

HARRAH CHURCH EARLY LEARNING CENTER



Student Application

Last Updated June 1, 2017

**For each student being enrolled the application fee of \$25
must accompany this completed form.**

Administration & Finance Office

101 S Dobbs Harrah, OK 73045 - (405) 454-6690 - finance@harrahchurch.org

Check List of Items To Be Completed

- Rate Contract
- Parent Policy Checklist
- Tuition Express ACH / Credit or Debit Billing Forms
- Pictures for ProCare Pickup Identification
- Fingerprint Scan
- Emergency Contact Form
- Photo, Video and Focus Portfolio Release
- Student Application
- \$25 Annual Resource Fee
- CACFP Food Program Application
- Immunization Records
- Blended Rate Contract

HARRAH CHURCH EARLY LEARNING CENTER

Exceptional Environments to Grow In

Essence

The Harrah Church Early Learning Centers are faith-based, licensed preschools and child-care centers that provide quality care and education for children in Eastern Oklahoma County. Our loving and professional staff partner with the family to support safe, fun and exceptional learning environments designed to inspire wonder and discovery.



Rate Contract

Please read and sign this Agreement.

I hereby agree to comply with the rules and regulations regarding fees, attendance, health, clothing and other items specified in the Parent Policy Manual. I am aware of the scheduled holiday closings and the 2-week notice required for vacation time after my child has attended the center for a period of 1-year

As indicated in this contract, which I have signed, I agree to notify the facility two weeks in advance of withdrawal. If no such notification is given, I am aware by signing this contract that the childcare tuition for a period of 2-weeks will be required.

For services listed in the Parent Policy Manual and in accordance with the terms of the Agreement, I agree to pay Harrah Early Learning Center the sum of:

Tuition/Co-Pay: First Child _____ Second Child _____
Third Child _____ Fourth Child _____

Total Weekly Tuition: _____

Supply Fee (Due each August): \$25 per child or Donated Items

This agreement may be modified whenever any of the circumstance covered by these agreements change. Such modifications may only be made in writing and must be signed and dated by the parties involved in order to be binding and effective.

Signed _____ Date _____
(Parent or legal guardian)

Signed _____ Date _____
(Director / Administrator)

Parent Policy Checklist

- _____ I have received, read and understand the Parent Policy Manual
- _____ I understand the Dismissal Policy contained within the Parent Policy Manual
- _____ I have read and understand Tuition Rates, when Payment is Due and other Fees
- _____ I have read and understand the Annual Supply Fee
- _____ I have read and understand the Arrival and Departure Policy
- _____ I have read and understand the Vacation Policy (it does not roll-over)
- _____ I have read and understand the Closings Policy
- _____ I have been given a tour
- _____ I have meet my child's teacher
- _____ I have been shown the family resource center
- _____ I understand that an interpreter is available upon request
- _____ I understand what higher risk activities HELC participates and the plan for such activities
- _____ I understand that when my child is not in attendance I am still responsible for payment of those days (unless using available vacation time)
- _____ I understand that HELC is not responsible for soiled clothing due to play or accidents and / or personal items brought to the center

Signed _____
(Parent or legal guardian)

Date _____

Signed _____
(Director / Administrator)

Date _____



**Compliance File Notification:
Child Care Programs and Family Child Care Homes**



THIS FORM MUST BE COMPLETED EVERY 12 MONTHS

Program Information

Harrah Church Early Learning Center		K830024676	
Program name		License number	
101 S. Dobbs	Harrah	OK	73045
Street address	City	State	ZIP code
101 S. Dobbs			
Mailing address			
(405) 454-6690	Harrah Church / Jeremy Davidson		
Phone	Owner		

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

+	Name	Date of birth
-		
-		
-		

Agreement and Signature

- I understand and am aware:
 - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
 - of the Compliance File location and its contents.
 - this form is to be completed:
 - upon child enrollment; and
 - every 12 months thereafter.
 - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name	Parent or legal guardian signature	Date

Emergency Contact System

If you would like to receive a text message concerning emergency closings or events and Center news please provide your contact information below.

Parent or Guardian #1

Cell Phone (_____) _____

Phone Service Provider (ATT, Verizon, Sprint, etc) _____

Your Work Email _____

Additional Email _____

Parent or Guardian #2

Cell Phone (_____) _____

Phone Service Provider (ATT, Verizon, Sprint, etc) _____

Your Work Email _____

Additional Email _____

In the event of a relocation or evacuation type emergency event at the Center, children will be moved from the Learning Center Facility to Harrah Church or First Baptist Church of Newalla. A notification will be sent out in case of such emergency to help guide parents to the location of their children.

During a Lockdown Procedure, all doors will be locked and children will shelter inside their rooms. Once the all clear is given, the center will return to normal operations. In the event of a lockdown parents will be notified.

Photo, Video and Focus Portfolio Release

I acknowledge that Harrah Church Early Learning Centers (HELCC) may take photographs and videos of its students to use in the promotion of the centers.

I understand that HELCC would like to post these pictures to its websites and Facebook Page from time to time, for promotion of HELCC events and to share these memories with the parents and families of the students.

I understand that these photographs and/or videos will not be sold, distributed or placed on internet web sites without my written permission, except as described in this Release.

By signing below, I acknowledge that HELCC may take pictures and videos as described above and give my permission for HELCC to post the pictures and videos to its website and photo sharing sites and use in promotional materials.

- Media and Publications for the Center
- Photo
- Video
- Focus Portfolio for Teacher Credentialing

Signed _____
(Parent or legal guardian)

Date _____

Student Information

Name _____					
Last	First	MI			
Date of Birth _____					
Student Address					

	Street	City	State	Zip	
Gender	Male	Female			
Age of Student _____					
Ethnicity	African American	Anglo	Asian	Hispanic	Native American
White	Other: _____				
Child lives with _____					
If parents divorced who has legal Custody _____					
(Please provide legal documentation)					
Is the child in foster care or kinship? _____					
Is your child on an IEP?	Yes	No	(If yes, please provide a copy of current IEP)		

Father / Guardian Information

Name _____				
Last	First	MI		
Address _____				
Street	City	State	Zip	
Cell Phone _____				
Work Phone _____				
Home Phone _____				
Employer _____				
Occupation _____				
Hours of Employment _____				
Home Email _____				
Work Email _____				
Marital Status:	Married	Separated	Divorced	Widowed Single

Mother / Guardian Information

Name _____				
Last	First	MI		
Address _____				
Street	City	State	Zip	
Cell Phone _____				
Work Phone _____				
Home Phone _____				
Employer _____				
Occupation _____				
Hours of Employment _____				
Home Email _____				
Work Email _____				
Marital Status:	Married	Separated	Divorced	Widowed Single

Additional Information

Are there any siblings? Yes No

Please provide information as follows:

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

People Authorized to Pick Your Child Up

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Church Information

Do you have a church home?

Would you like to be contacted about Harrah Church and Kid City at Harrah Church?

Tell Us About Your Child

General days and times your child will be in attendance:

How does your child learn best: Audio Visual Kinesthetic (by doing)

What are some of your child's favorite activities?

Does your child have any known special needs or concerns?

What are your child's napping habits?

Does your child have a nickname?

Does your child have any security items? Like a blanket or a pacifier?

Please tell us anything about your child that you think is pertinent in providing for their care?

Child Health Records

Does your child have any known allergies?

Does your child have any medical conditions which we should be made aware of (anything that requires ongoing treatment or special care?)

Has your child ever been screened for speech, hearing or visual problems? _____

What were the results of that screening? _____

Will you consent to further or future screening? _____

Has your child ever had any surgeries, hospitalizations or serious illness? _____

If yes, please describe _____

Are there any other special circumstances or situations we should be aware (i.e. recent traumatic experiences, outside play restrictions, etc.)

The information provided is accurate to the best of my knowledge.

Signed _____
(Parent or legal guardian)

Date _____

Signed _____
(Parent or legal guardian)

Date _____

Permission Forms

MEDICAL & FIELD TRIP TRANSPORTATION

I/We, the undersigned, being the legal parent/guardian of _____ do hereby grant Harrah Church Early Learning Centers the right to transport and permission to seek and obtain medical treatment for my child _____ in the event of an emergency where I am unable to be reached.

I understand that signing this form releases Harrah Church Early Learning Centers to seek medical care if my child is injured or ill and I cannot be reached. I further understand that this consent does not bind the facility to any form of liability after the child has been admitted for treatment at a medical facility.

Doctor _____

Hospital Preference _____

Primary Insurance _____

Secondary Insurance _____

SUNSCREEN PERMISSION FORM

Harrah Church Early Learning Centers have my permission to apply sunscreen to my child. I may provide sunscreen of my preference if desired. Please make sure the child's name is clearly labeled on sunscreen.

Signed _____
(Parent or legal guardian)

Date _____

Permission Forms Continued

FIELD TRIP PERMISSION - This Form Must Be Resigned Every Quarter Per OKDHS

I/We hereby give Harrah Church Early Learning Centers permission to transport my child _____, off the premises and excursions that will take place during regular child care hours. I understand that I will be notified of any such trips beforehand and that the trips will be supervised. All precautions will be made for the safety and well being of all the children.

I understand that Harrah Church Early Learning Center may participate in higher risk activities as defined by the Oklahoma Department Human Services. Higher risk activities include swimming, shoreline activities, ice or roller skating, gymnastics, or enclosed inflatable bouncing equipment. Children are required to wear safety helmets, safety gear, special clothing when appropriate.

I understand that Harrah Church Early Learning Center will not be liable for any accident or injury.

Please read the swimming licensing guidelines that follow this plan for details, ratios, and other factors.

May your child participate in higher risk activities?: Yes or No

Describe the swimming skill level of your child: _____

At what depths may your child swim?: (circle all that apply) 18" 4 Feet 6 Feet 8 Feet

THIS FORM MUST BE COMPLETED EVERY 3 MONTHS

Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____

340:110-3-291. Water activities

(a) **Water activities.** Any activity that involves water play or is near a body of water is a water activity.

(1) **Supervision.** Personnel are required to supervise children constantly, including in the dressing areas, while maintaining the privacy of older children.

(2) **Safety rules.** Personnel review safety rules with children each time they participate.

(b) **Water features.** On-site water features, such as streams and fountains, are inaccessible, unless a Licensing approved written plan, addressing supervision and safety, is followed.

(c) **Sprayground activities.** Spraygrounds or splash pads spray water and allow children to get wet and splash; however, they do not accumulate water. Sprinklers are not considered spraygrounds.

(1) **Higher risk activity.** The higher risk activity requirements are met per Oklahoma Administrative Code (OAC) 340:110-3-290.

(2) **Supervision.** Teaching personnel supervise children constantly.

(d) **Swimming and wading activities.** Swimming may only occur in a swimming pool that meets the requirements per (6) of this subsection. Wading may only occur in swimming pools or narrow and shallow creeks and streams that have non-standing, non-swift flowing water. Personnel do not allow children to wade in water above their knees.

(1) **Higher risk activity.** The higher risk activity requirements are met per OAC 340:110-3-290.

(2) **Ratios.** Swimming and wading ratios are met per OAC 340 Appendix GG Ratios and Group Sizes.

(3) **Supervision.** Teaching personnel are:

(A) in or at the water and prepared to enter;

(B) in direct physical contact with infants; and

(C) not more than an arm's length from 1-year-olds.

(4) **Lifeguard.** These lifeguard requirements are met.

(A) When children use a swimming pool with a water depth of more than 18 inches, an on-duty certified lifeguard is present, in addition to the cardiopulmonary resuscitation (CPR) and first aid certified personnel per OAC 340:1103-284(d).

(B) When the on-duty lifeguard is also program personnel, the individual:

(i) maintains lifeguard and CPR certification per OAC 340:110-3-281.3(b);

(ii) is not counted in ratios per OAC 340:110-3-286(a); and

(iii) is responsible for 36 or fewer children.

(5) **Swimming skills and safety.** Personnel follow:

(A) parent provided information regarding the child's swimming skills as documented per OAC 340:110-3-281.4(b); and

(B) a system that continually checks each child's safety in the water.

(6) **Swimming pools.** Swimming pools include permanent wading pools, in-ground and above-ground pools, water parks excluding sprayground parks, and other similar bodies of water.

(A) Before use, personnel ensure the swimming pool has:

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(i) a current Oklahoma State Department of Health (OSDH), public bathing place license; and

(ii) life-saving equipment available at the pool side.

(B) On-site indoor and outdoor swimming pools are enclosed and secured to prevent unsupervised access. Doors and gates leading to the pool are locked.

(i) Outdoor in-ground pools are fenced and fencing:

(I) is sturdy;

(II) cannot be easily climbed;

(III) is at least four feet high and starts at ground-level; and

(IV) may include a building wall, provided doors are kept locked and any windows are unable to be opened by children.

- (ii) Outdoor above-ground pools have:
 - (I) a fence that meets the in-ground pool fencing requirements;
 - (II) at least four feet of non-climbable pool sidewalls; or
 - (III) a combination of pool sidewalls and fencing, with the fence attaching to and extending above the pool sidewalls, for a total height of at least four feet.
- (iii) Outdoor above-ground pools with steps leading to the pool have the steps removed or otherwise protected to prevent unsupervised access.
- (e) **Shoreline activities – 5-year-olds and older.** Children may participate in shoreline activities, such as fishing at lakes, ponds, creeks, or streams provided these requirements are met.
 - (1) **Higher risk activity.** The higher risk activity requirements are met per OAC 340:110-3-290.
 - (2) **Limitations.** During shoreline activities, children do not enter the water unless the wading requirements per (d)(1) through (4) and (5)(B) of this Section are met.
 - (3) **Ratios.** Swimming and wading ratios are met per OAC 340 Appendix GG – Ratios and Group Sizes.
- (f) **Boating activities – 5-year-olds and older.** Children may participate in boating activities provided these requirements are met.
 - (1) **Higher risk activity.** The higher risk activity requirements are met per OAC 340:110-3-290.
 - (2) **Limitations.** During boating activities, children do not swim or wade.
 - (3) **Ratios.** Swimming and wading ratios are met per OAC 340 Appendix GG – Ratios and Group Sizes.
 - (4) **Life jackets.** Appropriately sized and approved life jackets are worn by children and personnel.
- (g) **Restrictions.** The water restrictions listed in (1) through (4) of this subsection apply.
 - (1) **Ponds and lakes.** Ponds, lakes, and other similar bodies of water are inaccessible, unless the shoreline activity requirements are met. Swimming and wading in these bodies of water is prohibited. However, children may wade in creeks and streams per (d) of this Section.
 - (2) **Saunas, spas, hot tubs, and stock tanks.** Saunas, spas, hot tubs, and stock tanks are inaccessible and use is prohibited.
 - (3) **Diving.** Diving is prohibited unless the swimming pool meets OSDH diving regulations.
 - (4) **Portable wading pools.** Portable wading pools with water are prohibited.

Swimming and Wading Ratios

These ratios are maintained when the children are swimming, wading, or both. However, these ratios do not apply when the children are participating in swimming lessons with a certified instructor. The age of the youngest child in a mixed-age group determines the ratio.

Youngest Child In Group	Ratio
Infants	1:1
1-year-olds	1:1
2-year-olds	1:2
3-year-olds	1:6
4-year-olds	1:7
5-year-olds	1:7
6-year-olds (and older groups)	1:10