



SPEEDWAY CHRISTIAN CHURCH
Opportunity Day Preschool
5110 West 14th Street
Speedway, IN 46224



2010 - 2011

Dear Parent(s),

The Education Department at Speedway Christian Church sponsors a program, Opportunity Day, which is especially designed for preschool children from 1 year of age through 5 years. The program meets on Monday, Wednesday and Friday, from 9:00 a.m. until 2:30 p.m. (The 1-year-old class meets only on Wednesday.) Parents from our congregation, as well as the community, are invited to bring their children for the day and then go about concerns of their own or become involved in various groups from time to time that will meet in the church.

The fees for the program are \$60.00 per month, per child, for one day per week - \$120.00 per month, per child, for 2 days per week – and \$180.00 per month, per child, for 3 days per week. These fees are used to pay each of the teachers and to provide supplies for the program. The fees are paid at the beginning of each month on the first session of the month. Please read the registration information thoroughly. The program is designed to be self-supporting and is not a profit-making organization.

This is not a system of “glorified babysitting” – our children deserve more than this. We will schedule special activities for them in the areas of arts and crafts, music, special guests for in-house field trips, story telling, finger plays, etc. The children will eat a lunch at the church that is brought from home and will be provided a mid-morning snack supplied by the church or brought in from parent volunteers. Each classroom has a structured agenda to meet the needs of each class. There will also be a “quiet time” at the end of each day that is designed to be a rest period after a busy day. Babies tend to sleep during this quiet time – older children tend not to but they are still provided a quiet time. The children will be given loving care and will share in experiences as their capabilities allow. The older children will be provided with more academics in preparation for Kindergarten. We will be closed during the summer months and our holiday schedule will be sent home at the beginning of the school year. This program has now been in operation for over 38 years.

During the time that the children are at the church, we definitely plan to incorporate learning in Christian living. Simple things like prayer before meals, acknowledgment of God’s beauty around us, God’s desire for sharing and caring and living will become a vital part of the child’s day at the church.

If you are interested, please return the complete registration form to the church. Classes are filled on a first-come, first-serve basis with those previously in the program having first choice in coming back. Names will be placed on waiting lists for any class that is filled.

Sincerely,

Speedway Christian Church

OPPORTUNITY DAY PRESCHOOL 2010 - 2011

Applications are now being accepted for the Fall 2010-2011 Opportunity Day school year. This school year will begin the Monday after Labor Day and continue through the middle of May, 2011.

The registration fee is \$60 per child, per day. This registration fee will be used as payment for the last month of the school year (May, 2011) providing you are still enrolled in the program at that time. The registration fee is **non-refundable**.

Classes are scheduled on Monday, Wednesday and/or Friday of each week during the school year with the exception of holidays that may fall on those given days. (The 1-year-old class, however, only meets on Wednesday.) Please include the day on which you have a preference on the application. Every attempt will be made to honor your preference, but if this cannot be scheduled, you will be notified by the end of May, 2010.

The following is a list of what must be returned in order to process your application:

1. The completed registration form.
2. The completed, notarized health form which can be notarized free of charge through the church office.
3. A copy of child's immunization record (new copy required each year).
4. A copy of child's birth certificate (new copy required each year).
5. A 4 x 9 ½ inch self-addressed, stamped envelope.
6. The permission slip.
7. The registration fee. (Checks should be made payable to "Speedway Christian Church".) Checks submitted in the spring, 2010, will not be deposited until the end of May, 2010, and are **non-refundable** after deposit. There will be a \$5.00 charge for any returned check.

Please bear in mind that all of the above must be returned in order to guarantee registration for your child. If you should have any questions, please feel free to contact the church at 244-7656.

I have read and understand the information given above.



(Please sign and **return**.)

OPPORTUNITY DAY PRESCHOOL
2010 - 2011

Permission Slip

This permission slip pertains to those who are two years old or older by August 1, 2010.

_____ has my permission to go on
(Name of Child)

neighborhood walks or to the playground area at Fisher Elementary School during the school year 2010 – 2011.

_____ Parent Signature

_____ Date



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5110 W. 14th Street
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Registration Agreement

I desire to register the following child in the Opportunity Day Preschool program at Speedway Christian Church and I agree to meet the terms of this agreement.

Payment for class sessions will be made in advance on the first session of the month, and I agree to pay \$60.00 per child, per month for one day a week, \$120.00 per child, per month for 2 days a week and \$180 per child, per month for 3 days a week. I will be sure that my child is in reasonable health when I place him/her in the group on any given class day. I will telephone the church office (Program Director) if I will not be bringing my child on a certain class day, and not later than 9:00 a.m. on that day. **I understand that no refund will be made for non-attendance.** Should I decide to withdraw my child from the Opportunity Day Program, I will notify the church office at least a week in advance, bearing in mind that I wish to protect my good standing in the event I wish to participate again in the future. I understand that registration fees cannot be applied toward the monthly fees and are also **non-refundable** after deposit.

Name of Child

Child's Birth Date

Child's address

Home telephone #

City

State

Zip Code

Child lives with: _____

Does your child nap? _____

Is your child toilet trained? _____

Does your child have any special fears? _____

2010 - 2011

Information on Child's Mother

Information on Child's Father

Mother's Name _____

Father's Name _____

Address: _____

Address: _____

Home phone: _____

Home Phone: _____

Cellular #: _____

Cellular #: _____

Place of
Employment: _____

Place of
Employment: _____

Work phone: _____

Work phone: _____

Other Members in Mother's Household

Other Members in Father's Household

Name Age Relationship

Name Age Relationship

Emergency Phone Numbers (This refers to someone other than the parents.)

Name: _____

Phone: _____ (_____)

Relationship

Name: _____

Phone: _____ (_____)

Relationship

Doctor: _____

Phone: _____

Hospital Preference _____

Opportunity Day Preference: (Circle One)

Monday

Wednesday

Friday

Would you accept a different day?

Yes

No

Would you prefer additional day(s)? No / If yes, please circle: Monday Wednesday Friday

I have read and understand the information listed above.

Signature

Date

HEALTH FORM

2010 - 2011

Note of Interpretation: This form is to be filled out and signed by the parent or guardian. It does not require a doctor's signature; however, if desired, or if your child has not had a physical examination in the past 12 months, we would strongly suggest that your child have one before coming to Opportunity Day. The signature of parent or guardian must be notarized in item 6. **A copy of your child's immunization record must be submitted with this application.**

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Please list any recent illnesses: _____

2. Date of last DTP or tetanus shot: _____

3. Does your child have any allergies to medication, physical restrictions or dietary restrictions or other instructions? Yes _____ No _____
If Yes, please describe: _____

4. Is your child on medication of any kind? Yes _____ No _____
If Yes, please describe: _____

I Authorize the Director or other personnel to continue this medication as per instructions.

(Parent/Guardian Signature)

5. I agree to permit my child to be transported in private or public vehicles provided by the program.

(Parent/Guardian Signature)

6. In case of emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for any child as named on this form.

(Parent/Guardian Signature **with Notary as witness**)

State of Indiana, County of _____, Before me the undersigned, a
Notary Public for _____ County, State of _____,
Personally appeared _____ and acknowledged
(Name of Parent/Guardian)
the execution of this instrument this _____ day of _____, 20 _____.
_____, Notary Public
(Signature)

My commission expires: _____