

# Lindenwood Life Center Schools Day Out Program

Year: 2018-19

Child's Name: \_\_\_\_\_

## Payer's Information (The person/people who will be paying on the account)

### Primary:

Name: \_\_\_\_\_ Relation to child (ren): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Cell Phone Carrier  
(Used to send text messages for important information)  
Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Please mark all that apply to you.

Lives With Child \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Authorized to Pick-up \_\_\_\_\_

### Secondary:

Name: \_\_\_\_\_ Relation to child (ren): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Cell Phone Carrier  
(Used to send text messages for important information)  
Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Please mark all that apply to you.

Lives With Child \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Authorized to Pick-up \_\_\_\_\_

## Emergency Contact Information (Emergency contacts are people that are to be contacted in case of emergency if we cannot reach the parent.) \* Please indicate whether the emergency contact is allowed to pick-up.

Name:	Address:	Phone:	Relationship:	Pick-up?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Pick-Up Information (People other than payer's authorized to pick up.)

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

\*\*\* Please call in advance if someone other than those listed above will be picking up.

# Lindenwood Life Center Schools Day Out Program

## Student Information:

Child's Name:	DOB:	M/F	Grade:	School:
_____	___/___/___	___	_____	_____
Home Address:	City:	ST:	Zip:	Phone #:
_____	_____	_____	_____	_____

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## Medical Information

Pediatrician's Name _____	Office # _____
Hospital of Choice _____	
Insurance Company _____	Policy/Group # _____

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Please provide the following medical information relating to your child.

List any known allergies: \_\_\_\_\_

List any foods that your child should avoid: \_\_\_\_\_

List any medication your child should avoid: \_\_\_\_\_

List any medication your child is currently taking: \_\_\_\_\_

Please detail any medical condition or other information that may be needed by our staff in caring for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### DISTRIBUTION OF MEDICINE AT LINDENWOOD LIFE CENTER

Note: Students may not carry ANY medication at Lindenwood unless specifically directed by a physician and then authorized by the administration (ex. asthma inhalers). A trained member of the staff must distribute ALL medications.

**\*\*OVER THE COUNTER MEDICINE, SUCH AS TYLENOL, MAY NOT BE GIVEN AT LINDENWOOD WITHOUT A PRESCRIPTION FROM A MEDICAL PROVIDER. \*\***

If a doctor prescribes an over-the-counter medicine that must be taken at Lindenwood, the following procedure should be followed:

1. A **physician's authorization written on a prescription pad** should be obtained. Lindenwood will accept no verbal authorizations from either the parent/guardian or physician.
2. This authorization should include the name of medicine, amount of dosage, times to be given, and how long this particular medicine is to be given to the student.
3. The parent should bring the over-the-counter medication to the front desk in the original, labeled container. The student's name should also be attached to the container.

Parents will turn in properly labeled medication, prescription pad, and the completed form below to the Front Desk.

**All prescriptions must be in the original, labeled container and will be kept under lock and key.**

Preventative products, such as sunscreen and insect repellent, do not require a prescription from a doctor. These products must be labeled with the child's name and in the original bottle or container. Lindenwood staff will not apply lotion to students, therefore, items such as sunscreen must be in spray form.

I, the undersigned, have read and understand the above Medicine Policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Lindenwood Life Center Schools Day Out Program

## Schools Day Out Hours:

Shelby County Schools: 6:45am-6:30pm

Campus School: 7:45am-6:30pm

## FEES:

1. **Registration:** \$5 per child—enrolls for the entire school year. The registration fee is non-transferable and non-refundable. Receipt of this fee and the completed registration form secures your spot. Students enrolled in the previous summer camp and students enrolled in the current years After School Program do not have to register for Schools Day Out.
2. **Tuition:**
  - a. **Schools Day Out Tuition is due at the time your child is checked in.**
  - b. **After School Students** (Children enrolled in the current years After School Program): \$30 for the first child, \$25 for the second child, and \$20 for the third child. Family Maximum is \$75. (Daily Rates)
  - c. **Non-After School Students:** \$35 for the first child, \$30 for the second child, and \$20 for the third child. Family maximum is \$85. (Daily Rates)
3. **LATE PICK UP FEES:** \$1.00 per minute after the announced closing time.
4. **RETURNED CHECK FEES:** \$30 per check. Payment of the value of the check plus the return fee must be submitted IN CASH or MONEY ORDER within 10 days or service will be suspended. Parents will be responsible to pay all legal and court fees or charges from agencies to which accounts are turned over for collection. Returned checks that are not promptly honored will be turned over to the Attorney General's Office for prosecution. After two returned checks the account will be flagged as CASH ONLY and only cash or money orders will be accepted for payment.
5. **NO statements or invoices will be sent.** Receipts are available by request (weekly, monthly, or year-end). We are happy to assist you with reimbursement forms for your employer.
6. **Withdrawal--MUST provide one week's written notice.** (Fee's will be applied through the given week).

**RIGHT TO REFUSE SERVICE:** Lindenwood reserves the right to refuse schools day out service to families with past due accounts. Please make advance arrangements with the office manager if there are extraordinary circumstances regarding your payments.

## **PARTICIPATION/PERMISSION/MEDIA RELEASE: Please INITIAL each section and sign at bottom**

\_\_\_\_\_ I grant Lindenwood staff the right to take any emergency steps needed on the behalf of the safety and well-being of my child.

\_\_\_\_\_ I have read and understand the inclement weather policy for Lindenwood Christian Church-Life Center.

\_\_\_\_\_ I grant Lindenwood permission to use photographs, videos, and/or audio tapes of my child for advertisements, displays, brochures, etc.

\_\_\_\_\_ I agree to pick up my child from the life Center for disciplinary reasons, illness or injury at the request of the director.

\_\_\_\_\_ I have read and understand the DHS licensing requirements. If you need to review these rules, please visit [www.tn.gov](http://www.tn.gov).

\_\_\_\_\_ My child's immunization records are on file at his/her school

I, the undersigned, have read the above application and parent handbook and agree to follow the policies stated by the Life Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Lindenwood Life Center Schools Day Out Program

## LINDENWOOD DISCIPLINARY POLICY

Lindenwood Life Center Ministry strives to provide a safe, healthy, educational and fun environment for our children. We have set high standards concerning the behavior of our children. We feel this has been the desire of most of our parents. Lindenwood offers a wide variety of choices and activities which call for a high level of self-discipline from our children, a high level of commitment from our parents and a concentrated effort on the part of staff to maintain this level of behavior. **Please discuss this with your child and sign below if you feel this program is appropriate for you.**

### THREE BASIC RULES FOR THE LIFE CENTER:

1. **Respect for Staff**
2. **Respect for others (kids)**
3. **Respect for property and equipment**

**MINOR INFRACTIONS:** Include such things as running in the lobby, not listening when counselors are talking, failure to follow instructions, rudeness, name calling, etc. Minor infractions usually receive a warning, a time out, or some alternative form of correction related to the incident.

**MAJOR INFRACTIONS:** Include, but are not limited to:

- FIGHTING (regardless of reason—if a child throws a punch, kicks, bites, etc.)
- STEALING (taking anything that is not theirs, going through others belongings, etc.)
- PROFANITY
- WILLFUL DESTRUCTION OF PROPERTY
- BEING IN UNAUTHORIZED OR UNSUPERVISED AREAS
- LEAVING THE PREMISES WITHOUT BEING PROPERLY CHECKED OUT
- DISHONESTY (including lying to staff)
- ENDANGERING HIS/HER PERSON OR OTHERS, THREATENING OTHERS
- BRINGING ANY ITEM CONSIDERED TO BE A WEAPON ON CAMPUS
- POSSESSION OF DRUGS, ALCOHOL OR TOBACCO PRODUCTS

### CONSEQUENCES:

**WARNING**—when a simple reminder will suffice

**TIME OUT**—when a child needs more than a warning, has already been warned, or repeatedly breaks a rule Timeouts will be limited to <10 minutes for K-2<sup>nd</sup>, 5-30 minutes for older kids

**ACTION RELATED TO INCIDENT**—examples include cleaning up a mess that they made, retracing their path with “walking feet” if they were running indoors, etc.

**LOBBY SUSPENSION**—is a longer version of “time-out”. Used for more serious infractions. Parents will be required to meet with the director to assist in working out the problem and to help re-enforce the rules of the Life Center. Students in Lobby Suspension may move about the lobby, but are restricted from all other areas.

*\*\*Students in Time Out and Lobby Suspension are always permitted snack and restroom privileges.*

**HOME SUSPENSION**- used when a child will benefit from time away from the Life Center. Length of suspension may vary depending on severity of infraction, previous disciplinary results and parental support.

**SUSPENSION OR DISMISSAL**—may result from any of the following or upon recommendation of the Director.

- Severity of infraction
- After other disciplinary procedures have failed
- If we do not receive the cooperation and support of the parent to correct the problem
- Parents who are abusive or threaten staff
- Parents who are repeatedly late in picking up their child after the announced closing time
- Parents who fail to make prompt payment of fees (If there are special circumstances—Please see the Director to discuss options BEFORE your payment is late)
- Parents who fail to provide the Life Center with complete registration information needed to maintain a current and complete file as required by the Department of Human Services—including **current address & phone numbers.**

\*\*\*\*\*

**COMMITMENT FROM PARENT & CHILD:** We the undersigned have read the above expectations from Lindenwood and agree to uphold and abide by these rules. We also agree to accept the consequences for breaking the above rules.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

(All above guidelines have been submitted and approved by the Department of Human Services)