

Grosse Pointe Memorial Church

Mornings at Memorial
Early Childhood Center

Registration Form
2024/2025

Registration date _____

Child's Name _____ Date of Birth _____

Sex F M Name child goes by _____

Parent's Name _____

Address _____
Number and Street City State Zip

E-Mail Address _____

Phone (____) _____ Phone (____) _____ Phone (____) _____
Home Cell Other

Program Desired (Select One)

- _____ Tiny Turtles (18 months - 24 months)
- _____ Friendly Frogs (25 months - 32 months)
- _____ Curious Caterpillars (33 months - 41 months)
- _____ Eager Explorers (42 months - 5 years old)

- Age cut offs are approximate, dependent upon registration ages

Please indicate your choice:

Tiny Turtles	M/W/F _____	T/TH _____
Friendly Frogs	M/W/F _____	T/TH _____
Curious Caterpillars	M/W/F _____	T/Th _____
Eager Explorers	M/W/F _____	T/TH _____

All sessions are from 9:00 - 12:00

Signed _____

CLASS OFFERINGS FOR 2024-2025



TINY TURTLES – AGES 18 months- 24 months

This class offers your child their first introduction to being away from their primary caregivers. Throughout their day an offering of various craft items, stories and dramatic play are encouraged. Children learn to make prayer hands and thank God for their daily snack and their families. Each child has the opportunity to develop fine and gross motor skills. Learning to separate from their caregivers and share and play with others their age are important developmental steps for this group.



FRIENDLY FROGS - AGES 25 Months – 32 Months

This class offers a great bridge between home and school. We know the best way for these children to learn is through play. So, while you may see them singing, dancing, painting, building, pretending, they are very busy learning. For many, this may be their first experience away from home. Much time is spent getting comfortable with our school routine and new friends. They also enjoy Letter of the week crafts, stories, nursery rhymes, many fine motor manipulatives, sensory play (playdough, rice, sand) and so much more.



CURIOUS CATERPILLARS – AGES 33 Months – 41 months.

The Curious Caterpillar classroom is a safe, caring classroom that centers learning around the child. The focus is to provide an environment rich in language and vocabulary development. Children enjoy free play which allows them to navigate relationships, make choices, learn routines, and build fine and gross motor skills. Children are introduced to letters and sounds, numbers, art, story time, snack time, the seasons, holidays, and religious activities. In this classroom, children are expected to be potty trained by the age of 3. Children are taught how to take care of personal needs, which in turn helps them gain confidence and independence. The Curious Caterpillar classroom leads into the next level at Mornings at Memorial – The Eager Explorers.



EAGER EXPLORERS – AGES 42 Months – 5 years old

This classroom offers a more structured atmosphere. Children will learn how to sit and complete a task. This class offers an engaging, hands -on curriculum based on our weekly themes which focus on developmentally appropriate kindergarten readiness activities. Our themes revolve around the alphabet, (letter recognition and sounds, writing and context). Numbers - (counting, understanding quantities and order, shapes, colors), science experiments and social skills. We have daily calendar time (days of the week, months, weather, seasons, and holidays) as well as theme centered crafts, library story time, gym, and Bible time. Children also practice proper pencil grip, scissor use, name recognition/printing and are encouraged to problem solve which helps them gain independence each day, in a Christian setting, as they begin their journey of lifelong learning! We believe children learn best when they feel safe, loved and are having fun while learning to play and share with friends. Children in this class must be potty trained when they start school.

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

I give permission to _____, licensed by the Department of Human Services
(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed
---------------------------------	-------------

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
 COMPLETION: Required
 PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

Grosse Pointe Memorial Church

Mornings at Memorial

Early Childhood Care Center

Child Information Record

Date of Admission _____

Child's Name _____ Birthdate _____ Age _____

Address _____

Number and Street City State Zip

Phone(_____) _____ Phone(_____) _____ Other(_____) _____

Home Cell _____

E-mail address _____

In case of illness/emergency, please list the person in the order to be called. Check the appropriate lines to indicate who has legal authority to consent to medical treatment, and who has permission to pick up your child(ren) from the program.

1. Parent/Legal Guardian

Authorize

Last Name _____ First _____ Treatment ___ Pick Up ___

Work Address _____ Work Phone(_____) _____

Cell Phone(_____) _____ Home Phone(_____) _____

2. Parent/Legal Guardian

Authorize

Last Name _____ First _____ Treatment ___ Pick Up ___

Work Address _____ Work Phone(_____) _____

Cell Phone(_____) _____ Home Phone(_____) _____

3. Name(s) of local person to be notified in an emergency when parents cannot be reached.

Authorize

Last Name _____ First _____ Treatment ___ Pick Up ___

Work Address _____ Work Phone(_____) _____

Cell Phone(_____) _____ Home Phone(_____) _____

4. List any other local person to be notified in an emergency when parents are not available

1. _____ Phone(_____) _____

2. _____ Phone(_____) _____

Name of Child's Clinic or Physician _____

Phone Number(_____) _____

Address _____

Number and Street City/State Zip

Health Insurance Company _____ Policy Number _____

I give my permission to Grosse Pointe Memorial Church Mornings at Memorial Early Childhood Care Center, licensed by the State of Michigan Department of Human Services to secure emergency medical and /or emergency surgical treatment for the above-named child while in care. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Guardian _____ Date signed ___/___/___

Please turn to back to complete this form

Name of Child _____

It is your responsibility to update all new information, including immunizations, during the school year and provide written notice to our office. Thank you.

Allergies/Medical Conditions

Please specify on lines provided if applicable

Foods (e.g. peanuts, etc.) _____

Medications _____

Products (e.g. latex, etc.) _____

Insects _____

Does your child have any medical conditions? _____

Please specify _____

Does your child take any medication? Yes _____ No _____

If yes, please specify _____

*****See director for permission form if your child requires any medications needed during program hours (e.g. epi-pen, asthma inhaler, diaper creams). See Policy Packet/Parent Handbook for our policies.**

Please state your child's symptoms in the event of an allergic reaction or medical condition:

Please use this space to inform us of any other information about your child that would be helpful: (e.g. emotional concerns, general health concerns, child's fears, special needs, etc.)

Please list other household members who live with the child so that we know this for conversations with your child: (e.g. parents, siblings, grandparents, etc.)

(Example: Mom-Jane, Dad-John, Older Sisters-Susie and Mary, Younger Brother-Joe)

List a couple of your child's favorite activities/stories.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.



GROSSE POINTE MEMORIAL CHURCH
Photo Release Form

I hereby grant permission to Grosse Pointe Memorial Church to use my and/or my minor child's photograph on its World Wide Website or in other official Memorial printed publications for the purpose of promoting Memorial ministry without further consideration, and I acknowledge Memorial's right to crop or treat the photograph at its discretion. I also acknowledge that Memorial may choose not to use my photo at this time, but may do so at its own discretion at a later date.

To maintain privacy, all photographs of minors will have first names published only. I also understand that once my image is posted on the Grosse Pointe Memorial Church website, the image can be downloaded by any computer user on or off church property and I agree not to hold the church responsible in such event.

Name: _____

Name of Child(ren): _____

Parent/Guardian Signature: _____ Date: _____

I DO NOT GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

Name: _____

Name of Child(ren): _____

Parent/Guardian Signature: _____ Date: _____

SIGNATURE PAGE FOR MORNINGS AT MEMORIAL

I, the undersigned, have read and accept and agree to abide by the Policy Packet and Parent Handbook of Mornings at Memorial:

Print Name clearly please: _____

Signed: _____

Parent or Guardian?: _____

Date: _____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

Child's Name: _____ Last _____ First _____ Middle _____ Date of Birth: ____/____/____

Address: _____ Number & Street _____ City _____ MI _____ ZIP Code _____ Today's Date: ____/____/____

Parent/Guardian: _____ Last _____ First _____ Middle _____ Telephone: (____) _____ Home

Address: _____ Number & Street _____ City _____ MI _____ ZIP Code _____ Telephone: (____) _____ Work

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	Are there any current or past diagnosis(es): <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	If yes, please describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam: ____/____/____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	If yes, list medications:
Reason for medication: _____				
_____/____/____				Was the health history reviewed by a health professional?
Parent/Guardian Signature _____ Date _____				<input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test Results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: ____/____/____	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height: _____ Weight: _____ Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: ____/____/____	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: ____/____/____	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: ____/____/____	Level: _____ µg/dL				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: ____/____/____

SECTION III - IMMUNIZATIONS

Statements such as 'UP TO DATE' or 'COMPLETE' will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES	DATE ADMINISTERED MM/DD/YYYY		VACCINES	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			2	3
DTaP/DTP/DT/Td/Tdap (Circle Type)	1	5	Influenza TIV/LAIV	1	3
	2	6		2	4
	3	7	Meningococcal MCV4 / MPSV4	1	2
	4	8		2	3
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (HPV)	1	3
	2	4		2	4
Polio - IPV / OPV (circle type)	1	3	OTHER Vaccines: Specify Date & Type	Type of Vaccine(s)	
	2	4		1	
Pneumococcal Conjugate (PCV7)	1	3		2	
	2	4	3		
Rotavirus (Rota)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable. *NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge:					
_____ Health Professional's Signature			_____ Title		_____ Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes				
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seeing or other actions? If yes, please explain:			
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other:			
Other Recommendations:					

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____
child's name

Dentist's Signature

Date

PHYSICIAN'S SIGNATURE

Examiner's Signature

Date

Examiner's Name (print or type)

Degree or License

Number & Street

City

MI

ZIP Code

Telephone:

Information required for:

Early On® - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the schedule of well-child care required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health; Michigan American Association of Pediatrics; Early Childhood Investment Corporation; Child Care Licensing, Head Start, Michigan State Medical Society; Michigan Association of Osteopathic Physicians and Surgeons



MORNINGS AT MEMORIAL

*The Early Childhood Care Center's
Policy Packet and Parent Handbook*

Grosse Pointe Memorial Church

A light by the lakeshore

16 Lakeshore Drive

Grosse Pointe Farms, Michigan 48236

www.gpmchurch.org

313.882.5330, ext. 140

mcalcaterra@gpmchurch.org

Revised January 2024

Welcome to Grosse Pointe Memorial Church's "Mornings at Memorial." Our early childhood care center will provide a safe, healthy, and fun atmosphere for your child, while you are away. Our staff is excited to have your family as part of our program. We want to offer your child an opportunity to play and grow in the company of friends here in this Christian setting.

Someone wisely said that childhood should be a journey, not a race. We keep that philosophy in mind when we plan for enriching experiences that will help your child to develop skills as they play. We want the children to become comfortable, confident, and competent through exploration and fun. Learning to separate from their primary caregiver, to socialize with peers and our caregivers, and to problem-solve are all things that can happen as children gather. We will offer group and individual play with various toys, crafts, stories, songs, and movement activities.

We realize that your child is a treasure. We also realize that a happy, healthy parent is the best gift a child can receive. We invite you to have a little time away to take care of things. Your child is welcome to join us in this nurturing environment.

Blessings to all,
Marie T. Calcaterra
Director of Mornings at Memorial

Policy Packet and Parent Handbook for Mornings at Memorial

Our Mission: *We will provide a welcoming experience in a safe and stimulating Christian environment that nurtures young children through interactive play, creative activities, as well as enriching experiences and stories.*

Our program is open to:

- Tiny Turtles (ages 18 months to 24 months)
- Friendly Frogs (ages 25 months to 32 months)
- Curious Caterpillars (ages 33 months to 41 months)
- Eager Explorers (ages 42 months – 5 years old, but not yet enrolled in Kindergarten)

These ages are approximate, dependent upon registration ages. Enrolled children remain in the same classroom the entire year.

- Schedule (Monday – Friday): All sessions are from 9 am to 12 pm (noon).
- **Following the program schedule as closely as possible ensures easier transitions.** Please notify your teacher if an adjustment needs to be made.
- We generally follow Grosse Pointe Public Schools’ calendar (with variances noted on our calendar). Our program will follow their closing for inclement weather. Please check local radio/TV to determine closings. Please also check for information on school closing on the M@M’s Facebook page. If the Grosse Pointe Schools are closed, so are we. We believe closings due to inclement weather are purely “Acts of God” and out of our control, therefore **no** credit or refunds will be given for those days.
- Registration is on a first-come, first-served basis. Members of Grosse Pointe Memorial Church, current and alumni families will have the opportunity to register prior to the general public.

General Information:

“Mornings at Memorial” is a Michigan State licensed childcare service for parents’ use when they are away. It is intended to be a nurturing environment where children can grow socially, emotionally, physically, and cognitively in the company of caregivers and peers.

Criteria for Attendance:

1. The child should be able to separate from parents.
2. Toddlers should be able to communicate their needs.

3. The child must be able to understand basic safety rules.
4. The child's ability to meet the criteria above is determined solely by Mornings at Memorial Early Childhood Care Center.
5. Parents or a designated caregiver **must** be available to pick up the child if needed.
6. Enrollment shall be open to any child provided the school can meet the needs of the child, without discrimination with regard to sex, race, nationality, color, creed, disability, or other legally protected category.

Enrollment Procedures:

The child must meet existing health requirements. Health regulators of the Michigan State Department of Health are as follows: Each child must have a medical examination performed by a qualified physician a maximum of no more than three months prior to admission to the center and every year thereafter. Upon reaching the age of 30 months, physicals may be done every two years. Immunization records need to be updated as new vaccinations are received by the child. A written and signed statement from those parents who object to a physical examination or medical treatment on religious grounds must be provided stating that the child is in good health and that the parent assumes responsibility for the child's safety while at the center. It is understood that the parent will be notified in case of emergencies. The following forms must be completed in full and accompanied by the appropriate fees:

1. Signed "Mornings at Memorial" registration form
2. Signed M@M and State of Michigan Child Information Record for each child enrolled (BCAL-3731)
3. Michigan Health form, completed and signed by physician (BCAL-3305)
4. Notification of Licensing Notebook (BCAL 3731)
5. Signed "Mornings at Memorial" Policy Form
6. Photo Release Form
7. \$100.00 non-refundable registration fee in the form of a check made out to GPMC, or cash. This covers snacks and crafts for the year.

Scheduling/Tuition Payments:

The days your child attends Mornings at Memorial are selected when you register. Your days are locked in for the entire year unless you notify the director of a needed change. **Payment is required for days regardless of your child's attendance (this includes sick days or vacation days) or closures due to weather.** This is required so we can properly staff each classroom. Options include M/W/F or T/Th.

Tuition statements will be sent out each month to all families. Typically, payment is

due the first Friday of the month.

Reminder – we do not give credit for missed days due to illness, vacations, or closure. **A \$5.00 per day late fee will be charged if tuition is not paid by the specified date. Also, you will be charged \$25.00 for a returned check.**

Arrival and Pick-Up:

Each classroom has a designated door for drop off and pickup. Parents park near their door and walk children up to the door and give child over to their teacher. **NEVER** leave your child at the door if a teacher is not there. At pickup, parents will walk up to the door. Teachers will release the children one by one to the parents. Being prompt is important as you know, our little ones have a hard time waiting. **Always leave us a phone number where you or another authorized adult can be reached in case of illness or severe anxiety.**

At pick-up time, children will ONLY be released to an authorized person, unless other SIGNED, WRITTEN arrangements have been made between parents and the director. When persons other than the usual adult come to pick up your child, they must be listed on the Child Information Form and will be required to show a picture ID to sign the child out. Please make sure to tell the adult about the picture ID. If there are custody issues, we should be aware of, please tell the director about them immediately. If a court order prohibits release of a child to particular parent or individual, we will need a copy of the order.

Late Pick Up:

Pickup **must** be on time to prevent anxiety for children and to be considerate of caregivers' schedules. Staff leaves the rooms promptly at the end of the program. To be in compliance with State required caregiver-to-child ratios, parents must adhere to their registered schedules. **A \$1.00 per minute late fee will be made for every minute that a child is picked up after their scheduled time.** This is paid by check the next scheduled day. No child would ever be left unsupervised; however, cost will be incurred. If you are unavoidably late, please call 882.5330.

Absences:

Because we plan and prepare ahead for each day with staff, materials, and snacks, we are unable to give credits or refunds for missed days. We would like to know if your child is going to be absent, so please call the Mornings at Memorial phone and leave a voicemail. This voicemail may be left at any time – night, or day at **313.882.5330**,

extension 140.

Health:

The staff has received training by a professional in sanitary work habits. Hand washing, diapering, food storage, and room sanitation as well as general illness symptoms have been covered. Procedures from the Michigan State Health Department are posted in all appropriate places within our rooms. We strive to provide a clean and healthy environment for your children and our staff. Please keep sick children at home for the benefit of all. Illnesses for which your child will not be admitted for a session include:

- A fever within the past 24 hours
- Diarrhea within the past 24 hours
- Vomiting within the past 24 hours
- Discharge from the eyes or nose that is not clear (i.e. yellow/green)
- Persistent cough with phlegm
- Sore throat or earache

If any of these symptoms occur mid-session, the child will be separated from the group in a caring manner and parent(s) will be called to pick up the child immediately.

Infectious Disease:

In the event of a child contacting an infectious disease such as strep throat or pink eye or a condition such as head lice, the parent of the child must notify Mornings @ Memorial immediately, with the assurance of confidentiality. For the safety of all and to be in compliance with the State of Michigan regulations, Mornings @ Memorial will notify parents of the following:

- The name of the communicable disease
- When the children may have been exposed

Medications:

Mornings at Memorial staff will not administer any non-emergency prescription or non-prescription medications to a child. If your child is ill and needs medications, please keep him/her home that day. An exception may be made in the case of diaper ointments. If your child has allergies and needs emergency medications such as an inhaler or epi-pen, please contact the Director so we can make the necessary arrangements. In these cases:

- Parent must authorize with written, signed permission form. (BCAL-1234)
- Only the Director or a Lead Caregiver will administer the medication.
- The medication must be in its original labeled container with instructions from

the prescribing physician.

- Please make us aware of any medications that your child has been given at home. Sometimes medications will make your child act differently, be tired, or be overly anxious. By helping us set good health standards, you will be protecting your child and others in the program.

Snacks:

Mornings at Memorial will provide your child with a daily snack at mid-morning. Please have your child finish breakfast at home as no food may be brought into the center rooms. Snacks will be simple, healthy, and peanut-free. Every effort will be made to accommodate food allergies; however, you may choose to provide your own peanut-free, healthy, simple snack to ensure your child's safety. **Please remember to inform and remind us of any food allergies and snack substitution on our registration and child information forms.**

Clothing:

Clothing needs to be comfortable and washable. For safety reasons, we require shoes with a back. We discourage flip flops and crocs due to the walking and running we do each day. Please provide a change of clothes in case of bathroom accidents or spills. **Label ALL items of clothing and backpacks.** Stock with 2 spare diapers and wipes, if necessary. We will attempt to be outside as much as possible, please dress for the weather.

Potty Training:

We will be happy to work with you and your child on your potty training needs. However, we do ask that your child comes to school during this time in underpants or a pull up. We understand that some parents prefer to have their child free of undergarments during this period, but for sanitary reasons we cannot allow this. Also, children are expected to be potty trained by the age of 3. This includes children in our Curious Caterpillar class, and Eager Explorer classrooms.

Safety:

Members of our staff are trained in emergency procedures. Safety procedures and evacuation maps are posted in each room. Our primary focus is to keep the children safe at all times. We routinely practice fire and tornado drills in accordance with the State of Michigan Licensing laws. If in doubt we will err on the side of caution and 911 will be called. **Please always keep us updated on changes in your phone information or that of your emergency contact person.** Our entrance doors will be locked. If you need to enter during school time, you will need to enter through the main church doors.

Behavior/Discipline:

It is the policy of Grosse Pointe Memorial Church and Mornings at Memorial Program not to administer corporal punishment, even if parents have suggested or given permission for it. There shall be no spanking, grabbing, hitting, or other physical discipline of children. To maintain a positive and safe atmosphere, children exhibiting behavior concerns, will be redirected in a positive way. Good behavior is encouraged through praise and recognition. Staff will consult with the Director of Mornings at Memorial or the Director of Children's Ministries if assistance is needed with disciplinary issues. Negative behavior will be addressed with a private talk and clarifying the problem. Parents will be told if a situation arises. If the negative behavior cannot be resolved in a timely manner, the child will be asked to exit the program until the problem can be resolved.

Withdrawals and Session Reservations:

Parents may withdraw their children from our program at any time. Please notify us of your intent to withdraw so that we may fill your child's spot with a child from the wait list.

What to Bring:

- Backpack-labeled with name and clothing change
- At least 2 diapers, if necessary
- Lovey or comfort item if you feel that will make the transition to school easier.
- Do **NOT** bring food, cups, toys, etc.

Staff Plan

Our staff comes from a variety of backgrounds and brings many gifts to our program. Our Tiny Turtles and Friendly Frog Rooms have a ratio of 4 children to 1 adult (maximum is 8 children). Our Curious Caterpillars and Eager Explorers Room has a ratio of 8 children to 1 adult (maximum is 15 children). Each staff member has the following on file:

- Application for Employment
- Current medical clearance from a physician
- Confidential Report for Employees and State clearance for child abuse and neglect
- A signed Abuse and Neglect Clearance Form
- Michigan State Police Criminal Records Background Check
- State of Michigan Fingerprinting Clearance
- CPR/First Aid certification

Communications:

You will be made aware of all Mornings at Memorial happenings and classroom events through our monthly newsletter. Please read to keep current on your child's classroom activities and other pertinent information about Mornings at Memorial, such as party/holiday information, calendar changes etc. Always feel free to contact your child's teacher with concerns or questions.

Facebook Page/GPMC Website:

A few times a week we post pictures of the children doing various activities at school. Please complete the Photo Release form that is in the registration packet to indicate whether or not we have permission to include your child in any of the photos. Please be aware that it is the GPMC's policy to never use a child's name along with their photo in any written publication of GPMC or a GPMC's social media. The only exception may occur when a name appears on a birthday crown.

Please keep the policy packet/parent handbook for your reference. Thank you!

Mornings at Memorial 2024 – 2025 Fees and Tuition

Registration fees are non-refundable

Registration fees are due with your completed paperwork.

Registration fees are \$100 per child.

Tuition:

- \$40.00 per child for each day reserved
- \$35.00 per day reserved for additional children

Tuition is a separate check from the registration fees payable to GPMC, paid at the beginning of each month.