



## St. Paul Mother's Day Out Enrollment Form

<b>Child's Name:</b>		Sex:	Birth Date:	Child's preferred name:
Street Address:		City:		Zip:
<b>Mother's Name:</b>				
Employer & Address:				
Mother's Cell Phone:			Work Phone:	
<b>Father's Name:</b>				
Employer & Address:				
Father's Cell Phone:			Work Phone:	
Preferred Email address:			Home Phone:	
Names and ages of siblings:				
How did you learn of our program?				
Parent's Marital Status: (please circle)		Married   Single   Divorced		
<b>If divorced</b> , does the non-custodial parent have visitation privileges? (please circle)				Yes or No
<b><u>EMERGENCY CONTACTS</u></b>				
<b><u>Do not include spouse.</u></b> If you are unavailable, we should be able to reach one of the persons listed below at any given time during the school session. <b><u>This gives them permission to pick up your child.</u></b>				
Name:			Phone:	
Address:			Relationship	
Name:			Phone:	
Address:			Relationship	

<b><u>For Director Use</u></b>			
Registration Date:		Class Room Assignment:	
Registration Fee Paid:			
<b><u>Child's Health Record</u></b>			
<b>Required Immunizations</b>			
<p>Before admission to St Paul's Mother's Day Out, children are required to be current on all immunizations as recommended by the American Pediatrics Association. <u>Please provide a copy of your child's shot record, signed by your doctor.</u></p>			
<b>Allergies</b>			
Drug/Medication Allergies:			
Allergy related reactions: Caused by:		Eczema:	Asthma:
			Others:
Food Allergies:			
<b>General Medical Information</b>			
Is the child currently free from communicable disease?			
Is the child regularly receiving prescribed medication?		Type:	
Please give any special concerns you have regarding your child's health and care while at St Paul's MDO.			
<b>Permission Statements</b>			
<p>1. I grant permission for my child's photo to be taken while in attendance at MDO  Yes ___  No ___</p> <p>2. Classroom photos: If answered yes to the previous question, do you give permission for those photos to be used within the classroom, to include, but not limited to bulletin boards, portfolios, social media posts and our MDO website.  Yes ___  No ___</p>			
The above information is correct as of this date.			
Parent Signature		Date	
<b><u>My Class Preference:</u></b> 1 <sup>st</sup> Choice _____		<b>Preference of days of the week:</b>	
2 <sup>nd</sup> Choice _____		_____	

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth:  --  --  Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

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

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

<b>Submit by mail OR fax OR email.</b>
Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

\_\_\_\_\_  
Signed Date

If Volunteering for Mother's Day Out (MDO), Child's name and relationship to child \_\_\_\_\_

Contact Information- please use print or bold type:

St. Paul UCC Mother's Day Out Pre-School  
Rachel Budko, Director rachelmdo@stpaulucc.org  
115 West B Street, Belleville, IL 62220

# Disclosure Form

## Acknowledgement of Policy

I hereby acknowledge that I have received and read the St. Paul United Church of Christ Guidelines for Working With Children and Youth (available in the Church office).

I agree to conform to the rules outlined in this Policy as well as future communications from MDO Director, the Pastor(s) or the Church Council.

It is also understood that the Church may make changes at any time without prior notice, as it deems necessary.

NAME (please print): \_\_\_\_\_

Primary position or volunteer activity (Volunteer, Sunday School, youth group, etc.)

\_\_\_\_\_

## Background Information

I have never been found guilty, pled guilty or no contest to a criminal charge.

\_\_\_\_\_ True \_\_\_\_\_ Not True

If not true, give a short explanation of the charge(s). Please indicate the date, nature, and place of the incident leading to the charge(s); where the charge(s) was filed; and the precise disposition of the charge(s).

\_\_\_\_\_

\_\_\_\_\_

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct has ever resulted in a judgement being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.

\_\_\_\_\_ True \_\_\_\_\_ Not True

If not true, give a short explanation of the charge(s). Please indicate the date, nature, and place of the incident leading to the charge(s); where the charge(s) was filed; and the precise disposition of the charge(s).

\_\_\_\_\_

\_\_\_\_\_

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.

\_\_\_\_\_ True \_\_\_\_\_ Not True

If not true, give a short explanation. Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor, and nature of the incident(s) leading to your termination.

SIGNATURE: \_\_\_\_\_

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

**POLICIES AND PROCEDURE FOR MOTHER'S DAY OUT**

St. Paul Mother's Day Out Program operates Monday-Friday. Various classes are offered for children two through five years of age from 9:40-1:00.

Our Mother's Day Out Program is a cooperative program. All children enrolled in our program need an adult who has completed a DCFS-approved background check form to volunteer time on their behalf. The average is approximately 4 times per year. Your help may be required in a classroom other than your child's. In the event that you are signed up to assist in a classroom and you are unable to keep your scheduled date, it is YOUR responsibility to find a replacement from our Mother's Directory or Paid Helper List. Failure to keep your scheduled date will result in a \$50.00 assessment to be paid as your child is dropped off at their next scheduled class. Repeated failure to keep your scheduled date may result in termination of your child's enrollment.

Children should bring a lunch and drink, plus an extra change of clothes in a backpack. Children in diapers should wear disposables with several changes in their bag. Children enrolled in 3 year old or older classes MUST be fully potty trained (no pull-ups).

If your child has a cold or if you suspect that he/she is coming down with ANYTHING, please keep them at home. Germs spread like crazy, and we all want happy, healthy children.

If for any reason your child must leave our program, please contact Rachel Budko at [rachelmdo@stpaulucc.org](mailto:rachelmdo@stpaulucc.org) or call (618) 355-1058 immediately. We may have children anxiously waiting for a spot.

The staff of Mother's Day Out reserves the right to discuss any adjustment problems with you. If after a reasonable length of time your child has not successfully adjusted to our program, he/she may be asked to withdraw until a later date.

**REGISTRATION**

**\*NEW families** enrolling children starting February 24<sup>th</sup> will pay a **\$75.00 per family nonrefundable/non-transferable** registration fee at the time of registration.

**\*Currently Enrolled Families**, who are eligible to pre-register their children between **February 3<sup>rd</sup>- February 21<sup>st</sup>**, are assessed a **\$50.00 per family nonrefundable/non-transferable** registration fee. Starting **February 24<sup>th</sup>**, the **nonrefundable/non-transferable** registration fee will increase to **\$75.00 for currently enrolled families**.

**\*\*\*\*\*All children need a current shot record on file from their doctor prior to attending\*\*\*\*\***  
If one is on file from the previous year that is acceptable.

**TUITION**

Tuition is not refundable or transferable. Do **NOT** pay in advance if there is any chance you will be leaving. You may choose from the following options to make your payments. If payment is not received by the 30th of the month, your child will not be permitted to attend until payment is made in full. Tuition received after the 30th of the month will be assessed a \$25.00 late fee. **Please make checks payable to: St. Paul Mother's Day Out.**

**\*\*\*\*\*Please turn over for Tuition Options\*\*\*\*\***

**OPTION 1:** Tuition may be paid **MONTHLY**. Payment is divided into nine installments. Your first payment is due by **May 15th**. Each subsequent payment is due on the 15th of the month beginning in September and continuing for 8 consecutive months.

<b>May 15</b>	<b>September 15</b>	<b>October 15</b>
<b>November 15</b>	<b>December 15</b>	<b>January 15</b>
<b>February 15</b>	<b>March 15</b>	<b>April 15</b>

**MONTHLY FEE SCHEDULE**

1 child attending 1 day per week.....\$75.00 per month  
 1 child attending 2 days per week.....\$125.00 per month  
 1 child attending 3 days per week.....\$175.00 per month

**FINAL PAYMENT** of monthly fees is due by **April 15**.

**OPTION 2:** Tuition may be paid **TRI ANNUALLY**. Payment is divided into three installments and should be received on:

<b>May 15</b>	<b>November 15</b>	<b>February 15</b>
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**TRI ANNUAL FEE SCHEDULE**

1 child attending 1 day per week.....\$225.00  
 1 child attending 2 days per week.....\$375.00  
 1 child attending 3 days per week.....\$525.00

\*Sibling discount – full price for 1<sup>st</sup> child, 25% off 2<sup>nd</sup> child and 10% off 3<sup>rd</sup> child. Tuition is non-refundable due to your child’s illness, vacation, or inclement weather.\*