**Chatham Baptist Child Development Center**

**2024-2025 Preschool Registration Form**

**1500 East Walnut Street Chatham, IL 62629 (217) 483-2471**

**chathampreschool@comcast.net**

**Child's Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_**

**Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_**

**Student lives with: \_\_\_ both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents are: \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Siblings in Student's Home:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birthday\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birthday: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birthday\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birthday: \_**\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **FATHER'S INFORMATION** | **MOTHER'S INFORMATION** |
| **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_\_\_** | **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_** |
| **Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Church Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Step-Father, Step-Mother, or Guardian Information:** | **Church Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

# **Classes Available**

**Student must be 3 on or before September 1, 2024. Classes begin after Labor Day (Tuesday September 3rd) Now I'm 3 – Tuesday–Thursday 9:00 – 11:30 AM $130.00 per month class begins October 1st (this class is for students with August birthdays, and those who turn 3 after September 1st)**

|  |  |  |  |
| --- | --- | --- | --- |
| **3-year-old** | **Tuesday-Thursday** | **9:00-11:30 AM** | **$130.00 per month** |
| **3-year-old** | **Monday-Wednesday-Friday** | **9:00-11:30 AM** | **$150.00 per month** |
| **4-year-old** | **Monday-Tuesday-Wednesday -Thursday** | **9:00-11:30 AM** | **$175.00 per month** |
| **3-year-old** | **Monday- Wednesday-Thursday** | **12:15-2:45 PM** | **$150.00 per month** |
| **4-year-old** | **Monday-Wednesday-Thursday** | **12:15-2:45 PM** | **$150.00 per month** |

**All students must be 3 on or before September 1, of 2024 and Potty Trained**

**Please choose first choice '1', second choice '2'.**

**Preschool Grade: \_\_\_3 MWF \_\_\_3 T-TH \_\_\_3 MWTH PM \_\_\_\_\_Now I'm 3 \_\_\_4 AM MTWTH \_\_\_4 MWTH PM**

**Tuition for September is Due by August 1, 2024**. If tuition is not received by this date, your child will be dropped from the program and the spot will be given to the next child on the waiting list.

**Registration Fee $50.00 is Due when packet is completed and turned in. The registration fee is NONREFUNDABLE. Tuition and Registration checks are made payable to Chatham Baptist CDC. Checks or e-giving will be accepted. No cash.**

**I have completed this registration form with the most current information available to me.**

**Once the school year begins, I understand that I must provide two-week notice to withdraw my child from the program. If the notice is not given the next month’s Tuition is due.**

## **Child’s Information Form**

**Child’s full name (middle name spelled out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health: General Condition: Excellent \_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Good \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fair \_\_\_\_\_\_\_\_\_\_\_**

**Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What time does your child go bed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sleep and Nap habits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If naps, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specify any physical disabilities or limitations in activities recommended:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any official diagnosis, illness or disability made by a doctor, psychologist or other professional?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever sought testing/assessment for any concerns/delays in which your child has exhibited?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child in Speech therapy? \_\_\_\_\_\_Speech concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all prescribed medications and drugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child attended a preschool before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL AND PHYSICAL GROWTH:**

**Is your child potty trained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pull ups or underwear\_\_**

**Is there a concern you have for your child?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you feel are his/her special abilities or capabilities?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPERIENCES WITH OTHERS:**

**How much screen time does your child have each day (tv, phone, iPad, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your child's interest? (Books, tv shows, toys) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How often do you read to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does he/she play well with other children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How does he/she react when he/she does not get his/her way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is child enrolled in activities (dancing, art, sports etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How does your child react to being corrected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have regular interaction with other children his/her age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child used scissors?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what ways do you expect our program to help your child?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other comments you think will help teachers work with your child?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent for Emergency Medical Care**

**Consent for Emergency Treatment of a Minor**

**I(We), the undersigned parent(s) or legal guardian(s) of (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**A minor, authorize Chatham Baptist Child Development Center to seek emergency medical care and treatment for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if unable to reach me(us).**

**Minor’s Name**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to *child:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Information**

**Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Tetanus Diphtheria Booster\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Any Known Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Special Medications or pertinent Health Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CHILD’s PHYSICIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physicians address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Preference: St. John's Hospital or Memorial Medical Center**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Primary Insurance Information**

**Insured's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number/Plan Number/Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Secondary Insurance Information**

**Insured’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number/Plan Number/Group Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD PICK-UP LIST**

**Please Print**

**I authorize the following people to pick up my child from Chatham Baptist Child Development Center:**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please list phone/cell numbers for people picking up your child)**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name** **Address Phone/Cell**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Address Phone/Cell**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Address Phone/Cell**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Address Phone/Cell**

**5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Address Phone/Cell**

**Childcare Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person picking up student may be asked for identification.**

**Emergency Contacts**

**In the event an emergency occurs and the building has to be evacuated. Please list the names and phone numbers of who should be called first, second if the first person cannot be reached and so on.**

**Please Print**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PARENT/CHATHAM BAPTIST CHILD DEVELOPMENT CENTER (C.D.C.) AGREEMENT**

**An agreement for preschool services between Parent/Guardian and Chatham Baptist Child Development Center Program, Chatham, Illinois.**

**The following conditions involved in the care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full name of child**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full name(s) of parent(s)/guardian(s)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip Phone #**

## **Section I**

**The CDC program agrees that:**

1. **Services for the Child Development Center will be rendered as agreed upon for the specific program of enrollment.**
2. **Calendars for programs are available.**
3. **The CDC program will provide emotional, social, physical, mental, and spiritual development opportunities in a group situation.**
4. **The CDC program will provide sufficient toys and equipment to allow for a variety of play and learning activities during the day.**
5. **The CDC program will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.**
6. **In case of an accident or illness to the child, the teacher will promptly take such reasonable measures as are, in her judgment, in the best interest of the child, consult with the director who will notify the parents as soon as possible.**
7. **The CDC program will give written notice in the event of any exposure to a contagious disease within the group.**
8. **The CDC program will not release the child to anyone other than the parent(s)/guardian(s)unless there is written permission from the parent(s)/guardian(s) and/or other appropriate information as required.**
9. **The Chatham Baptist Child Development Center Program does not discriminate on the basis of race, color, national origin ethnicity, or gender in its admissions or hiring policies.**

## **Section II**

**The parent(s)/ guardian(s) agree(s) that:**

1. **The parent(s)/guardian(s) is (are) responsible for bringing their child(ren) into the building or area where their class(es) is(are) assembled. Their responsibility continues until the child(ren) is (are) released to the teacher(s). Parental responsibility is resumed when their child(ren) is (are) released to the parent(s)/guardian(s) by the teacher(s).**
2. **The parent(s)/guardian(s) will show the pick-up card or the release form before the child is released to the parent(s)/guardian(s).**
3. **In the event of any absence, the parent(s)/guardian(s) will notify the CDC center.**
4. **The parent(s)/guardians will examine the child daily for symptoms of contagious diseases or illnesses. BEFORE they are brought for the day. If a child has any symptoms of contagious diseases or illnesses, such as any unexplained rash, diarrhea, fever, vomiting, or heavy nasal discharge, he will not be admitted until he has been free to such symptoms for 24 hours, or until the parent(s)/guardian(s) can provide reasonable proof that the child is not contagious (i.e., a doctor’s note or phone call to CDC). The CDC program reserves the right to refuse to admit any child until such proof has been presented.**
5. **In the event of contagious illness, the parent(s)/guardian(s) will notify the CDC program and remove the child and not allow him/her to return until all danger of contagion is past.**
6. **Teachers are not permitted to give medication of any kind.**
7. **In case of illness or accident when a parent cannot be contacted by the CDC program and in the judgment of the teacher, the illness or accident requires immediate hospital medical care, the child will be taken to the Emergency Room at the expense of the parent(s)/guardian(s). A medical authorization form must be on file for each child.**
8. **In all emergencies, the CDC program has permission to take such reasonable measures as are, in the judgment of the teacher, necessary to the welfare and safety of each child.**
9. **The parent(s)/guardian(s) is (are) to promptly pick up their child(ren). CDC program reserves the right to charge a late pick-up fee of $5.00 for the first 10 minutes and $5.00 for each additional 15 minutes thereafter.**
10. **Liability for the acts of the child while he/she is under the care of CDC program is the parent(s)/guardian(s) responsibility. 11. The CDC program reserves the privilege of dismissing any child(ren) if, after entering he/she seems unable to participate in a group situation.**
11. **The CDC program is not liable for accidents or illnesses occurring to the child(ren) while he/she is (are in its care, unless it can be proven that the accident or illness was the direct result of a teacher’s negligence.**
12. **In cases of guardian(s) or where one parent has been awarded custody of the child(ren), then it is the guardian(s) or parent’s responsibility to provide a copy of the court order for the child(ren)’s file(s).**
13. **The parent(s/guardian(s) will make sure all immunization records for their child(ren) are current and kept up-to-date. The parent(s/guardian(s) will provide proof of immunization to the CDC program.**

## **Section III**

**The parent(s)/guardian(s) agree to pay the amount(s) as follows in exchange for the services outlined:**

1. **$50.00 registration per child is due upon enrollment. THE REGISTRATION FEE IS NON-REFUNDABLE.**
2. **Tuition per child per month: $130.00 2-day class; $150.00 3-day class; $175.00 4-day class**
3. **The CDC program will be closed for holidays in accordance with the annual CDC calendar.**
4. **Payments shall be made in monthly amounts and by the 1st of the current month. Payments made after the 10th will have a $5.00 late charge added.**
5. **A two-week advance, written notice is required if it becomes necessary for your child to withdraw from the program. Payment is expected for this notification period. No credits are given for absences (illness or otherwise) holidays or weather-related closings.**
6. **Failure to pay fee as agreed causes termination of this agreement at the option of the CDC program.**
7. **A processing fee of $35.00 shall be charged on all returned checks and payment of such check due immediately in cash. after 2 (two) returned checks, services shall be rendered on a cash basis only.**

**BOTH PARTIES, THE PARENT(S)/GUARDIAN(S) AND CDC PROGRAM UNDERSTAND AND AGREE THAT:**

**This agreement is a contract binding for both the CDC program and parent(s)/guardian(s). Please sign on last page of packet**

**Chatham Baptist Child Development Field Trip Permission Form**

**I give permission for the Chatham Baptist Church Child Development Center to take my child**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on any field trip that is taken this school year, 2023-2024.**

**Child’s Name**

**I understand that I will be given prior notice before any field trip is taken. I further agree to attend or to make arrangements for an adult to attend in my place.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Signature**

**--------------------------------------------------------------------------------------------------------------------------****------------------------------------------------------**

**Documents Needed for Registration**

**3-year-old or 4-year-old’s physical and immunization record and a**

**Copy of your child’s certified Birth Certificate (must have the state’s seal)**

**These documents may be scanned and sent to the email address** [**chathampreschool@comcast.net**](mailto:chathampreschool@comcast.net)

**No photo will be accepted**

**--------------------------------------------------------------------------------------------------------------------------------------------------**

**Chatham Baptist Child Development Center-E-giving**

E-giving enables parents to pay on-line using checking or savings accounts ONLY**.** We do not accept debit or credit cards. Below are the instructions to sign up online. With online paying you may set the months you would like your tuition to come out of your account, for example: regular school tuition begins in July; the parameters allow you to set up withdrawals for the beginning of July and ending May or you may choose to pay monthly.

* Go to chathambaptist.org; Click on **the Child Development Center**
* Under Pay Online, click **pay now**.
* Click arrow under fund and choose **amount**.
* Click box below **My Payment** to make payment recurring each month.
* Then finish by clicking **Submit**

**The next screen will ask for your banking information. Click continue. The last screen will ask you to authorize the payment or to cancel. Upon authorization you should receive an authorization number. It will take 7 days for CDC to receive payment.**

### **School Supplies Needed**

**4 yr. olds 3yr. olds**

### **1 Full size backpack 1 large backpack**

### **1 Flip Top Water Bottle (student must bring 1 Flip Top Water Bottle (student must bring water bottle to water bottle to class each day). class each day)**

**3 Bottles of Elmers white school glue 1 Box of Kleenex**

**1 Box of Kleenex 3 Bottles of Elmers white school glue 1 Box of 24 Crayola crayons 1 box of 24 Crayola Crayons**

**1 pair of scissors (friskers is preferred)**

**1 chisel tip, low odor expo marker**

**1 small supply box (at least 2” deep and 8”x5” wide)**

**2 pkg of Crayola washable markers (classic)**

**Chatham Baptist Child Development Center Parent Handbook**

**The purpose of the Child Development Center (CDC) is to provide a positive learning experience in a Christian atmosphere. The preschool offers classes for children who will be three or four years of age on or before September 1st. It is a ministry to guide preschool children in learning, growth and developmental activities. Christian teachers who love God and love children will be ministering to your little ones. We will do our best to help them develop into well rounded individuals, learning to love God and others.**

**The Child Development Center was established in 1975 as a ministry to the families in the Chatham area. It is our desire to minister to you and your family and we invite you to participate in the programs of the Chatham Baptist Church (CBC).**

**CDC is license-exempt but voluntarily complies with the standards set up by the Department of Children and Family Services.**

**CDC is under the constitution of CBC and abides by the decisions of the church. It is also governed by a committee of three church members, the center director, and the minister of education. A copy of the constitution is at the end of the handbook. Appeals, petitions, and any issue of a sensitive nature should be referred to the center director. Requests will be addressed at the next scheduled meeting.**

**Enrollment and Entrance: CDC is open to all children regardless of race, nationality, or creed, who may benefit from our program and who meet our enrollment requirements.**

**Requirements:**

1. **Parents/director interview and tour of facility.**
2. **Handbook and CBC constitution read and signed by both parents/guardians.**
3. **Completion of registration forms and medical form signed by a physician.**
4. **Payment of a non-refundable registration fee.**
5. **Certified copy of child's birth certificate which will be used to determine the biological sex of the child.**
6. **Be toilet trained for preschool.**

**Classes offered:**

**4-year-old 4-day (MTWTH) classes are 9:00 – 11:30 Morning**

**4-year-old 3-day (MWTH) classes are 12:15 – 2:45 Afternoon (when available)**

**3-year-old 3-day (MWF) classes are 9:00 – 11:30 Morning**

**3-year-old 2-day (TTH) classes are 9:00 – 11:30 Morning**

**3-year-old 3-day (MWTH) classes are 12:15- 2:45 Afternoon (when available)**

**Children having August birthday's or who turn 3 after September 1st may register for our Now, I'm 3 Class Now I'm 3 is a 2-day (TTH) classes are 9:00 – 11:30 Morning**

**Siblings: CDC offers a reduced rate for families with more than one child enrolled in our program.**

**Late Fees: There will be a late charge for children picked up more than 10 minutes after classes are dismissed. The fee is $5.00 for the first 15 minutes and $5.00 for each additional 15-minute period. This fee should be paid at the time of pick-up and not added to the tuition payment. There will be a $35.00 fee for any returned checks.**

**Late Tuition: Families who are more than one month behind in tuition payment may be asked to withdraw their child/children from CDC until payment can be made. If there are financial problems at home the family should see the director to work out arrangements for payment of tuition.**

**Attendance: Please call the church office or contact your child's teacher if your child will be absent for any reason 217-483-2471.**

**We ask that you use the doors on the East side of the building when dropping off or picking up your child. Please accompany your child to his/her classroom. The person who picks up the child is required to sign the child out on the sheet provided on the bulletin board.**

**Morning classes begin at 9:00 and are dismissed at 11:30 am. We ask that you do not bring your child into the building more than 10 minutes before classes begin. It is VERY IMPORTANT to a child to arrive on time so that they do not miss out on any planned activities. A doorbell is located on the right-hand side of the doors for parents who are late, or need to pick up early.**

**Preschool children are to be picked up promptly at 11:30 for morning classes. If an emergency arises, please call the church office 217-483-2471 or email chathampreschool@comcast.net.**

**Health and Safety: Upon enrollment it is necessary to have on file a health form for your child, signed by a physician. It is required that children have the standard immunizations, a tuberculin clearance, and a lead screening or clearance from the child's physician. Please make sure that the form is signed in all the correct places. These forms must be on file no later than 1 month after the child is enrolled. If you have chosen not to immunize, a letter from your doctor is required.**

**Illness: Please keep your child at home if any of the following applies:**

* **Child has any unexplained rash**
* **Child has diarrhea**
* **Child has a fever**
* **Child has a chronic cough**
* **Child has green nasal discharge**
* **Child is fussy, cranky and generally out of sorts**
* **Child has difficulty breathing**
* **Child has symptoms of a possible communicable disease**
* **Child has purulent conjunctivitis, until 24 hours after treatment has been initiated.**
* **Child has head lice until the morning after the first treatment**
* **Child has symptoms which may be indicative of one of the serious communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code.**

**Your child must be free of all above symptoms for 24 hours, or until the parents can provide (i.e., doctor's note or call from the nurse) that the child is not contagious. We reserve the right to refuse to admit any child until such proof has been presented. If your child has any symptoms of illness appear during the day, you will be called to pick up your child immediately. Your child will be isolated and kept comfortable until someone arrives to take him/her home.**

**Please notify CDC if your child does have a communicable disease so that other parents may be notified.**

**Injury: If a child needs emergency care because of an accident or illness that occurs while the child is in our care, CDC shall attempt to contact the child's parents at the phone numbers provided for that purpose. If we are unable to locate the parents, the attempts to do so shall be documented in the child's file and he/she will be taken to a medical facility immediately. Small injuries such as bumps, bruises, cuts, and scrapes will be treated with soap and water, ice, antibiotic ointment and bandage.**

**Child Abuse: CDC is required by the Department of Children and Family Services to immediately report bruises or injuries of an unusual nature.**

**Medication: Teachers are not permitted to give any type of medication to any child. Parents may come to school and give it in appropriate situations. If your child has need of any emergency medical device such as an inhaler or EpiPen, you must see the director.**

**Discipline: It is the policy of CDC to use the 'do better' chair, or stoplight method of discipline. Children are given 2-3 verbal warnings for disruptive behavior. If the behavior continues the child is asked to leave the group. Time out periods do not exceed 1 minute per year of age of the child. In the instance on continued problems the parents will be notified to work with CDC in order to work out a solution. Continued problems may result in asking the parents to withdraw the child from the program.**

**Our Program: Each age group's daily schedule will vary; however, each having the same opportunities. Some of the activities that take place during the class time are, music, circle time, story time, art, free play, snacks, (4's) computer time, outside/inside play time. During their classroom time children will have Bible stories, a prayer before their snack time and 4-year-old children will be given an opportunity of memorizing Bible verses.**

**Evaluations and Conferences: The staff will hold conferences in March or April to discuss your child's progress and adjustment. If the parents or teacher desire another conference, arrangements will be made to privately discuss any questions or concerns. The staff is here to help each child develop individually. If the staff feels a child has a specific need that cannot be met by CDC, referrals will be made to the parents where special help may be obtained. It is our desire to work with the parents to provide a consistent environment for the children. To allow us to serve your child in a better way, please notify your child's teacher of any changes at home that may affect your child's behavior (i.e., separation, death, moving).**

**Dress: Please think of your child's comfort and dress him/her simply in EASY TO MANAGE play clothes. Children should wear clothes that do not require assistance for them to go to the restroom. We have active playtime’s – outside and inside, we require tennis shoes to be worn. Backless, slip-on shoes, flip flops or crocs will not be accepted, this is for the protections of the child. Please send a jacket with your child on days that are cool.**

**Party Snacks: Parents may be asked to provide treats for Holidays and/or Birthdays. Children with allergies will be taken into consideration when choosing snacks.**

**Withdrawal and Dismissal: CDC requires that a two-week written notice be given if a child is to withdraw from the program.**

**CDC reserves the right to dismiss a child for any of the following reasons:**

1. **Inability to adjust to a group situation.**
2. **Disruptive behavior – includes continued biting, hitting, kicking**
3. **Non-payment**
4. **Harassment by parents**
5. **Failure to have proper paperwork on file**
6. **Other reasons as seen by the center staff**

**Inclement Weather: In the event of a snowstorm or other inclement weather, the Chatham Baptist CDC will contact parents of school closings through an email or text from the director and/or your child’s teacher.**

**Tuition will not be reduced due to weather conditions.**

**Miscellaneous Information:**

* **CDC will follow the holiday and vacation calendar of Ball- Chatham Public Schools. The exception would be for teacher institute days. Check the calendar provided at the beginning of the year.**
* **Parents are responsible for contacting CDC of any address changes or changes in work, home or cell phone numbers and changes in the person who will pick-up your child.**
* **CDC is not responsible for toys brought from home.**
* **Notes from CDC will be emailed unless otherwise notified. It is necessary for each child to bring a backpack to carry home all communications and projects. The backpack should be large enough to hold these items.**
* **Parents are welcome to visit CDC at any time.**
* **A calendar will be emailed at the beginning of every month containing the schedule for the bringing of snacks, upcoming activities, events, and holidays.**
* **Children should be dropped off at the classroom door, parents should stay outside the room. Building independence important, such as hanging up their backpack, getting out their take home folder, and hanging up their jacket.**

**Suggestions: Teach your child self-reliance by encouraging him/her to do things independently. Allow time for your child to get his/her things together and make the change from home to school or school to home.**

**Take time to listen to your child's daily experiences and discuss them with real interest. However, do not become alarmed if he/she does not mention daily activities. Avoid saying, 'What did you learn today'? Instead, initiate a conversation by saying, 'you look like you had a good time'.**

**Take an interest in CDC and whatever your child brings home. Ask your child what they had to do to make the craft, (cut, color, paste) or what colors they use to paint the picture. Do not expect your child to bring home something every day. Many things done at CDC are not tangible. The experiences of the activities are very important.**

**Parking Lot Directions: To ensure the safety of our students in our parking lot we ask parents and those who will be responsible for transporting preschoolers to preschool to follow these directions.**

**The CDC preschool entrance is located on the EAST side of the building, unless notified of changes. Please enter through this EAST driveway to drop off and pick up your child. EXIT by driving around the building to the WEST driveway.**

**This handbook does not contractually bind the school in any way. The handbook is subject to change without notice by the Chatham Baptist Child Development Center's governing body. Both Parents or Guardians must sign and date they the CDC Handbook has been read.**

**Chatham Baptist Church Constitution**

**Preamble**

**We declare and establish this constitution for the preservation and security of the principles of our faith and so that this body may be governed in an orderly manner. This constitution will preserve the liberties of each individual member of this church and the freedom of action of this body in its relation to other churches of the same faith.**

#### **Article I – Name**

**This body shall be known as the Chatham Baptist church (CBC) of Chatham, Illinois.**

**Article II – Statement of Faith**

**The Holy Bible is the inspired Word of God and is the basis for any statement of faith. CBC subscribes to the doctrinal statement of the Baptist Faith and Message as adopted by the Southern Baptist Convention in 1963. We band ourselves together as a body of baptized believers in Jesus Christ personally committed to sharing the good news of salvation to lost mankind. The ordinances of CBC are baptism and the Lord's Supper.**

**Article III – Purpose Statement**

**It is the purpose of CBC to be a light to the world by Loving God (worship) and man (fellowship) Learning the teachings of Jesus Christ (discipleship) Living by the leadership of the Holy Spirit (evangelism and mission).**

**Article IV – Church Covenant**

**Having been led, as we believe by the Spirit of God, to receive the Lord Jesus Christ as our Savior and on the profession of faith, having been baptized in the name of the Father, and of the Son, and of the Holy Spirit, we do now, in the presence of God and this assembly, most solemnly and joyfully enter into covenant with one another as one body in Christ.**

**We engage, therefore, by the aid of the Holy Spirit to walk together in Christian love; to strive for the advancement of this church in knowledge, holiness, and comfort; to promote its prosperity and spirituality; to sustain its worship, ordinances, discipline, and doctrines; to contribute cheerfully and regularly to the support of the ministry of CBC, the expenses of the church, the relief of the poor, and the spread of the gospel throughout all nations.**

**We also engage to maintain family and private devotions; to foster the spiritual education of our children; to seek the salvation of our family and acquaintances; to walk circumspectly; to be honest in our dealings, faithful in our engagements, and exemplary in our behavior; to avoid all tattling, backbiting and excessive anger; to abstain from the sale of, and use of, intoxicating drinks as a beverage; and to be zealous in our efforts to advance the kingdom of our Savior.**

**We further engage to watch over one another in brotherly love; to remember one another in prayer; to aid those who are sick and in distress; to cultivate Christian sympathy and Christian courtesy in speech; and to be slow to take offense, but always ready for reconciliation and mindful of the rules of our Savior to secure it without delay according to Matthew 18.**

**We moreover engage that when we move from this place we will, as soon as possible, unite with another church where we can carry out the spirit of this covenant and the principles of the Holy Bible.**

#### **Article V – Character**

**Section 1. Policy The government of CBC is vested in the body of believers who comprise CBC. It is subject to the control of no other ecclesiastical body, but it recognizes and sustains the obligations of mutual counsel and cooperation which are common among Southern Baptist Churches. CBC will cooperate with and support the Capital City Baptist Association, the Illinois Baptist State Association, and the Southern Baptist Convention.**

**Section 2. Final Authority for Matters of Doctrine and Conduct Our statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God, speaks with final authority concerning truth, morality, and the proper conduct of mankind, and is the sole and final source of all that we believe. (2 Timothy 3:16) Should a disagreement arise over faith, doctrine, practice, policy, or discipline, the Constitution Committee shall review the disagreement and make a recommendation to CBC, which is the final interpretive authority on the Bible's meaning and application.**

**Section 3. Doctrine CBC receives the Holy Bible as its authority in matters of faith and practice. Its understanding of**

**Christian truth as contained therein is in essential accord with the belief of other Southern Baptist churches. Therefore, CBC shall use literature published by entities of the Southern Baptist Convention, and may make limited use of other literature.**

**Section 4. - Statement on Marriage, Gender, and Sexuality We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. (Genesis 1:26-27) Rejection of one's biological sex is a rejection of the image of God within that person.**

**We believe that the term 'marriage' has only one meaning; marriage is instituted and sanctioned by God joining one man and one woman in single, exclusive union, as delineated in the Holy Bible. (Genesis 2:18-25)**

**We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (I Corinthians 6:18; 7:2-5; Hebrews 13:4.) We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.**

**We believe that any form of sexual immorality is sinful. Sexual immorality includes but is not limited to adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, pornography, or any attempt to change one's sex. (Matthew 15:18-20; 1 Corinthians 6:9-10.)**

**We believe that in order to preserve the function and integrity of CBC as the local Body of Christ, and to provide a biblical role model to CBC members and the community, it is imperative that all personal employed by CBC in any capacity, or who serve as volunteers, should abide by and agree to this Statement on Marriage, Gender, and Sexuality and conduct themselves accordingly. (Matthew 5:16; Philippians 2:14-16; I Thessalonians 5:22.)**

**We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. (Acts 3:19-21; Romans 10:9-10; I Corinthians 6:9-11.)**

**We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31.) Hateful and harassing behavior or attitudes directed toward any individual are to repudiated and are not in accord with the Holy Bible or the doctrines of CBC.**

**Section 5. - Statement on the Sanctity of Human Life We believe that all human life is sacred and created by God in his image. Human life is inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage of condition from conception through natural death. We are therefore called to defend, protect and value all human life. (Psalm 139)**

**The Constitution of Chatham Baptist Church are subject to change without notice by the Chatham Baptist Church governing body.**

**Both parents or guardians must sign and date verifying they have read CBC Constitution.**

**Chatham Baptist Child Development Signature Page. Both signatures are required.**

**Your signatures below indicate that you have read and understand the following:**

**Chatham Baptist Information sheet - Page 1**

**Parent/Chatham Baptist Child Development (CDC) Agreement - Pages 6 & 7**

**Field Trip information - Page 8**

**Child Development's Handbook – Pages 9-12**

**Chatham Baptist's Constitution - Pages 12-14**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directors Signature for Parent/Chatham Baptist Child Development (CDC) Agreement**

**Chatham Baptist Child Development Registry**

**Last year our school started a registry. The information is listed by the child’s teacher. The parents choose the information they would like place in our registry. When the registries are completed, they are emailed to all families.**

**We invite our parents to join our registry. We hope this will enable parents and grandparents to connect socially with our student’s families for playdates, birthday parties or just a good cup of coffee.**

**Students Name (Please Print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please place:**

**My name and child’s name only (or circle which one)**

**My email address**

**My phone number**

**My address**

**Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note these items:**

1. **The first month’s tuition is Due on or before August 1, 2024**
2. **The registration fee is non-refundable.**
3. **Copies of Physical and immunization records are due before school starts. These may be emailed to** [**chathampreschool@comcast.net**](mailto:chathampreschool@comcast.net)**. No photo copies and the Birth Certificate must have the state seal.**
4. **Tuition payments may be made online or checks may be dropped in box at the door.**
5. **Please call the office or contact your teacher if your child will be absent. 217-483-2471.**
6. **For your child’s safety, we ask students wear only tennis shoes.**
7. **Children must have a full-size backpack, so their papers go in easily.**
8. **Your teacher or the director will contact you if the school closes for any reason.**
9. **Children are dropped off & picked up at their classroom doors.**
10. **Parents are notified of who their child’s teacher will be in August.**
11. **1st day of school is September 3rd.**

**If you have any questions, please contact the church office at 217-483-2471.**