

HOPE PARENT'S DAY OUT & PRESCHOOL 2010-2011

OUR PURPOSE: Hope PDO & Preschool exists to provide an extended Christian experience for pre-school-age children of the members and community of Hope United Methodist Church and to be supportive of positive parenting. We are available to parents whose children would benefit from some time away from home with other children their age while learning early education skills.

ORGANIZATION: A program of Hope United Methodist Church, we are licensed as both a preschool and PDO. It is run by a director and business director in coordination with the teaching staff. There are six to twelve children in a class with a paid teacher and paid assistant, as well as emergency assistance by parents and other volunteers.

PROGRAM: The children participate in a Christian education lesson, stories, crafts, music, finger plays, movies, large-muscle exercises, etc. The younger children have much less structure than the older ones. We concentrate on socialization, getting along with others, and having fun in a Christian setting. All age-appropriate cognitive learning skills are presented in art, music, science, math, computers, and language. 3 1/2s, Pre-K, and Jr. Kindergarten also enjoy field trips.

AGES: Children one year old and walking by July 31 through those not in kindergarten. Special-needs children will be accepted on an individual basis.

DAYS: The program is available Monday-Friday from 9:30 am-1:30 pm. One-year-olds may come one day a week. Children two and older may come one or two days. Pre-K children (those eligible for Kindergarten the following year) may come two or three days. Consecutive days are discouraged for younger children.

TERM: Children are enrolled for a year. The dates are:

Monday: Sept. 13-May 23•Tuesday: Sept. 14-May 24•Wednesday: Sept. 15-May 25•Thursday: Sept. 16-May 26•Friday: Sept. 10 - May 20* Graduation for pre-K will be Thursday, May 21 at 12:30 pm.

*Classes begin Friday, Sept. 10, and end Thursday, May 26. We follow the same school closures and snow days as the Cherry Creek District traditional schools. In addition, we are closed one Friday in October (October 16) for a staff in-service day. This is a six-hour training provided by the Early Childhood Christian Directors Association, for which college credit may be earned.

COST: Tuition is \$90 per month, for each child for one day, and \$90 for a second or third day. Tuition is due on the first day a class meets each month. A \$20 late fee is charged if not paid by the 10th. If you find it necessary to withdraw from the program, two weeks paid written notice to the director is required. Costs for the year are divided by nine months to determine the monthly rate.

REGISTRATION: All fees for registration are non-refundable. They include a fee of \$90 per child for processing and supplies, plus all September tuition. Please check the amount, and then return the registration form, and all non-refundable fees per child to one of the following:

1. Director Carol Davenport or Business Director Cindy McCready
2. PDO mailbox in church copy room
3. Mail to Carol Davenport, 8466 E. Otero Lane, Centennial, CO 80112

For further information, call Carol or Cindy at 303.741.1073 between 9:30 am and 1:30 pm Mon.-Fri. You can get more registration forms in the church office or at www.hope-umc.org. Please make checks payable to Hope United Methodist Church (Hope U.M.C.).

IMMUNIZATION: No child will be admitted to class on the first day without a signed Colorado state immunization card (doctors have these cards in their offices) and the statement of health form signed by the doctor (this is the top section of the registration form...save it please). These forms may be turned in any time over the summer, at back-to-school night on Wednesday, Sept. 9, or faxed to the school no later than the first day of school.

PROCEDURE FOR RELEASING CHILDREN: All children must be signed in when brought. An emergency number for that day must be left along with who will pick up the child. The child will only be released to this person and must be signed out.

PLEASE NOTE:

ALL FEES (REGISTRATION AND FIRST MONTH'S TUITION) ARE NON-REFUNDABLE FOR ANY REASON.

PLEASE SAVE THESE PAGES FOR EASY REFERENCE.

STATEMENT OF HEALTH STATUS
Hope Parent's Day Out & Preschool
5101 S. Dayton St.
Greenwood Village, CO 80111
303.741.1073
Fax 303.225.0398

Child's Name _____ **Sex** _____ **Birthday** _____

Address _____

This child is enrolled in our program 1–3 times a week from 9:30 am–1:30 pm, in a small group setting with a professional teacher. Both vigorous and quiet indoor and outdoor activities are involved. A snack is served, and the child provides his own lunch. In your opinion, is this child able to participate in this program? _____

Describe any condition requiring special attention by the staff. _____

Date _____ **Physician's Signature** _____

Address _____

PLEASE INCLUDE SIGNED COLORADO DEPT. OF HEALTH IMMUNIZATION CARD.

HOPE PARENT'S DAY OUT & PRESCHOOL 2010–2011 REGISTRATION FORM

Child(ren)'s Name(s)

1. _____ **Sex** _____ **Birthday** _____

2. _____ **Sex** _____ **Birthday** _____

Parents' Names _____

Address _____ **City** _____ **Zip** _____

E-Mail Address _____

Neighborhood _____ **Phone** _____ **Cell** _____

Hope Member: Yes _____ **No** _____ **Previously Enrolled: Yes** _____ **No** _____

Number of Days Wanted: One _____ **Two** _____ **Three** _____

Day(s) Wanted*: Mon _____ **Tue** _____ **Wed** _____ **Thu** _____ **Fri** _____

*Please indicate your first and second choices.

I understand that (1) I must be available one day each year for each child and day registered by me to serve as emergency person if I am needed; (2) No registration or tuition money turned in at registration is refundable for any reason; (3) Two weeks paid notice is required if I must withdraw.

Signed _____ **Date** _____