

The Christian Love Center



Greetings Preschool Parents/Guardians,

We are so excited to kick-off our 2019-2020 school year. Here in preschool your child will have a daily routine of learning their shapes, numbers, ABCs, colors, months of the year, and days of the week. CLC new preschool hours are 7:30 a.m. until 4:30 p.m. For question or more information ask a CLC staff or call us at 334-566-5210

Child's Pre-Admission Record

Section I

This section is to be the child's parent or guardian. The form is to be kept in the child's personal file in the Day Care/Nighttime facility.

Child's full name: _____

Name child is known by: _____

Address: _____

Date of Birth: _____ Age: _____

Parents or Guardian: _____

Address: _____ Telephone: (Home) _____

Employer (Mother): _____ Employer (Father) _____

Address: _____ Address: _____

Telephone No. _____ Telephone No. _____

Whom to call when, in an emergency, the parent(s) cannot be reached: _____

Name: _____ Relationship to Child _____

Address: _____ Telephone No. _____

Name: _____ Relationship to Child _____

Address: _____ Telephone: _____

Child may be released to: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Child's Doctor: _____ Address: _____

Proposed Date of admission to care: _____

Special Interests: _____

Habits: _____

(Signature of Parent or Guardian)

(Date)

SECTION II

This section is to be completed by facility's staff.

Date of Admission to care: _____ Date of termination from Care: _____

Progress:

Christian Love Center Preschool Program

Mission

Christian Love Center is committed to providing a safe and caring, developmentally appropriate environment for preschool children. Our goal is to provide a high-quality educational experience which promotes the maximum development of each child's social, emotional, physical, and cognitive abilities.

Purpose

To provide high-quality, developmentally appropriate activities that increase school readiness in a safe and nurturing environment.

Vision

To foster a partnership with families and the community that will enhance the abilities and skills of the whole child in becoming a lifelong learner.

Belief

High-quality preschool experiences provide children with the foundation for on-going learning, and support children and families to become responsible citizens as they develop lifelong skills.

Goals

Goals of high-quality Preschool experiences include: enhancing skills in personal and social development, language and literacy, mathematical thinking, scientific thinking, social-emotional development, technology skills, creative arts, and physical development; and developing a professional learning community that includes parents, teachers and community organizations.

Contact

We are excited about the opportunity to positively impact the lives of children through the provision of high-quality Preschool experiences. If you have any questions or desire additional information, please contact us at 334-566-5210.

Thank you again for choosing The Christian Love Center!

CLC Staff

Sick Child Policy

While I believe in providing as much cuddling as desired, if a child is ill and requires my undivided attention this distracts from my ability to provide quality care to all the children in the group. Therefore, if your child reaches a point when he/she requires constant attention, will not play, cries continuously, whines and wants to be held constantly, etc., then your child will need to stay home.

You should expect that any time a new child is introduced to the group, colds and other minor illnesses are likely to occur until everyone's immune systems have adjusted to the new exposures. Also, advise me whenever a member of your family has an illness so that I can be alert to the possibility of symptoms developing in the child or group.

Children may return to care only at such time as they will not longer endanger the health of other children. They must be able to participate in daily activities, and the following conditions must have been met.

- Absence of fever for 24 hours
- Nausea, vomiting or diarrhea has subsided for 24 hours
- Children must have been on antibiotics for a period of 24 hours
- Physician has approved readmission into care
- Chicken pox lesions are completely crusted over
- Scabies are under treatment
- Lice are under treatment, and no nits are present on hair
- Pinworm treatment has occurred 24 hours before readmission
- Lesions from impetigo are no longer weeping
- Conjunctivitis has diminished and been treated to the point that the eyes are no longer discharging
- The child has completed the contagious stage of the illness.

Please note that no child will be readmitted after a communicable disease without a statement from a medical facility or physician.

C. **MEDICATIONS.** If your child is taking medication, please be sure to sign a release to administer medication form. We CANNOT administer medication to ANY child without this release being signed. All medication must remain in the original container and be properly labeled with the child's full name, date prescription was filled, medication expiration date, and legible instructions for administration. Please do not leave the medication in the diaper bag - hand deliver to us.

For non-prescription medication, the following can be given with permission from the parents, only at the dose & for the duration & method of administration specified on the manufacturer's label for the age and/or weight of the child needing the medication.

- Antihistamines
- Tylenol
- Decongestants
- Anti-itching ointments/lotions
- Diaper ointments/lotions
- Non-narcotic cough suppressants

Non-prescription oral medications may not be administered for more than five consecutive days. All non-prescription topical ointments, creams, or lotions may not be administered for more than seven consecutive days when used for skin irritations.

I am required to have syrup of ipecac in the first-aid kit that may be administered only when following verbal instructions of the poison control center or a physician. All administrations of medications will be documented on an Incident Report, and placed in the child's file.

Parents Signature: _____

Date: _____

Parents Signature: _____

Date: _____

Providers Signature: _____

Date: _____

Please remove this page from this booklet when a permission form is needed. Additional forms may be obtained

Grade _____

Teacher _____

MEDICATION PERMISSION FORM

STUDENT'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ SSN _____

PARENT/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

My child, at the direction of a physician, takes the following prescription medicine.

Name of Medicine	Amount (Number of Pills, Amount of Liquid) Given at Home	Amount (Number of Pills, Amount of Liquid) to be Given at School	Time to be Given

Name of Physician _____ Phone _____

I have read and understand the Procedures for Administering Prescription Medication as outlined on the reverse side of this form.

Date

Parent/Guardian's Signature

MEDICAL HISTORY

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank You!

Pupil's Name _____ Birth Date _____ Sex _____
 Father's Occupation _____ Mother's Occupation _____

Past Diseases (If your child has had any of the following, mark as needed.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Syphilis | <input type="checkbox"/> Discharging Ears |
| | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Gonorrhoea |

Recent Health Problems (Please check any one of the following noted recently.)

- | | | |
|---|---|---|
| <input type="checkbox"/> 4 or more colds yearly | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Hearing Difficulty |
| <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Abdominal Pains | <input type="checkbox"/> Tires Easily |
| <input type="checkbox"/> Poor Vision | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Breath Shortness |
| <input type="checkbox"/> Frequent Leg Pains | <input type="checkbox"/> Allergy | <input type="checkbox"/> Hernia (Rupture) |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Ringworm |
| <input type="checkbox"/> Frequent Sties | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Nose Bleeding |
| <input type="checkbox"/> Dental Defects | <input type="checkbox"/> Crippling Conditions | <input type="checkbox"/> Growing Pains |

Does your child have a disability due to disease or accident? _____

Has your child had a skin test for tuberculosis? _____ Date Administered _____

Has he been associated with a tubercular patient? _____ When? _____

Personal Record (Please answer all of the following.)

- | | | |
|----------------------|------------------------------|-----------------------------|
| Is he/she shy? _____ | Overactive? _____ | Bite Fingernails? _____ |
| Suck thumb? _____ | Have excessive fears? _____ | Have temper tantrums? _____ |
| Inquisitive? _____ | Play well with others? _____ | Eat Breakfast? _____ |

Date _____ Signature of parent _____

Phone _____

Grade _____

The Christian Love Center Health Policy

The Health Department regulations prohibit the admittance of any child into a family childcare home that exhibits any of the following symptoms:

- **Fever (100°f or higher)** – child needs to be fever free for 24 hours without the aid of medication
- **Diarrhea** – child must be symptom free for 24 hours without the aid of medication
- **Vomiting** – child must be symptom free for 24 hours without the aid of medication
- **Runny nose with colored discharge** – check with doctor
- **Rash** – check with doctor
- **Discharge from eyes or ears**– check with doctor
- **Lice** – child needs to be treated and nits removed before return

Communicable Diseases – chicken pox, measles, mumps, conjunctivitis (pink eye), influenza etc. The child may return when the incubation and contagious period is passed and the child is well enough to resume normal childcare activities.

Medication

If your child is on antibiotics he/she continues to be contagious for 24 hours after the first dose of medication and can not return to childcare until this time period has passed.

Child Care Regulations prohibits us from giving your child medication **of any kind** unless you have something from your child(s) physician. All medication must be in the original, labeled container and a signed medication permission form must be filled out each time. You are however welcomed to come and give your child(ren) medicine, breathing treatments etc... at a specified time.

**INDIVIDUAL TRANSPORTATION/ARRIVAL/DEPARTURE PLAN
FOR CHILDREN TRANSPORTED TO CENTER BY
PARENTS/GUARDIANS/OTHER DESIGNATED INDIVIDUALS**

I, _____
(Parent/guardian)
, or a person authorized by me, will bring _____
(Name of child)
to the The Christian Love Center, at _____
(Approximate time) each day.

I or an authorized person will accompany my child into the center and/or into the care of his/her teacher or authorized staff member.

I, or a person authorized by me, will pick up my child each day at _____
(Approximate time)

I understand that I or the authorized person must sign my child out each day upon his/her departure from the center. I further understand that my child will not be released to anyone other than persons whom I have authorized in writing to receive my child.

Print Name

Signature

Date

EMERGENCY RELEASE FORM



Student's Name _____ Grade _____

EMERGENCY

If serious illness or injury occurs at school and I cannot be immediately notified, you have my permission to call:

___ My family physician _____
Physician's name Telephone

___ Friend or Relative _____
Name Telephone

___ Other Than Above _____
Name Telephone

PAIN MEDICATIONS

If minor headache or discomfort occurs at school, you have permission to give my child:

___ Tylenol ___ ibuprofen ___ aspirin
___ No Tylenol ___ No ibuprofen ___ No aspirin

PERMISSION

In case of accident or illness: Should my child become ill during the time he is in the care of the Christian Love Center of Troy, Alabama, herein CLC, or suffer an accident of any character, a CLC staff member shall contact me immediately. In the event that CLC is unable to reach me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. The parent shall assume responsibility for payment.

Insurance Company _____ Parent's Signature _____

Policy Number _____ Date _____

DISCIPLINE STATEMENT

Dear Parent:

We at The Center work with parents/guardians of children in our care to determine the cause of misbehavior and deal with behavior positively.

We use strategies that allow the child to take responsibility for his/her actions. In addition, we focus on teaching children appropriate behavior. We do not use threats or bribes; however, we do use Time Out when we feel the child needs a break away from the group. We focus on teaching children how to interact socially and continually reinforce the limits at the center. Physical punishment will not be used, even if requested by the parent.

We expect children in our care to respect others, respect the environment and respect themselves. Hitting, kicking, spitting, biting, hostile verbal behavior and other behaviors, which will hurt another child, are not permitted.

Each child will be dealt with individually. Consequences will occur immediately after the behavior. As a parent, we ask you not to punish your child at home for misbehavior shown while in our care. Please trust that we will handle the matter at the center. Furthermore, we will not discipline your child for an incident, which happened anywhere other than at the center.

If your child continually misbehaves, we will call you and discuss the difficulty by phone or make an appointment to discuss the difficulty with you. We will not discuss problems in front of your child, other children or other parents.

We will keep you posted on all happenings that we are involved in at the center. If we are experiencing behavior difficulties with your child, we will let you know as soon as possible. We hope that together we can create a behavior management strategy, which will control the behavior.

In those instances when a behavior is very disruptive or harmful to the child or other children, we will discuss the issue with you. If an intervention can be made and will warrant success, the child can remain enrolled. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other childcare arrangements. We will assist you to the best of our ability to help you find other arrangements. Thank you in advance for your assistance!

**The Christian Love Center
Childcare Provider**

(Print Name)

Date

Signature

Date

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) FY _____

Part 1. Enrolled Children: list names of all enrolled children				
Names of all enrolled children: Use additional pages if necessary (First and Last)	BIRTH DATE MM/DD/YYYY	CHECK IF IN HEAD/EVEN START	CHECK IF FOSTER CHILD	CHECK IF HOMELESS CHILD
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received SNAP (food stamps) or TANF cash assistance, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.
 NAME: _____ CASE NUMBER: _____

Part 3. Total Household Gross Income — You must tell us how much and how often

A. Name – First and Last (List only household members not listed in Part 1)	B. Gross Income and how often it was received <i>For example \$200/week or \$150/twice a month</i>				
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) - An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give, that center officials may verify the information on the form, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sign here: _____ Print name: _____ Date: _____

Last four digits of Social Security Number: - - _____ I do not have a Social Security Number

Address _____ Phone Number _____

City: _____ State: _____ Zip Code _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household size _____ Total Annual Income _____ SNAP/TANF Household _____

Determination for: Free Meals _____ Reduced-Price Meals _____ Paid Meals _____ # Foster free _____ # Head/Even Start Free _____

Homeless Free _____

Determining Official's Signature: _____ Date: _____

Christian Love Center

223 Segar Street
Troy, Alabama 36081

My child _____ has my

Permission to go with the Christian Love Center on supervised field trips. Take pictures to put on our website and our face book page and participant in our videos'.

Parent Signature _____

CHRISTIAN LOVE COMMUNITY DEVELOPMENT CORPORATION, INC.
223 SEGARS STREET
TROY, ALBAMA 36081
334-566-5210

Closure Schedule 2019/2020

- New Year's Day (January 01, 2019)
- MLK Birthday (January 21, 2019)
- President's Day (February 18, 2019)
- CLC CLOSED Spring Break (March 25- 29)
- Good Friday (April 19, 2019)
- Last Day for Pre-K Only (May 24, 2019)
- Memorial Day (May 27, 2019)
- Summer Camp Begins (June 03, 2019)
- Independence Day (July 04, 2019)
- Summer Camp Ends (August 02, 2019)
- Pre-K Starts (August 08, 2019)
- Labor Day (September 02, 2019)
- Columbus Day (October 14, 2019)
- Veteran's Day (November 11, 2019)
- Thanksgiving (November 27-29, 2019)
- Christmas Break (December 24—January 01, 2020)

- **CALENDAR IS SUBJECT TO CHANGE**

The Christian Love Center Parent- Program Agreement

Agreement between parent and the Christian Love Center for children 2 1/2 (**Must Be Potted Trained**) years old to 12 years. The following conditions involved in the care of

Child/Children

Are understood and agreed on between the Christian Love Center and

Parent or Guardian

1. In return for the sum required tuition, the program will give regular care to the above named child from 7: 30 a.m. to 4:30 p.m. for 5 days per week except Saturday and Sunday. **Child must be potty trained to attend Christian Love Center.**

The director or teacher will examine the children daily for symptoms of contagious disease or illness before they are admitted for the day. If a child has a fever, that child will not be admitted until free from fever for 24 hours (without medication).

2. The Center will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.
3. In case of an accident or illness to the child, the teacher, director, or aid will promptly take such reasonable measures as are, in his/ her judgment, in the best interests of the child and will notify the parents as soon as possible.
4. The center will provide, in addition to physical care, the following services: morning snacks, lunch, afternoon snacks, and physical, emotional, social, mental, and moral / spiritual development opportunities in a group situation.
5. The program will give written notice in the event of any exposure to a contagious disease within the group.
6. The program will not release the child to anyone other than the parent or guardian, unless written permission is received from parent or guardian.
7. The center will provide resources in sufficient quantity to allow for a variety of play and learning activities of the day.

The parent agrees that: **Tuition can be paid weekly, bi-weekly or monthly etc. . . .**

1. The parents will pay the Center a week in advance on Friday each the sum of \$___ for regular care given to the above named child. Responsibility for payment on time is that of the parent or legal guardian sees that the tuition fees cannot be paid on time, it is your responsibility to make acceptable arrangements for delayed payment with the director, before the payment is due. If acceptance arrangements have not been made upon payment due date plus a two-week grace period, the contract for service to child or children will be terminated immediately.

2. Tuition is due each week for a fulltime child enrolled in the program whether present or absent.

3. If a child needs a prescribed medicine during the day, a note from the doctor must be given to the center.
4. In a case of illness or accident, when a parent cannot be contacted by the center, and if, in judgement of the teacher or director, the illness requires a physician, Dr. _____ may be called at the parent's expense.
5. In the event that a child has a contagious illness, he or she will not be allowed to return until all danger of contagion is gone.
6. In all emergencies, the program has permission to take such reasonable measures as are, in the judgement of the teacher or director, necessary for the welfare and safety of the child.
7. The weekday program reserves the privilege of dismissing any child if, after entering, he seems unable to participate in group experiences.
8. Liability for a child's action while under care of the program is the parent's responsibility.
9. The program is not liable for accidents illnesses occurring to the child while he/she is in its care, unless proof is presented that the accident or illness was the direct result of the worker's negligence.
10. The parent will give two weeks' notice when the child is to be withdrawn both parties The Christian Love Center and parent or guardian, understand and agrees that:
 1. This agreement is a contract binding both operator and parent.
 2. The contract may be terminated by either parent or guardian, with notification of intention at least two weeks in advance, or any time by mutual agreement of both parties.

Signature of parent or Guardian

Date

Signature of Director

Date

**The Christian Love Community Development Center
Summer Camp/ Holiday/ After School Program**

(1st) Childs Name _____ Age _____ Sex _____ Birthday _____
Grade _____ School Currently Attending _____

(2nd) Childs Name _____ Age _____ Sex _____ Birthday _____
Grade _____ School Currently Attending _____

(3rd) Childs Name _____ Age _____ Sex _____ Birthday _____
Grade _____ School Currently Attending _____

(4th) Childs Name _____ Age _____ Sex _____ Birthday _____
Grade _____ School Currently Attending _____

Address _____

Father _____ Work# _____ Home# _____ Cell# _____

Mother _____ Work# _____ Home# _____ Cell# _____

Emergency Contact Name and Number#1 _____

Emergency Contact Name and Number#2 _____

Relationship to Child: _____

#1

#2

The following individual may pick up your child or be contacted in case of an emergency. Please make sure all spaces are filled in. Children will be released only to those names listed.

Name	Relationship	Home#	Work#
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Your child **MAY NOT** be picked up by: (please print)

Name _____ Name _____

If parents are divorced, which parent has custody? _____

In medical emergency, call Doctor: _____ Phone: _____

Hospital: _____

Medications your child regularly receives: _____

Allergies, special health or dietary problems: _____

Special instructions: _____

I give authority to any hospital, doctor or paramedics to render immediate aid as might be required, at the time, for my child's health and safety. I understand any expense for this service will be accepted by me.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Office Use Only

Date payment made _____ Check number _____ Amount Paid \$ _____

The CLCDC Payment/Attendance Contract

My child (ren's) _____ will attend the Christian Love
(First, Last Name)
Community Development Center.

I agree to pay the CLCDC \$ _____ a week for my child/children to participate in the Get Fit Kids Summer Camp/ Holiday Program. I understand payment is due one week in advance.

I agree to abide by the policies as outlined below:

I. Payment Due Date

- A. All weekly fees must be paid a week in advance.
- B. There will be a \$15.00 late fee if not paid by close of business on the following Monday.
- C. If payment falls more than one week behind, your child cannot continue in the Program until account is brought current.
- D. Payments must be paid by check, cash, or money order. Child's name must be on check, or money order. If you have any questions please call 334-566-5210.

II. Absences

- A. Missed days will not be deducted from your weekly fee.
- B. If child miss days or if the center is closed for a holiday full tuition is still due.
- C. No prorated weeks or days.

III. Refunds

- A. No refunds will be given.

IV Returned Checks

- A. The Christian Love Center will notify you if we receive an insufficient funds Check.
- B. After a returned check, we will accept money orders or cash only for all weekly payments.
- A. There will be a \$35.00 service charge on all returned checks.

V. Program Hours

- A. Afterschool program is offered from school dismissal until 4:30 p.m.
- B. Pickup after 4:30 p.m. will result in a \$5.00 late charge for every 15 minutes. If you are late picking your child up more than 3 times without prior notice, your child will be in jeopardy of not participating in the program.**
- C. Summer Program 7:30 a.m. – 4:30 p.m.**
- D. Holiday Program 7:30- 4:00 p.m.**

VI. Cancellations

- A. Cancellations must be submitted in writing at least one week in advance to avoid payment. Verbal notice will not be accepted. If you do not give at least one week's notice in writing to the Christian Love Center, you will be required to pay for that week.**

VII. Tuition

Parent/Guardian Signature: _____ Date: _____

By signing I agree and realize that this is a legal binding contract and it is my responsibility to pay the fees and tuition charged by the Christian Love Community Development Center.

Summer Camp /Holiday/After School Program

The Christian Love Center is a year round program, designed with the basic philosophy of helping children realize their full physical, mental, and spiritual potential in a climate of stability and trust.

The Christian Love Community Development Center welcomes you. We believe that your child will enjoy this highly creative program. To help with questions you may have, we have prepared this manual for you. Please read it completely and keep it for future reference.

STAFF

We take a great deal of pride in the quality of our staff. Program leaders who work with your child in groups divided according to age or interest level provide supervision. All staff members participate in a series of comprehensive training sessions with emphasis on programming, skill development and children's needs. Below is a list of CLC staff that can assist you with your needs.

- The Christian Love Community Development Center Director: Angeline Green
- The Christian Love Center Community Development Program Coordinator: Lawanda Bell
- The Christian Love Center Community Development Assistant Program Director: Andrea Johnson

IF YOU HAVE ANY QUESTIONS OR PROBLEMS:

- A. Your Director or Program Director is the first person you should talk to concerning any questions or problems.
- B. If you need further assistance, call 334-566-5210.

SOME ACTIVITIES INCLUDE but not limited too: (based on program)

- Homework
- Inside Play
- Outside Play
- Music and Language
- Arts and Crafts
- Dramatic and Creative Play
- Music
- Nutritional breakfast, snacks and lunch
- Physical Skills and Health

HOURS

The CLCDC Program will be offered from school dismissal to 4:30 each school day. You must pick you child up by 4:30 p.m. to avoid late fees. A late fee of \$5.00 per 15-minutes increments will be charged to parents picking children up after 4:30 p.m. If you pick your child up late more than 3 times without prior notice, your child will be in jeopardy of being dropped from the program.



AFTERSCHOOL

Grades PRE-K-4th

Family Guidance Accepted

Christian Love Community Development Center
223 Segar Street Troy, Alabama 36081 334-566-5210



Angeline Green/Director

Andrea Johnson/Assistant Director

Lawanda Bell/Coordinator

The Christian Love Center Payment / Attendance Contract

I agree to pay the Christian Love Center \$ 50.00 per-week for my child to participate in the After School program. I understand payment is due Friday for the next week. If I fail to pay on Friday for the next week's program. I will be charged a \$15.00 late fee if not paid by the close of business on Monday.

I agree to abide by the policies as outlined below:

I. Payment Due Date

- A. All weekly fees must be paid a week in advance on Friday for upcoming week.
- B. Fees are given to the Office Staff.
- C. There will be a \$15.00 late fee if not paid by the close of business on Monday.
- D. If payment falls more than two weeks behind, your child cannot continue in the program.
- E. Payment must be paid by check or cash. If you have any questions please call 334-566-5210.

F. Tuition is due each week for child/children enrolled in the program whether present or absent.

II. Credit for Absences

- F. Missed days or days the Center is closed due to Holidays cannot be deducted from weekly fee.

III. Prorating of Week----- Weekly fees will not be prorated

IV. Return Checks

The Christian Love Center will notify you if we receive an insufficient funds check.

- G. After a returned check. We will accept cash only for all weekly payments.
- H. There is a \$ 35.00 service charge on all returned checks.

VI. Program Hours

- I. The program is offered from School dismissal until 6:00 p.m.
- J. Pick up after 6:00 p.m. will result in a \$5.00 late charge per child every 15 minutes due upon arrival. If you are late picking your child up more than 3 times without prior notice, your child could be dropped from the program.

VII. Cancellations

- K. Cancellations must be submitted to the office in writing at least two weeks in advance to avoid payment. If you do not give at least a two weeks' notice in writing to the Center you will be required to pay for that week.

The school your child attends _____ Grade _____ Age _____

Home Address _____ City _____ Zip _____

Parent's Name _____ Work# _____

Home # _____ Cell # _____

Emergency Pick Up Person _____ Phone# _____

Allergies or something we should know about your child _____

I understand that it is my responsibility to cover medical and dental expenses for my child. I also understand that the Christian Love Community Development Center does not carry medical and dental insurance on individual program participants, but carries liability insurance on all its programs.

Parent's signature _____ Date _____

Amount Paid \$ _____ Cash or check# _____ Start Date: _____