



6 months - PreK
Fall 24/25
Tuesday / Thursday, 8:30am - 3:00pm

Thank you for choosing the *Claremore First Mom's Day Out* Program. Our goals are to provide safe and quality care, give Christian nurturing, show God's love, and have fun!

Mission Statement: *Altering the world by impacting people for Jesus!*

Our Core Values:

- *Everything for His Glory*
- *Everybody Needs Jesus*
- *The Word Brings Life*
- *Disciples make Disciples*
- *Known by Our Love*
- *Real and Radical Faith*
- *Family Matters*

Daily Guidance:

Our daily learning and activities will be Bible-story driven. Our teachers will choose which Bible stories they want to teach and will plan activities to coincide with the story. We will also use monthly themes to help our students have a fun time learning and playing. Please refer to your child's class calendar and the teacher's information for the themes, Bible stories and other information about your child's day.

Dates for 2024/2025

- August 27- Meet the teacher (individual times will be scheduled)
- September 3- First Day
- October 17- Fall Break
- November 26 & 28- Thanksgiving Break
- December 19- Last day of class before Christmas Break
- January 7- Classes Resume
- February 13- Valentines Parties
- March 18 & 20- Spring Break
- April 17- Easter Celebration
- May 15- Last Day/End of year parties

Contact: Carolyn Swift, Director of Preschool Ministries
Phone: 918-341-8181
Email: carolynswift@claremorefirst.com

Basic Information

1. Tuition/Enrollment

- Enrollment fee - \$100.00 for the year
- Tuition
 - If paid monthly - \$180.00 - required on the FIRST TUESDAY OF EACH MONTH and is non-refundable
 - December and May tuition will be \$150.00
 - One payment for the Fall semester - \$670.00 (A \$20.00 discount)
 - One payment for the Spring semester- \$850 (A \$20.00 discount)
 - A \$25.00 late fee will be added to the tuition if not paid by the 15th of each month.
 - There is no reduction in tuition for absences. However, if classes are dismissed by the Director for various reasons, adjustment of tuition MAY be assessed and implemented depending on the circumstances. The MDO program is fully funded by its parents and it is up to you to follow these guidelines as set forth.
 - Drop-In Fee \$25 per day/\$20 for each additional child (approval by the Director)

Enrollment in Claremore First MDO is open to the community and is designed to meet the needs of children, ages 6 months through Pre-K. Re-enrollment takes place yearly with priority given to those who are currently enrolled.

MDO accepts children who need some special accommodations on a case-by-case basis only. If the child is able to assimilate into an inclusive setting (other students and activities), then we may enroll the child on a trial basis AFTER a meeting with the Director. Based on the successful results of the trial, the child can continue attending. MDO does not have the training, shadow teachers, one-on-one helpers, or facility modifications to accept every child with a special need.

2. Parents please provide the following:

- Wet Wipes
- Backpack with an extra change of clothes
- Lunch w/sippy cup
- Nap time buddy for rest time only
- Diapers
- Blanket
- Vinyl or cloth roll-up nap mat
- Enrollment Forms/Immunization Records
- Diaper rash cream if needed

Please do not bring toys from home for your child to play with during school hours.

Babies/1's- We will provide sheets for the mats that we will wash each Thursday. We will send home blankets/pillows when needed for washing.

3. Absences

If your child is unable to attend, please call by 9:30 am. If your child is absent for more than one week due to illness/injury, please contact the Preschool Director to discuss options.

4. Security

For the safety of the children and staff, parents or other adults accompanying the children will not be allowed into the hallway at drop-off in the morning or during the school day. If you need to come in to pay tuition or speak to the Preschool Director, you must sign in, giving your reason for entry and receive a visitor's badge before entering the school. All teachers working for Claremore First MDO have passed an OSBI background check as well as have a sexual abuse awareness and prevention training certificate.

5. Morning Drop-off Arrival

Enter the First Kids parking lot from Will Rogers Blvd and either park or circle through. Exit to the right onto Florence to Patti Page. You may drop your child off under the portico at First Kids entrance. There will be teachers there to welcome your child and get them safely to their classroom. Parents who wish to walk their children to the school entrance may do so. However, park in the parking lot, walk the child to the front doors and we will take in from there. We will be ready to take your child until 9:00 am. If you arrive after that time, you'll need to bring your child inside, sign in and receive a visitor's badge, and then take your child to their room. **DO NOT PARK UNDER THE PORTICO TO PARK AND LEAVE YOUR CAR.**

If your child is 6 mo up to 1 year old, you will bring your child into the entrance of the nursery door where your teacher will meet you to take the child into the room. Parents are NOT allowed into the rooms.

6. Afternoon pick-up

Our afternoon pickup procedure will vary depending on the number and sizes of classes from year to year, as well as the weather on a particular day. The Director will determine the exact procedure before the start of our MDO year and inform you in that regard before the first day of class.

We will only release your child to their parents/guardians or to those individuals listed on the child's authorized pick-up list. You will be given a "Pick-Up Card." This card must be shown in order for the child to be released. After the teachers are familiar with those picking up their children, the Pick-Up card will not be necessary. This card will be useful for others you have asked to pick up your child. If you need extra cards, please request this through your child's teacher.

7. Outdoor activities

Classes will have outdoor recess, weather permitting.

8. Nursing moms

We would love to accommodate nursing moms and we will have a nursing area ready. However, our teachers will be feeding your child at other times throughout the day, so it would be preferential if your child is able to drink from a bottle as well. This will provide both child and teacher the benefit of comforting and nourishing your child while you are away.

9. Medical Information

Children should not come to school if they are sick, even if they just have a minor sore throat. If your child has had the following symptoms within the past 24 hours, they should not be brought to school:

- Fever
- Vomiting or diarrhea (even if associated with teething)
- Any symptoms of the usual childhood diseases – scarlet fever, chicken pox, flu, strep throat, bronchitis, or measles.
- Common cold
- Sore Throat
- Frequent, bad cough
- Any rash
- Any skin infection: boil, ringworm, impetigo
- Pink eye and other eye infections (all eye infections are contagious): the child must be on medication for 24 hours before returning to school.

10. Three-year-old students do NOT have to be completely potty trained in order to attend the Summer Session.

11. Biting

Unfortunately, biting can sometimes occur when toddlers/preschoolers are together. If this happens, the child will be told “No, do not bite” and will be removed from the situation to sit in timeout one minute per age. Parents of both parties will be notified. Confidentiality will be kept. We will work with the child who bit to work towards alleviating any further instances. However, if a child continues to bite, the Director will contact parents to discuss either suspension of attendance or removal from the program.

12. Discipline and Guidance

Discipline and guidance shall be consistent and based on understanding child development. It will promote self-discipline and acceptable behavior. There will be no cruel punishment and no child shall ever receive corporal punishment. The method of discipline used at MDO for inappropriate behavior will begin with redirection--helping the child become involved in an appropriate activity. If redirection does not alleviate inappropriate behavior, the teacher will continue to talk to the student about what is a better way to choose. Parents will be notified regarding their child’s behavior for the day in order to work with us on a solution to the inappropriate behavior.

13. Birthdays

We will recognize birthdays for our students. If you wish to bring a special snack for your child’s birthday, please make sure to contact your child’s teacher to make plans for this.

14. Labeling

Please label ALL backpacks, coats, jackets, sweaters, hats and scarves with your child’s name.

15. Shoes

Students are required to wear either tennis shoes or sandals with a strap around the heel. NO FLIP FLOPS or shoes that don’t have a heel strap.

Application for Enrollment

OFFICE USE ONLY: Fall 2024/2025



Date Received _____

Fee Paid _____

Immunization Record _____

NOTE: This application does not assure final enrollment, but provides information upon which a decision will be based. If an application is accepted, it will be necessary to arrange for your tuition payment.

Student: _____
(Last) (First) (MI)

Home address: _____ Phone: _____

City: _____ Zip: _____ Cell: _____

Email: _____ DOB: _____ Age: _____

Gender: _____

Student #2 (If applicable): _____
(Last) (First) (MI)

DOB: _____

Do you attend church regularly? (circle one) Yes or No
If yes, where?:

Parent Information:

Father: _____ Occupation: _____

Employer: _____ Business phone: _____

Mother: _____ Occupation: _____

Employer: _____ Business phone: _____

If both parents are not living in the home, please explain the family situation:

If divorced, who has legal custody? _____

Guardian: _____ Phone: _____

Please initial by each line:

- ___ 1. Breakfast – Please make sure that your child has had breakfast before they enter class. We ask that no food be brought into class with your child,

- ___ 2. Proper footwear – Tennis shoes or closed-toed shoes need to be worn at all times. NO sandals for flip-flops please.

- ___ 3. Late or Absent – If your child is going to be late or absent, please call the church office to let the Director know.

- ___ 4. Drop-Off – Please drop your child off under the First Kids awning or park and walk your child to the First Kids doors.

- ___ 5. Backpacks – Please pack everything your child needs for the day in their backpack/bag each time they come to school (lunch, extra clothes, nap buddy, sippy cup). Everything is labeled with the child's name.

- ___ 6. Tuition – Tuition is due the 1st Tuesday of each month. After the 15th of the month, a late fee of \$25.00 will be added. There is ONE late payment allowed per semester.

- ___ 7. Lunches – Please pack a lunch that is ready to eat and does not need to be heated up each time they come to class.

- ___ 8. Immunization Record – A copy of my child's immunization records has been turned in with my enrollment forms.

- ___ 9. Guidelines – I will adhere to the guidelines set forth in the Information Packet set forth by Claremore First Baptist Church and the administrators thereof. Parent]

Signature and date: _____

Medical Information and Consent

Other than parents, indicate in order of preference the persons to be contacted in case of emergency.

Emergency Contact	Phone Number(s)	Relationship to Student	Address

Physician Name	Phone Number	Address

Dentist Name	Phone Number	Address

Hospital Name	Phone Number	Address

Insurance Company	Group #	Phone#

Condition of Health:

Does the child have any physical special needs? If yes, please explain:

List any medical issues/allergies of your child:

In case of emergency, I do hereby authorize that my child be transported to the Emergency Room designated above after all authorization is given to the Physician designated above or his associates to render any treatment he deems necessary. This consent shall remain effective during the school year.

Permission is granted to meet the needs of this child in case of an emergency. Yes No

Dated: _____

Parent or Guardian's Signature: _____

Media Consent

I give consent for my child, _____, to be photographed and/or videoed by Claremore First Baptist. I understand that the photograph and/or video may be used on the Claremore First Baptist Church website, Legacy Christian School website, the closed Legacy Facebook page, and Claremore First Baptist Church Facebook page, First Kids Claremore Facebook page or submitted to the local newspaper. Claremore First Baptist has my permission to use my child's image or video on the above-listed media outlets.

(Parent/Guardian signature) _____

(Date) _____

* * * * *

Please DO NOT use any image or video of my child on any website, facebook page or newspaper.

(Parent/Guardian signature) _____

(Date) _____

Diaper Rash Cream Consent

I give my consent for diaper rash cream that I have provided to be applied by Claremore First MDO employees when needed. If no rash cream has been provided and a child is in need of it, I give permission to use cream provided by MDO.

(Parent/Guardian signature) _____

(Date) _____

Student Pickup Information

Student: _____ Date: _____

Name of Approved Pickup Person	Relationship to Student	Vehicle Make	Vehicle Model	Vehicle Color

Please list below anyone NOT approved to pick up your child from school:

(Parent/Guardian signature) _____

(Date) _____

Medication Release

I am the parent/guardian with legal custody/guardianship of, _____, a student at Claremore First Baptist Church. This child may require medication to be dispersed at intervals throughout the school day. I hereby give my consent and authorize the church Preschool Minister, Director, or other designated school employee to:

() Administer _____, a non-prescription medication which I am supplying the school in accordance with written instructions of the child's physician, or as directed on the label of the medication. The dosage on the above medication for my child is as follows:

() Administer _____, a filled prescription medication which I am supplying the school in accordance with the directions for the administration of the medicine listed on the label of the medication bottle.

() Administer _____, a filled prescription medication which I am supplying the school in accordance with the written instructions attached of the physician prescribing the medication.

I understand that under state law, the church and its employees shall not be liable to the student or the student's parent/guardian for civil damages for any personal injuries to the student which results from acts or omissions of church employees in administering the medication I have hereby authorized.

Dated this _____ day of _____, 20_____

(Parent/Guardian signature) _____

(Date) _____