

First Baptist Church  
**Child Development Center**  
**Parent Handbook**





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(Revised Feb. 2018)

*"Jesus grew in wisdom and stature and in favor with God and man." Luke 2:52*

Welcome to FBC Child Development Center! Our program is a ministry of First Baptist Church, Lewisville. Our purpose is to provide quality care and instruction in a Christian environment in which a child may develop spiritually, cognitively, physically, emotionally, and socially. We welcome you and your child to CDC and invite you to investigate and participate in the many other programs offered at First Baptist.

#### **Hours of Operation**

The Child Development Center meets each **Tuesday and Thursday from 9:30 AM to 2:30 PM**. We loosely follow the Lewisville Independent School District calendar. We do not meet on any days designated as school holidays by LISD. Any emergency school closings will be followed as well. If LISD is cancelled or late start, CDC will be closed that day. Refer to your CDC Parent Calendar for an exact CDC schedule.

Our school year begins the Tuesday after Labor Day and runs through mid-May.

#### **Registration and Placement**

Registration for fall will begin in early spring. For those children not placed, a waiting list will be maintained and parents notified should space become available.

Complete registration includes general information, emergency contact and pick-up numbers, registration fee of \$100 (\$75 for current returning students) and signed agreement to abide by all policies and procedures outlined in this handbook. A current copy of up-to-date immunization records is required each year at registration. Should you choose not to immunize your child, an official state waiver must be submitted. Immunization waivers will only be accepted for children ages two and older.

Class placement is determined by the child's age as of September 1<sup>st</sup> of the current school year. CDC Administration may also consider student/teacher ratios, developmental readiness and gender ratios when determining specific class assignments. Children must be completely potty trained to qualify for the Pre-K classes.

The Child Development Center does not discriminate in its admissions or administration of policies on the basis of race, color, creed, national or ethnic origin.

#### **Fees and Tuition**

- **Registration fee of \$100 (\$75 for current returning students) per child. This is non-refundable.**
- **Supply fees are \$50 for each semester (\$50 due Sept. 1 and \$50 due Jan. 1)**
- **Monthly prorated tuition is \$210.**

Monthly tuition is based on the number of school days over the course of the school year and does not change when there are more or less actual days in a given month.

September tuition is due between August 1<sup>st</sup> and 15<sup>th</sup>. Thereafter, tuition is always paid one month in advance. (For instance, when you make a payment Sept. 1<sup>st</sup>, you are paying for October.) Tuition is due between the 1<sup>st</sup> and 15<sup>th</sup> each month. A late fee of \$35 will be assessed on any balance left after the 15<sup>th</sup>. Payment by cash or check can be made at the CDC office or the church office. Credit card payments may be made only through our website, FBCL-CDC.org. A small service fee will apply.

A \$30 penalty will be charged for any check returned for non-sufficient funds. Any applicable late fees will also be charged. If more than one check is returned for non-sufficient funds, cash only will be accepted thereafter. A child's placement in the program may be forfeited for tuition or fees unpaid after the 15th.

## Withdrawal

Should you need to withdraw your child from the CDC program for any reason, a written notice is required. Please see the Director for a copy of the required Withdrawal form. Tuition will be owed for 30 days following submittal of a withdrawal notice.

## Staff

CDC seeks to employ teachers and staff who are Christian and who have a love for and experience working with preschoolers. Every staff member has submitted to a background check. All CDC teachers attend a minimum of eight hours of continuing education annually, as well as an extensive orientation process at the beginning of each school year. Teacher/Child classroom ratios should not exceed:

Age	Number of Teachers	Number of Children
12-18 months	2	8
18 – 23 months	2	10
24 – 35 months	2	12
36 – 47 months	2	14
48 months +	2	16

## Curriculum

Our curriculum consists of everything a child experiences from the time they enter the classroom until they leave at the end of the day. Our goal is to utilize every moment to enrich your child's experience.

Each classroom, ages 12 months through Pre-K, will engage in age appropriate activities based on a variety of resources and monthly teaching themes. Music and Movement classes are included each day for all ages. Bible stories are fundamental to our philosophy and are considered the most important part of each day's lesson. Basic American Sign Language is introduced. We also currently offer Spanish to our Pre-K students.

Daily activities are based on the age and ability of the children. Our lesson plans are developmentally based and unique to each age group. Children are encouraged to make choices from a variety of learning centers including art, blocks, books, nature/science, writing, language, manipulatives, math, puzzles, cooking, dramatic play, etc.

Outdoor play is an important part of each day and will be included except during extreme weather conditions. "Extreme" will be defined as below 40 degrees or above 95 degrees. If your child cannot participate in outdoor play for medical reasons, please keep him/her home that day. We are not adequately staffed to provide individual care for children remaining indoors.

Month	Themes	
September	All about Me/Five Senses	Bug's Life
October	Fall Fun	Harvest Time
November	Good Food	Giving Thanks
December	Jesus is Born	Christmas
January	Winter Wonder	Transportation
February	People I Love	Community Helpers
March	Wind and Weather	Earth and Sky/Easter
April	Things that Grow	New Life/Easter
May	Wild Life	Under the Sea

## Attendance

Your child's success in the CDC program depends largely on his/her consistent attendance. Teaching begins at 9:30 AM and every effort should be made to arrive on time. Some separation anxiety is to be expected. You can best minimize this by reassuring your child that you will return and leaving promptly. You will be notified if your child does not transition into activity in a reasonable time. Our school day ends at 2:30 PM. Please be considerate of our staff and pick up your child(ren) promptly at 2:30. Any child remaining in the classroom at 2:35 will be taken to the CDC office and a late fee of \$1 per minute will be assessed.

## **Communication**

A monthly e-mail parent newsletter will keep you abreast of CDC activities. Please watch for your first edition in September and let us know if you are not receiving it. This information will also be posted on our Facebook page and on the bulletin board outside the CDC office. We encourage you to share your joys and concerns with your child's teachers or the Director. For matters requiring in-depth discussion, please make an appointment with the Director so we can serve you to the best of our ability.

## **Guidance/Discipline**

Positive guidance techniques will be used to implement discipline in the classroom. Our goal is to guide children to develop their own inner control. At no time will corporal punishment of any kind be allowed. In guiding children toward self-control, the following techniques may be used:

- Praise for acceptable behaviors
- Setting and explaining limits
- Restating expectations
- Redirection to another activity
- Short periods of "time out"
- Child/Director conference
- Parent/Teacher/Director conference

Certain disruptive behaviors such as biting, aggression, or failure to adjust to the program will be dealt with as follows. Parents will receive written notice of the behavior problem, which must be signed and returned to the Director. After three such notices for the same or similar behavior, the child may be placed on a two-week suspension. No tuition credit will be given. After returning to the program, should the behavior continue, CDC reserves the right to cancel enrollment.

## **Illness**

For the protection of all our children and our staff, ill children must remain at home. A child whose symptoms are masked by medication is still considered ill and cannot attend CDC. A child with any of the following symptoms is required to remain at home:

1. Oral temperature of over 100 degrees within the previous 24 hours.
2. Vomiting or diarrhea within the last 24 hours.
3. Unexplained skin rash.
4. Eyes, ears or throat inflamed or having discharge.
5. General appearance of illness.
6. Any evidence of lice or nits.

Teachers will make a quick visual inspection of each child as he/she enters the classroom and may not accept a child displaying any of the above symptoms. Any questions should be referred to the Director. Please be considerate of others and keep ill children at home.

Should a child become ill during the day, he/she will be isolated from the group and the parent notified. Please pick up ill children immediately.

In case of emergency, necessary first aid will be administered and emergency personnel summoned. Please note any allergies on the registration form and on the daily sign in sheet.

## **Medications**

No prescription or over the counter medications will be administered to a child at any time. The only exceptions to this policy will be teething gel, diaper rash cream and cases prearranged in writing and approved by the Director.

## Security Procedure

The safety of your child is our primary concern. With this in mind, we must insist that all parents respect and follow the following security procedures.

An adult must escort every child to the classroom door and sign in on the daily attendance sheet. Complete information must be given, including a phone number at which the parent can be reached that school day. Children will be released **ONLY** to persons whose names are listed on the registration form. **NO EXCEPTIONS.** Photo Identification will be required of **ANYONE** (including parents) picking up a child for the first few weeks, until our staff can become familiar with all the parents and care givers. **Be prepared to present your Photo ID.** The person picking up the child must sign out on the daily attendance sheet. If there is any doubt as to the identity of a person requesting to pick up a child, identification will be required and verified by the Director.

For security and hygiene reasons, parents **MUST** remain in the hallway at drop off and pick up times. You are invited to schedule a time with your child's teacher any time you would like to observe the classroom. Out of respect for others, please refrain from cell phone usage while in our center. Emergency evacuation routes are posted in each classroom. Emergency drills will be conducted each semester.

## What to Bring

Please clearly label **every** item your child brings to CDC. Every child must bring a **lunch**. Lunches must be ready to eat. We do not have the ability to refrigerate or heat lunches. We do not serve any items containing peanut products. We allow you to include them in your child's lunch, on the condition that no child in the classroom is severely allergic. Please do not include red juice of any kind. Snacks will be provided.

**Rest mats** are required for all children except those in cribs. Please send an adequate supply of disposable **diapers** for all children who are not completely toilet trained. A **change of clothes** including socks and underwear should be sent every day with every child. We ask that children in the process of potty training wear pull-ups. Children in the Pre-K class(es) must be self-sufficient in toileting.

Dress your child comfortably for active play, and expect messy (and fun!) activities. Keep in mind when selecting clothing that we encourage self-sufficiency in toileting. Children should be prepared for outdoor play with outerwear appropriate for the weather conditions. If your child requires sunscreen, it must be applied at home. Again, **please clearly label all items** brought to CDC.

Please leave all toys at home. A cover blanket and/or pillow may be included for rest time. If a stuffed animal is necessary for rest time, please be advised that they cannot be disinfected and will be used only at rest time.

## Fund Raisers

We invite you to participate in supporting CDC by taking part in our annual fund raising events. In the past these have included school photos, Scholastic book club orders, T-shirt sales, etc. Fundraisers may vary and participation is voluntary.

## Celebrations

You are welcome to celebrate your child's birthday or other special event by sending treats for snack time for the entire class. Celebrations will be limited to snack time. Due to allergy concerns, you must inform your child's teachers in advance as to what type of food you plan to bring so that we may post a sign for parents to approve at drop-off. Peanut products are not allowed.

## Parking

Parking is limited. Please be considerate of others and park only in designated areas. Do **NOT** park along the curb, in the drive through, the fire lanes or the handicap parking zones. Parking in any of these areas creates a danger for the children. Children should never be left in a vehicle unattended. The speed limit for the entire parking lot is 15 miles per hour.

Office use only: Class \_\_\_\_\_  
 Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_

**Child Development Center Registration**  
**First Baptist Church of Lewisville**

Have you included:

- 1. This form with all signatures?
- 2. Parent Questionnaire?
- 3. New immunization records?
- 4. Registration fee?

Child's Full Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mth day year

Name child goes by \_\_\_\_\_ Gender: (circle one) Male Female

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_  
 Street City State Zip

Mother's Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's e-mail \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_  
 Street City State Zip

Father's Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Pager/Mobile# \_\_\_\_\_

Father's Employer \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Father's e-mail \_\_\_\_\_

Emergency contact (other than parent) \_\_\_\_\_

Phone# \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

List other persons approved to pick up. Only those pre-approved by the parent and listed on this form will be allowed to pick up. NO EXCEPTIONS! Photo ID will be required for release.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

List all allergies, medical concerns or special needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach a copy of your child's records to this form.**

New immunization records are required each year. Immunization waivers are accepted only for children two years of age and older.

**Mark one:**

- I confirm that my child's immunizations are current and have attached a copy
- I confirm that my child is not immunized, is at least 2 years old, and I have attached an official state waiver

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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**In case of emergency when parents or personal physician cannot be reached, a staff member of First Baptist Church may authorize medical care. Should professional medical care be required, the family's medical insurance will be considered primary, with the church insurance policy considered secondary.**

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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**I understand that the \$100 Registration Fee (\$75 for current returning students) is NON-REFUNDABLE.**

**I understand that tuition and fees are due between the 1<sup>st</sup> and 15<sup>th</sup> of each month and a late fee of \$35 will be assessed after the 15<sup>th</sup>. I understand that my child's enrollment may be jeopardized by non-payment after the 15<sup>th</sup>.**

**I understand that a 30 day written notice is required for withdrawal from the program. I understand that I am responsible to pay tuition for 30 days after giving notice of withdrawal.**

**I have read the Child Development Center Parent Handbook and agree to abide by all the policies therein. I understand that failure to comply with CDC policies may result in my child's removal from the program.**

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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***Information release***

I give CDC permission to

- place my child's photo on the CDC bulletin board.
- place my child's photo on the CDC Facebook page (FBC Child Development Center)
- place my child's photo on the CDC website.  
[www.FBCL-CDC.org](http://www.FBCL-CDC.org)
- list my child's name, parents' name(s), address, and phone # on the class roster.

*Parent's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_



**Child Development Center  
Parent Questionnaire**

We want your child's CDC experience to be the very best it can be! The more we know about your child's abilities, experiences and preferences, the better we can meet his/her needs. Thank you for taking the time to thoroughly complete this information form.

**About My Home and Family**

Child's Name \_\_\_\_\_ Nicknames \_\_\_\_\_

List others living in the home. Include names, relationship and age of siblings.

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Child's primary language \_\_\_\_\_

Other languages spoken at home \_\_\_\_\_

Is your child involved in other routine childcare situations? (other programs, sitters, etc.)

List any pets and their names \_\_\_\_\_

**About My Temperament**

List words that describe your child's temperament. (timid, bold, quiet, active, sensitive, cautious, independent, creative, talkative, curious, stubborn, solemn, easy-going, etc.)

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How does your child react in new situations? (friendly, withdrawn, reluctant, etc.)

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Is your child fearful of anything in particular? If so, please explain \_\_\_\_\_

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**About My Experiences**

How often does your child have opportunity to play with other children? \_\_\_\_\_

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List experiences with peers in group settings. (play group, classes, church activities, etc.)

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Has your child/family experienced any major life altering events? (death, divorce, serious illness, new baby, move, etc.) If so, please explain. \_\_\_\_\_

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Has your child been evaluated for:

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Vision?                        | Findings: _____ |
| <input type="checkbox"/> Speech?                        | Findings: _____ |
| <input type="checkbox"/> Hearing?                       | Findings: _____ |
| <input type="checkbox"/> Allergies?                     | Findings: _____ |
| <input type="checkbox"/> Sensory integration?           | Findings: _____ |
| <input type="checkbox"/> Emotional/behavioral concerns? | Findings: _____ |
| <input type="checkbox"/> Other medical concerns?        | Findings: _____ |

**About My Behavior**

What do you find most challenging about your child? \_\_\_\_\_

What forms of discipline does he/she best respond to? \_\_\_\_\_

Are there any specific problems or behaviors of which the teacher should be aware? If so, please explain. \_\_\_\_\_

**About My Habits**

Is your child's appetite:        good?                fair?                poor?

Is he/she cautious or adventurous about trying new foods? \_\_\_\_\_

Are there any diet issues or concerns the teacher should know about? If so, please explain.

Does your child nap at home? \_\_\_\_\_ If so, what time and how long? \_\_\_\_\_

What time does he/she go to bed? \_\_\_\_\_ What time does he/she usually wake up? \_\_\_\_\_

List any bedtime routines. \_\_\_\_\_

Do you have any concerns about your child's sleep patterns? (fights sleep, hard to wake, wakes in the night, bed wetting, night terrors, etc.) If so, please explain \_\_\_\_\_

*For two year olds and older:*

Is your child toilet trained during the day? Bowel \_\_\_\_\_ Bladder \_\_\_\_\_ Both \_\_\_\_\_

Is he/she likely to have accidents? \_\_\_\_\_

Does your child need assistance with toileting? If so, please explain. \_\_\_\_\_

What terminology is used at home for toileting? \_\_\_\_\_

Is there other information we need to help your child become independent in this area?

**About My Preferences**

Has your child shown a preference for right or left handedness? \_\_\_\_\_

List your child's known favorites:

Foods: \_\_\_\_\_

Playthings: \_\_\_\_\_

Indoor activities: \_\_\_\_\_

Outdoor activities: \_\_\_\_\_

Family activities: \_\_\_\_\_

Other special interests: \_\_\_\_\_

Comfort items (pacifier, blanket, stuffed animal, etc.): \_\_\_\_\_

How does your child prefer to be comforted? \_\_\_\_\_

Does your child prefer to play alone, with others or both? \_\_\_\_\_

One thing I really want the teachers to know about my child is: \_\_\_\_\_

Thank you for taking the time to help us maximize your child's CDC experience. Please note anything else you would like to share on a separate sheet and attach to this form.