better. Feel free to add any other information that you feel would be important for us to know.

Thank you!

We realize this is a lot of paperwork and sincerely appreciate you taking the time to fill it out.

To return the packet you can:

- Deliver it to Susanna Wesley UMC office M-F between 8am – 4pm.
- Mail it to us at: SWUMC Childcare, Att: Edye Salmans, 7433 SW 29th St., Topeka, Ks. 66614

If you have questions, please contact:

Edye Salmans, Director at edye@swumc.org, 785-478-3703

Susanna Wesley Child Care Center

7433 SW 29th St. Topeka, KS 66614 785-478-3703

swcc@swcctopeka.org

Enrollment Application for Preschool/Childcare

2020-2021

~ Personal Information ~

Please give **COMPLETE** address and phone information

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Phone: _____
Street City Zip Code

Mother/ Guardian: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City Zip Code

Occupation: _____ Place of Employment: _____ Work Phone: _____

Work Address: _____
Street City Zip Code

Father/Guardian: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City Zip Code

Occupation: _____ Place of Employment: _____ Work Phone: _____

Work Address: _____
Street City Zip Code

~ E-Mail Address ~

Please list an e-mail address(s) that you would like us to use for our main correspondence with you:

~ Publicity Release ~

I grant permission for my child to be involved in publicity for the center, which may include:

(Please initial any or all of those you consent to):

For Center Use Only

_____ Audio / Visual Recording

_____ Photographs for the Center

Other

_____ Television

_____ Newspaper

~ Medical Conditions ~

Does your child have any drug, food, or pet allergies or is there any thing else we should be aware of:

~ Local Emergency Pick-Up List ~

Person(s) allowed to pick-up your child with parental consent, or to contact in case of inability to locate parent(s):

*Please give **COMPLETE** address and phone information/**Local** contacts only*

1. Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

~ Doctor and Hospital Information ~

*Please give **COMPLETE** address and phone information*

Name of Doctor: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Name of Hospital Preference in case of emergency: _____

Parent Signature: _____ Date: _____

How did you hear about us?

Susanna Wesley Childcare Center Preschool/Childcare Programs

Contract for Fees 2020-2021

I, _____, contract for services of the Susanna Wesley Childcare Center for my child as specified below:

Child's Name _____ Age _____ DOB _____

My child will attend on the following days (check one):

PRESCHOOL /CHILDCARE

_____ Preschool 3 - T/Th 9 – 11:30 a.m. (must turn 2.5 yrs by April 1, 2020)

_____ Preschool 4 - M/W/F 9 – 11:30 (must turn 3 yrs by August 31, 2020)

_____ Preschool PM - M/W/F 12:45 – 3:15 (mixed class of ages 3-5yrs - must be 3yrs by 8/31/2020)

_____ PreK – M - F 9:00 – 11:30 (4 yrs by 8/31/2020)

_____ PreK – M/W/F 9:00 – 11:30 (4 yrs by 8/31/2020)

_____ Extended Day – Thursday 11:30 – 3:15 (M – F PreK enrollees only)

_____ All-Day Childcare (ages 2.5-5yrs – must be 2.5 yrs by 8/1/2020)

Contracted Method of Payment

Preschool: Tuition for preschool is based on a 9 month school year and is a set fee. Payments may be made yearly or monthly. Adjustments will **not** be made for number of days attended per month, vacations, or illness. Yearly tuition is due by August 1, 2020. Tuition is paid in full one month in advance and is due on the 1st. Payment is considered late and subject to a late fee on the 5th. If payment is not received by the 5th of the month, enrollment in the program will be subject to termination.

Childcare: Tuition for childcare is based on a 12 month year, beginning August 13, 2020. Payments may be made on the 1st of the month (prior to service) or the Thursday of each week (prior to service for following week) Payment is considered late on the 5th of the month and on Friday of each week. If payment is not received by the 5th (for monthly payments) and Monday of the week of service, your child will not be able to stay and attend. Late fees of \$10 begin on the 5th and on Fridays.

I am eligible for the multi-child discount _____

Please indicate payment preference. Payments made a month in advance. September payment due August 1st.

Preschool 3 - \$145.00 monthly _____
\$1305.00 yearly _____

PreK -
M - F \$250.00 monthly _____
\$2250.00 yearly _____

Preschool 4 \$170.00 monthly _____
And Preschool PM \$1530.00 yearly _____

Extended Day \$405.00 yearly _____
\$45.00 monthly _____

All Day Childcare – M – F 7a – 6p (Includes Preschool classes) \$175.00 per week _____
To be paid on a monthly or weekly basis. Due on 1st of the month or the Thursday of the week prior to service. If payment is not made prior to service, your child may not attend.

Supply Fee:

A \$100 supply is due on/before August 1st with the enrollment packet. This supply fee does not cover bookbags, toileting supplies, birthday treats or holiday party supplies.

Additional Fee Information:

Late Departure Fees: It is the center's policy to charge an additional fee for late pick up. Charges are \$1.00 per child per minute with no grace period.

Return Check Fee: The center's policy is to charge a fee of \$40.00 for returned checks. After two returned checks, cash or money order will be required for payment.

Late Payment: A five day grace period exists for each method of payment. Payment is considered late and subject to a late fee on the 5th and on Fridays for weekly payments.

By signing this contract,

❖ I acknowledge that I have read the Susanna Wesley Childcare Center Handbook posted on the website www.swumc.org and agree to be bound by its policies.

❖ I have read this contract and agree to pay the above stated tuition and any other fees that I may incur

I also understand that any change in enrollment must be approved by the Director. **Any change in enrollment requires a two-week notice regardless of child's attendance. Tuition payment for the last two weeks will need to be given at time of notice.** No changes to the fee schedule will be approved prior to the completion of this form.

SUSANNA WESLEY CHILDCARE CENTER RESERVES THE RIGHT TO INCREASE FEES UPON 30-DAY NOTICE.

***Completed paperwork, \$65 registration fee, and September tuition (for preschool) and first week tuition (for childcare) must be turned into the office by August 1, 2020 for your child to keep a reserved spot for fall registration.**

***Completed paperwork, \$65 registration fee and first months/weeks tuition is required to hold your spot for no more than two weeks when enrolling during the school year.**

*** Incomplete paperwork and unpaid tuition/fees will mean relinquishment of child's spot in program.**

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Staff Signature: _____ Date: _____



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____ Name of Child Care Facility _____

Child's Name _____ Date of Birth _____ Gender _____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____ Name _____

Home Address _____ Home Address _____
Street City Zip Code Street City Zip Code

Home Phone Number _____ Home Phone Number _____

Work Address _____ Work Address _____
Street City Zip Code Street City Zip Code

Work Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Cell Phone Number _____

E-mail Address _____ E-mail Address _____

Best way to contact _____ Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ___No ___Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL 010.

_____ Allergies _____ Frequent sore throats/colds _____ Ear Aches
_____ Asthma _____ Speech, Visual, Hearing _____ Diabetes
_____ Epilepsy/Seizures _____ Other _____

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? ___ No ___ Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. _____

Parent/Guardian Signature: _____ Date: _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Polio (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:
 _____DTaP/DT _____Tdap/TD _____Pertussis Only _____Polio _____MMR _____HepA _____HepB _____Hib
 _____PCV _____Varicella _____Other

Physician's Signature (required): _____ Date: _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
Susanna Wesley Child Care Center	0000607-020

I hereby authorize Edye Salmans (Name of individual/staff member) and/or
Susanna Wesley Staff (Name of individual/staff member) who is (are) representative(s) of the
above named facility to give consent for any and all necessary emergency medical care for my child or youth _____
_____ (First and Last Name of Child or Youth) while said child or youth is in said facility's
custody between the dates of _____ and _____
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas
County of _____

Signed or attested before me on _____ by _____
MM/DD/YYYY Name of Person

(Seal, if any.)

Signature of notarial officer

Title (and Rank)

My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

Susanna Wesley Preschool Illness Exclusion Policy

Child's Name: _____ **DOB:** _____

~ Illness / Exclusion Policy ~

Kansas State Child Care Licensing Child Care Exclusion Policy for Sick Children

Conditions for Exclusion from Child Care	Conditions for Returning to Child Care
1. Axillary (armpit) temperature of 100.0F or higher with a behavior change.	1. Free of fever for 24 hours without use of fever-reducing medication.
2. Symptoms and signs of possible severe illness such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs.	2. Symptom free or physician's written approval to return.
4. Diarrhea (two watery stools in a 4 hour period or one large volume watery stool mixed with blood).	4. Free of diarrhea (watery stools) for 24 hours and able to take food.
5. Vomiting, upset stomach with more than just "spitting up".	5. Free of upset stomach and vomiting for 24 hours and able to take food.
6. Yellowish tint to skin or eyes and/or unusually dark, tea-colored urine.	6. Symptom free or physician's written approval to return.
7. Red, watery or draining eye(s).	7. All discharge from the eye(s) has stopped or physician's approval to return.
8. Severe itching of the body or scalp and/or constantly scratching the head (i.e. lice, scabies).	8. After treatment, including free of lice and nits.
9. Infected areas of the skin with crusty, yellow, gummy, dry area or rash, (i.e.: Impetigo, Chicken Pox or Ring Worm).	9. Skin sores are healed or 24 hours after treatment has started or physician's written approval to return.
10. Fainting or seizures (other than pre-existing conditions) or general signs of listlessness, weakness, drowsiness, flushed face, headache or stiff neck.	10. Symptom free or physician's written approval to return.
11. Mouth sores with excessive drooling.	11. Physician's written approval to return.
12. Rash with fever or behavior change.	12. Physician's written approval to return.
13. Known contagious disease while in communicable stage.	13. Physician's written approval to return.

*I have read and understand the above Susanna Wesley Child Care Illness and Exclusion Policy.
I will abide by it's guidelines.*

Parent/Guardian Signature: _____

Date: _____



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Susanna Wesley Child Care Center			0000607-020	
Street Address of the Facility	City	Zip Code	County	
7433 SW 29th St	Topeka, KS	66614	Shawnee	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
South grassy play area	7433 SW 29th St	Topeka		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
East grassy play area	7433 SW 29th St	Topeka		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Parking lot	7433 SW 29th St	Topeka		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Sanctuary	7433 SW 29th St	Topeka		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Atrium	7433 SW 29th St	Topeka		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Outreach Hall	7433 SW 29th St	Topeka		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Indian Hills Elementary School	7445 SW 29th St	Topeka		X
Signature of Parent or Guardian			Date Signed	

Susanna Wesley Child Care Center

Allergy Care Plan

Please complete and return the questionnaire below. It is also required that this form be completed, signed, and returned **even if your child has no allergies**. Thank you.

Child's Name _____

Classroom Teacher for the 2020-2021 school year _____

My child has no known allergies.

My child is allergic to the following (please list each allergen separately):

Allergen: _____

Symptoms to look for: _____

Action steps when symptoms appear: _____

Allergen: _____

Symptoms to look for: _____

Action steps when symptoms appear: _____

All medication and authorization forms must be on file in preschool office before child can attend.

Parent signature

Contact phone #1

Alt. Contact Phone

Date



Dear Family,

Your child care provider is partnering with Child Care Aware® of Eastern Kansas in a program called Literacy Connections. Child Care Aware® of Eastern Kansas is part of a group that received a grant through the Kansas Children's Cabinet called "Capital Area Successful Start." The goal of Successful Start is to help ensure children enter school with the skills they need for success in four key areas: early literacy, social/emotional development, successful transitions and family support.

As part of Literacy Connections, you and your child care provider will receive research based information on supporting your child's learning and school readiness. Additionally, your provider will receive free classes, coaching, books and materials to enhance play and learning for all the children.

To receive funding for Literacy Connections, Kansas Children's Cabinet and Trust Fund, the funder, would like to collect demographic and developmental information on the children and families benefiting from the Literacy Connections program. The research will help funders learn who is participating in the program and what is helping to make children ready for school. Your information will be entered into a secure, password-protected electronic data base. For your confidentiality, you will be assigned a number so that your information is only used for reporting purposes. We ask that you read and complete the following forms:

- *Child Care Aware of Eastern Kansas Consent Form*
- *Demographic Information*
- *Wichita State University (WSU) Consent Form*

Please return all completed information to your child care provider as soon as possible.

We appreciate the time you have taken to ensure your child receives the benefits and resources for school readiness through the Literacy Connections program. If you have any questions about the program, please call Child Care Aware® of Eastern Kansas at 785-357-5171 ext.308.

Thank you,
Literacy Connections Coach



the questions on this page refer to the
parent or guardian
 (primary caregiver)

Parent/Guardian Demographic Information

<p>Parent/Guardian First Name: _____</p> <p>Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Date of Birth: ___ / ___ / _____</p> <p>Street Address: _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Phone: (_____) _____ - _____</p>	<p>Parent/Guardian Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Parent/Guardian Ethnicity (select one): <input type="checkbox"/> Hispanic/Latino/Spanish origin <input type="checkbox"/> Non-Hispanic/Non-Latino/Not Spanish origin</p> <p>Parent/Guardian Race (select all that apply): <input type="checkbox"/> African American or Black <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____</p>
<p>Relationship to Child: _____</p> <p>Is the person filling out this form the primary caregiver of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the person filling out this form is not the child's primary caregiver, what is your relationship to the child's primary caregiver? _____</p>	<p>Parent/Guardian Education (select one): <input type="checkbox"/> Currently enrolled in high school <input type="checkbox"/> Of high school age, but not enrolled <input type="checkbox"/> Less than HS diploma <input type="checkbox"/> GED <input type="checkbox"/> HS diploma <input type="checkbox"/> Some college/training <input type="checkbox"/> Technical training certification/Associate degree <input type="checkbox"/> Bachelor degree or higher</p>
<p>Parent/Guardian Employment Status (select one): <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Not employed</p>	<p>Parent/Guardian Marital Status (select one): <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p>
<p>Parent/Guardian Insurance Status: <input type="checkbox"/> Medicaid/State Medical Insurance Program <input type="checkbox"/> No Insurance Coverage <input type="checkbox"/> Tri-care (military insurance) <input type="checkbox"/> Private or other</p>	<p>Do you (Parent/Guardian) speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent/Guardian Primary Language (select one): <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Tribal Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other</p>
<p>Housing Arrangement (select one): <input type="checkbox"/> Stable housing <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Temporary housing</p> <p>_____ Total # of people in household (include everyone) _____ # of children in household</p>	
<p>Household Income Sources (select all that apply): <input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony <input type="checkbox"/> Agricultural <input type="checkbox"/> Unemployment <input type="checkbox"/> Supplemental Security Insurance (SSI) <input type="checkbox"/> Other <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)</p>	<p>Total Yearly Household Income: <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 40,000-49,999 <input type="checkbox"/> 50,000-59,999 <input type="checkbox"/> 60,000-69,999 <input type="checkbox"/> 70,000-79,999 <input type="checkbox"/> 80,000-89,999 <input type="checkbox"/> 90,000-99,999 <input type="checkbox"/> Greater than \$100,000</p>

Continued on back ⇨



the questions on this page refer to the

child in care

Child Demographic Information

<p>Child First Name: _____</p> <p>Child Last Name: _____</p> <p>Child Date of Birth: ___/___/_____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Phone: (____) _____-_____</p>	<p>Number of Weeks Premature: _____ (0=not premature)</p> <p>Child's Relationship to Primary Caregiver:</p> <p><input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Niece <input type="checkbox"/> Nephew</p> <p><input type="checkbox"/> Sibling <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other</p> <p>Does the child have an IEP or IFSP?</p> <p><input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> None</p>
<p>Child's Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Child Ethnicity (select one):</p> <p><input type="checkbox"/> Hispanic/Latino/Spanish origin</p> <p><input type="checkbox"/> Non-Hispanic/Non-Latino/Not Spanish origin</p> <p>Child Race (select all that apply):</p> <p><input type="checkbox"/> African American or Black</p> <p><input type="checkbox"/> Native American or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other _____</p>	<p>Does the child speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child Primary Language (select one):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French</p> <p><input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Tribal Language</p> <p><input type="checkbox"/> Vietnamese <input type="checkbox"/> Other</p>
<p>Child Insurance Status:</p> <p><input type="checkbox"/> Medicaid/State Medical Insurance Program</p> <p><input type="checkbox"/> No Insurance Coverage</p> <p><input type="checkbox"/> Tri-care (military insurance)</p> <p><input type="checkbox"/> Private or other</p>	
<p>Is the child participating in Part B Assistance for Education of All Children with Disabilities (IEP from school district)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the child participating in Part C Early Intervention services (IFSP from TARC)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Thank you for taking the time to fill out this form. Please return it to your child's care provider as soon as possible.



**WICHITA STATE
UNIVERSITY**

**CENTER FOR COMMUNITY SUPPORT
AND RESEARCH**

OFFICE LOCATION |

358 N. Main, Wichita, KS 67202

PHONE | 316.978.3843

TOLL FREE IN KS | 800.445.0116

FAX | 316.978.3593

WEBSITE | ccsr.wichita.edu

TWITTER | twitter.com/wsuccsr

Purpose of the Evaluation: Wichita State University's Center for Community Support and Research (CCSR) is working with the Kansas Children's Cabinet and Trust Fund (KCCTF). The goal is to find out how children and families are doing in programs being paid for by the Early Childhood Block Grant (ECBG) in the 22 ECBG sites. The research will look at children ages 0-5 years old and their development. The research will help funders decide what helps to make children ready for school.

Participant Selection: You have been asked to help with this research because you are a parent who has a child in a program paid for by the ECBG.

Explanation of Procedures: Your child or your family may be asked information. These tools include:

The Ages and Stages Questionnaire- 3 (ASQ-3) is a developmental screening done by parents or caregivers. It is for children ages 2-60 months old. The ASQ-3 takes 10-15 minutes and is done twice per year.

The Ages and Stages Questionnaire: Social-Emotional – 2 (ASQ: SE-2) is a social-emotional screening done by parents. It is for children ages 1-72 months old. It takes 10-15 minutes and is done twice per year.

Discomfort/Risks: The tools ask questions about you or your child. Completing these tools and/or the information you learn from them may make you feel uncomfortable. You can skip over questions you don't want to answer or quit at any time.

Benefits: You will be helping with the research on the 22 ECBG sites. The reason for this project is to show how well programs are helping children and their families all over Kansas. It is important to show that the programs improve children's readiness for school over time. This can only be done by getting information from children and families in these programs across different points in time.

Confidentiality: Information from your forms will be entered into an electronic database. The electronic database is safe, secure and password protected. You will be asked to put your name and your child's name on the forms. This information will allow for the assignment of a unique number. Once this is assigned the information from the forms will be stored with the number and not the names. This is to protect your confidentiality. The names and numbers assigned will be stored separately from your information for any of the forms. Your information will not be shared with anyone other than the program you are working with and the Kansas Children's Cabinet and their

agent.

Refusal/Withdrawal: You do not have to do any of the forms if you don't want to. Your decision whether or not to help with this research will NOT affect your future relations with Wichita State University, Wichita State University's Center for Community Support and Research, the program(s) your child is in, or the Kansas Children's Cabinet and Trust Fund or their agents. You are free to skip any question or quit at any time. You have the same rights with all the forms.

Contact: If you have any questions about the research, you can contact Dr. Lynn Schrepferman of CCSR by phone at 316-978-6772 or by email: lynn.schrepferman@wichita.edu. If you have questions pertaining to your rights as a research participant, you can contact the Office of Research and Technology Transfer at Wichita State University, Wichita, KS 67260-0007, telephone 316-978-3285.

Being apart of the Kansas ECBG Evaluation depends on you signing this consent form for you and your child. By signing this you show that you have read this form and you have decided to participate.

You will be given a copy of this consent form to keep.

Name of Participant (Parent/Caregiver)

Date

Signature of Participant (Parent/Caregiver)

Date

Name of Child

Date

Witness Signature

Date

Susanna Wesley Child Care Center

Behavioral/Dismissal Process

Staff members will make reasonable effort to work with the child and his/her family to resolve behavioral concerns. Physical or emotional abuse of another child or teachers, which is determined to be excessive or repetitive by the staff and director, will be grounds for dismissal.

It is our desire to help all children grow into exemplary individuals, however, we cannot allow a child's behavior to inhibit others from reaching the programs goals and objectives. In the event that a child's behavior becomes extreme that he/she threatens the emotional and physical safety of the staff or other children, the following actions will be taken:

- *Parent will be called to remove the child from the facility immediately until a conference with parent/guardian can be scheduled.
- *A parent/guardian conference will be scheduled. This meeting is an opportunity for the family and staff to work together to develop a plan to solve or correct the problem in a constructive way. Request for a conference may include formal, informal, notes home or phone calls home etc.
- *After a reasonable amount of time is given for improvement to be decided by staff and director, another conference will be scheduled to evaluate the child's progress.
- *If the behavior persists and cannot be resolved, it may be determined that the program does not meet the child's needs. The child may be dismissed from the program immediately. No notice may be given. Paid tuition will not be returned.

Other reasons for dismissal without notice may include:

- *Failure to pay fees. (see fee payment policies)
- *Failure to complete enrollment forms.
- *Failure to immediately pick up sick or injured child when contacted.
- *Failure to have current local emergency contacts with working numbers.
- *Repeated late drop-off or pick-up of child.

*Parental non-support of Susanna Wesley Child Care Center policies.

*Child's behavior endangers safety of staff and other children.

*Inability to meet child's needs without additional staff.

*Use of obscenities by the child or parent/guardian.

*If parent/guardian does not follow up on corrective action or scheduled meetings that were agreed upon.

I have read and understand the Susanna Wesley Child Care Center Dismissal Policy. I agree to follow the above stated policies.

Child's Name

Parent/Guardian Signature

Date

FACEBOOK PICTURE PERMISSION

I, _____ give permission for Susanna Wesley Child Care Center to post my child's picture on Susanna Wesley's Facebook page.

CLOSED PAGE (Viewers must be approved to have access)

Signature _____

Date _____

SUSANNA WESLEY CHILD CARE CENTER DIRECTORY

We will be developing a directory of all enrolled students so that you know who is in your child's class. The only information that will be included is what you approve. Please initial the appropriate lines.

_____ Child's name

_____ Parent name

_____ Child's Picture

_____ Parent Phone Number

_____ Email address

Child's Name: _____ DOB: _____

~Home & Family Information Form~

1. Siblings (Names & Ages): _____

2. Other significant adults in family (friends, sitters, etc): _____

3. Pets (Names & Types): _____

4. Language(s) spoken in home or with other family/friends: _____

5. Church Home: _____

6. Special fears or issues: _____

7. Help needed in toileting/words your child might use to express these needs: _____

8. Has your child had peer group experiences? _____ Where? _____

9. What creative materials does your child enjoy? _____

10. How does your child interact with other children (shy, outgoing, etc)? _____

11. What do you hope your child learns in preschool this year?

12. Favorite snack(s): _____

13. Other information you want us to know:



Drop-off & Pick-up Instructions for PRE-SCHOOL

As you enter from SW 29th Street, please go to the right and follow the perimeter of the parking lot – to the west side of the building. Go under the overhang and follow the circle, close to the sidewalk, and far enough forward that we can fit three cars around the circle.

Teachers/assistant teachers will unload/load children from cars. Your child should exit your car on the driver side of the car. Teachers/assistant teachers are not allowed to buckle or unbuckle children from car seats. We suggest at drop-off while waiting in line that you or your child unbuckle their seatbelts. After loading please pull around and out of the line to buckle children in. We ask that you **DO NOT get out of your car while in line** as this slows the line down and creates a safety hazard. Please stay in your car and let the staff load/unload children. This is a safety/liability issue and we cannot have people out of their cars in the pick-up lane. We appreciate your cooperation in this matter.