



MISSION STATEMENT

The Mother's Day Out Ministry of First Baptist Church exists to provide a safe and nurturing environment for preschoolers to learn and play with some structure and guidance in same-age groups, and to minister to families with preschoolers.

PHILOSOPHY AND GOALS

Preschoolers are insatiable learners, unconditional acceptors, and highly active participants in life.

To foster healthy growth in these areas, we strive to ...

... be examples of God's love and acceptance.

... teach preschoolers about God and His Word.

... provide safe, healthy, age-appropriate learning areas and activities.

... use opportunities of special days or events to teach preschoolers.

... guide preschoolers in skills development (ie ... shapes, colors, letters, number recognition as appropriate for their age).

... help preschoolers in working with and caring for each other.

... create cheerful learning environments.

... encourage parents as they strive to bring up godly preschoolers.

... communicate experiences of preschoolers to parents.

PARENT'S NOTES

Babies & Ones

1. All children must be dropped off and picked up using the car line.
2. We will begin to load cars at 1:50 pm.
3. Children should bring their lunch each day. Snack will be provided for those children who are eating. Please send an extra bottle if your child is not eating food yet.
4. ***Please label everything you send with your child.***
5. An extra set of clothes should be stored in the diaper bag or backpack in case of accidents or emergencies.
6. Diapers and wipes should be supplied in the child's diaper bag or backpack.
7. Notes, newsletters, and/or reminders will be sent home in their diaper bags or backpacks.

PARENT'S NOTES

Ages Twos – Fall Fives

1. All children must be dropped off and picked up using the car line. Mrs. Amber or one of the teachers will greet you and help your child out of or into the car seat.
2. We will begin to unload cars at 8:50 am.
3. We will begin to load cars at 1:50 pm.
4. **No parking will be allowed in the Preschool Driveway.** Traffic will flow ONE WAY on the North side of the building from behind the church (the Irish Street side) to the front of the church (Main Street side) from 8:00 am until 2:00 pm on Tuesdays and Thursdays. **Parents are asked not to walk children in at the drive thru.**
5. Notes, newsletters, and/or reminders will be sent home in their diaper bags or backpacks. Please check them each day. Teachers will check backpacks each morning for notes from you also.
6. Please keep an extra set of clothes in child's backpack in case of accidents or emergencies.
7. ***Please label everything you send with your child.***
8. Children will need jackets in the fall as we will play on the playground unless it is raining or very cold, then we will play in the gym.
9. Children should bring their lunch each day, including their drink. A healthy snack is provided each day

Disciplinary Procedures

A 5-Step Discipline Policy is used with the children. This policy is designed to help children recognize good as well as bad behaviors and to make good choices in how they act. Teachers will continually encourage and praise good choices they observe the children exhibiting. Time out is one of the steps in this framework and is set for ONE MINUTE for each year of age. (For example, a three-year-old would be given 3 minutes of Time Out.)

- Step 1 (First Occurrence): Make child aware of wrong behavior by telling him/ her why it is wrong and what is acceptable.
- Step 2 (Second Occurrence): Remind child of wrong behavior, again stressing appropriate behavior, and tell child that “Time Out” will be given if wrong behavior is repeated.
- Step 3 (Third Occurrence): Time Out is given. Go over Step 1 again.
- Step 4 (Fourth Occurrence): Talk with Mrs. Amber.
- Step 5 (Fifth Occurrence): Talk with child’s parents (call if urgent).

In most instances, the 5-Step Policy would fall into one class day. We strive to allow each child to start each day with a clean slate. The teacher’s goal is to help children develop strong character and healthy self-esteem through making good behavior choices.

Sickness/ Illness/ Wellness Policy

Our policy is designed to provide the healthiest environment for our children and workers. We want all of our children to remain healthy and happy.

Parents will be contacted if child comes down with any of the following during the school day:

1. Fever above 100
2. Questionable rash
3. Continual diarrhea
4. Vomiting
5. Headache
6. Constant coughing
7. Nasal discharge that is not clear

Children should not be brought to school with any of the symptoms listed above.

In addition, children should not return to school **after an illness** unless the following have occurred:

1. Child has been completely fever free for 24 hours **without** fever reducing medication.
2. Child has been on antibiotic (if prescribed) for 24 hours.
3. Any bumps (ie chicken pox) are scabbed over.
4. Any nasal discharge is clear.
5. Child is eating some and has not vomited for 24 hours.

If you child has a continually clear-runny nose or rash due to non-contagious allergies, please let us know. We realize that some symptoms hang on long after the child is no longer contagious.

MDO Payment Information Sheet

PAYMENT POLICY

PAYMENT IS EXPECTED BETWEEN THE 1ST AND 10TH OF EACH MONTH. If other payment arrangements are needed, or a problem arises, please see Amber Horne, MDO Director.

Payment stubs are included in your packet reflecting your MDO payment for each month of the school year. Note that May is a ½ price month. Payment stubs do not reflect any additional costs for extended care. Payment by check is preferred so you have a record.

EACH MONTH, SEAL PAYMENT & STUB IN ENVELOPE WITH "PAYMENT" AND LAST NAME WRITTEN ON FRONT. Please place payment in your child's backpack. Teachers will check backpacks for notes and information.

PAST DUE ACCOUNT POLICY

Accounts that fall one month behind are sent a reminder notice. Should a family fall two or months behind, creating a balance due of \$250 or more, they will be contacted to make sure assistance is not needed, and offer suggestions of partial payments to keep balance from becoming unmanageable and allow child to remain in the program. If a family falls three months or over \$250 behind and are not trying to catch up, their child or children, will be required to leave the program. Vacated spots will be filled. Children who have lost spots will only be re-admitted if full balance due is received and an opening exists in their classroom. Account balance must be \$0 by June 30th before child can be guaranteed a spot for the upcoming year.

CMV (Cytomegalovirus) is a common virus present in 50% to 80% of adults by the time they are 40 years of age. It is often asymptomatic, meaning showing no symptoms. When CMV is contracted as a child, or an adult, it is essentially harmless. A person will subsequently build immunity to the virus once they have contracted it. However, there are circumstances when **THE CMV VIRUS CAN HAVE DISABLING, EVEN FATAL CONSEQUENCES.** This happens when the virus infects an immune compromised patient, such as a transplant patient, or when the virus infects an unborn baby. If a baby is born with the virus, it is called congenital (meaning present at birth) CMV.

1 in 150 children is born with congenital CMV in the United States (35,000 children each year). **More children will have disabilities due to congenital CMV than other well-known infections and syndromes, including Down Syndrome, Fetal Alcohol Syndrome, Spina Bifida, and Pediatric HIV/AIDS.**

CMV is spread from one person to another, **usually by close and prolonged contact with bodily fluids.** CMV can be found in urine, saliva, blood, feces, tears, and other bodily fluids. You cannot catch CMV by simply being in the same room with someone, unless bodily fluids are exchanged. There is no information to indicate CMV is transmitted in the air.

CMV is very common among healthy children 1 to 3 years of age who are at high risk for contracting CMV from their peers. Contact with saliva or urine of young children is a major cause of CMV infection among pregnant women, especially mothers, daycare workers, preschool teachers, therapists, and nurses. **Women who are pregnant or plan to become pregnant who have close contact with young children should practice CMV prevention measured while pregnant to prevent against congenital CMV.**

As there is not yet a vaccine for CMV, **PREVENTION IS THE KEY!!** Many experts believe that a CMV vaccine is possible within the next 10 to 20 years, but a CMV vaccine is unlikely to occur without the awareness and support of the general public, the pharmaceutical industry, and the federal government.

Here are a few simple steps you can take to avoid exposure to saliva and urine that might contain CMV: (These recommendations apply to ALL CHILDREN, INCLUDING YOUR OWN!)

- Wash your hands often with soap and water for 15-20 seconds, especially after changing diapers, feeding a young child, wiping a young child's nose or drool, and handling children's toys.
- DO NOT share food, drinks, or eating utensils used by young children.
- Avoid contact with saliva when kissing a child. (DON'T kiss your child on or close to the mouth.)
- DO NOT put a child's pacifier in your mouth.
- DO NOT share a toothbrush with a young child.
- Clean toys, countertops, and other surfaces that come into contact with children's urine or saliva.

PLEASE SHARE THIS INFORMATION WITH EVERYONE YOU KNOW WHO IS OR IS PLANNING TO BE PREGNANT!!