

LMPC Supplemental School



Registration Packet

September 8- October 8 2020

“Let the little children come to me. And do not hinder them, for the kingdom of heaven belongs to such as these.” Matthew 19:14



www.lmpchurch.org

Class Assignments-

Elementary Aged children (our priority) will be grouped into three groups of about eight.

THIS IS A NEW MINISTRY AND A NEW WAY OF DOING THINGS- Please be patient as we try to serve you. The point of this ministry is not to make money- we will not break even but some in the church have given to supplement this program. We do believe God is calling us to help students and parents who are unable to find school/child care and are feeling "stuck."

Completed registration packets, along with the full registration fee made out to LMPC Supplemental School for \$25 must be turned into the church office. We will NOT be responsible for packets that are left on a desk, given to a staff member or teacher, or forms that are not fully completed. Incomplete forms will be returned to parents and not given a priority status for this time.

In order to receive Church Member status, you must have joined LMPC before Easter (5/10/20) of the year prior to registration.

In order to receive sibling status the sibling must also be accepted and enrolled. m

Foundation Church Members will be given a church priority if any of the following have occurred: a child was baptized at Foundation Church, a public profession of faith has been made to join Foundation Church: a commitment to join the church when it is officially chartered has been signed.

REGISTRATION PRIORITY

1. LMPC DAY SCHOOL Teachers and LMPC Staff children. Open registration 8/10- 8/15
2. LMPC Members children (must have joined LMPC by 5/10). Open registration 8/17-21
3. The children of teachers in our community. Open registration 8/24-28.

We must have a minimum of 20 children to operate. We are capping our elementary aged children to 25.

During registration, if a space is available and offered to you, registration forms and payment must be returned by the communicated deadline to hold your child's space for the upcoming school year. We will not be able to hold spaces due to lack of payment or incomplete forms. If you do not wish to accept the space offered, you are under no obligation to pay a registration fee.



WAITING LIST AND REGISTRATION INFORMATION

The LMPC Supplemental School will enroll children at registration and throughout the year until there are no longer spaces available. When there are no longer spaces available, a waiting list for the school year will begin. Once an opening is available, the waiting list is reviewed. Prospective enrollees will be contacted based on the available space, priority status, and in the order they appeared on the waiting list.

The deadline to put your child on the waiting list is September 4. Children are assigned a classroom/teacher for the time here. Children do not move to another class based on their birthday. Because of the needs, every effort will be made to keep your child in a similar age group, but because of our size, we are recognizing that children may be in a group of children who are not quite the same age.

Important information regarding our waiting list:

The cost to place your child on a waiting list is a non-refunded fee of \$25.00 per child/per list.

Once the parent is notified of an available space, acceptance and registration forms and fees must be received within 5 business days. If a parent declined the space, the child's name will be marked off the list. If the parent wishes for the child to stay on the waiting list, a new form and fee will be required. Once a new form and fee are received, the child will be placed back on the waiting list at the bottom of the list.

If parents fail to respond to our communications, we will assume that you are no longer interested and your child's name will be marked off the waiting list.

Upon acceptance day at the Supplemental School, you agree to the Supplemental School's policies and safety protocols, including but not limited to the tuition policy. Tuition is required regardless of attendance in order to keep the school running and keep the teachers. Tuition is due each Friday before the week of the school. It can be paid for the entire month \$400.

Registration Information:

Upon acceptance into the program, the following must be completed for admission:

- LMPC Supplemental School Registration Form
- Registration Fee of \$25. (the first week's tuition is due 9/4).
- SC General Record and Statement of Child's Health (DSS #2900)

Before your child begins school, an updated SC Certificate of Immunization (DHEC #2740A) must be turned in to the Supplemental School Office (No shots, no school).

LMPC SUPPLEMENTAL SCHOOL – TUITION AND FEES

SEPTEMBER 8- OCTOBER 8, 2020

If the hybrid model or all-online model is extended, we will re-evaluate our supplemental school. But our heart is to continue to minister to children who have nowhere else to go.

REGISTRATION- (non-refundable)- \$25.

Registration fees are due at the time of registration.

To be on the waiting list is also \$25 non-refundable.

TUITION:

\$100 per week per child. This averages out in a three day hybrid 8 hour program to \$2.78/hour.

There are scholarships available for day school teachers' children.

Payment may be made online- www.lmpchurch.org/giving or text giving (803) 403-1069 but online and text giving have a \$5 fee added to each donation. There is no charge for checks or cash.

LATE PICK UP FEES (After 5:40- \$1.00/minute/child).

Snacks, Lunches and Drinks. Each child will bring their own snacks, lunches, and drinks. The church will provide bottled water.

Drop Off/Pick Up- Will be at the gym door. Each child will go to their color coded group in the gym. The idea is that we try to keep each group separated as much as possible in case an outbreak occurs.

SAFETY PROTOCOL:

Your child's safety during this coronavirus time is paramount.

Temperature will be checked each morning and after lunch. 100 degree F or 39 degree C is the cutoff.

If the temperature is up, you will be required to pick up your child. There is a designated sick room. Each child will wear their own mask when in public areas (when they are not eating). No mask is required outside or when the child is in the individual classroom.

Each teacher/proctor shall wear a mask all day except when they are outside.

While we love hugs- now is not the time. No hugging or touching during Supplemental School.

We encourage social distancing. So classrooms/eating areas are set up feet apart. Children are encouraged to line up 6 feet apart.

There will be multiple hand washings (when arrive, before lunch, any time coming in from outside- see schedule).

We will follow DHEC and CDC guidelines about isolation and safety in our supplemental school. There may be an occasion when a whole room will have to be shut down. We will try to keep our room children isolated.



COVID-19 SAFETY GUIDELINES AND PROTOCOLS

1. Anyone who has had a fever, cough, or shortness of breath or who has been exposed to COVID-19 in the last 14 days should stay home until 14 days have passed since symptoms or exposure. [Note: See draft door posting below.] The Session voted to check temperatures with a remote scanner for all going into the building (100 degrees is the cut off).
2. Everyone (except for babies) is expected to wear face masks or coverings over the nose and mouth at all times in church facilities.
3. Even with masks on, social distancing is still recommended. Please maintain six feet from anyone outside of your family unit. Seating will be noted as 6 feet apart to guide you.
4. Our cleaning company is disinfecting chairs, bathrooms, and carpet and wiping doorknobs and handles. We have a FT janitor on campus as well as an evening cleaner.
5. We are limited in what we can do for meals to individual lunches. Please bring your own lunch/snack.
6. Please do not congregate in or near entry ways to allow people to enter while maintaining a social distance.

HOURS:

Student Drop Off- 7:30- 9:00 (Gym)

Instructional Hours 9:00- 4:00 (adjustable to school requirements)

After School Hours 3:00- 5:30

Church Office Hours 9:00- 4:30

Day School Office Hours 7:00- 5:30.

LAKE MURRAY PRESBYTERIAN CHURCH SUPPLEMENTAL SCHOOL

REGISTRATION FORM

STUDENT INFORMATION:

LAST NAME:	FIRST NAME:	MIDDLE NAME:
GOES BY:	MALE/FEMALE:	DUE DATE/ D.O.B.
ADDRESS:	CITY:	STATE: ZIP:
MOTHER:	HOME PHONE:	
OCCUPATION/EMPLOYEER:	WORK PHONE:	
EMAIL ADDRESS:	MOBILE PHONE:	
FATHER:	HOME PHONE:	
OCCUPATION/EMPLOYEER:	WORK PHONE:	
EMAIL ADDRESS:	MOBILE PHONE:	
ARE YOU A MEMBER OF LMPC?	CHURCH MEMBERSHIP/AFFILIATION?	
DOES THIS CHILD HAVE A SIBLING WHO WILL BE ENROLLED IN LMPC SUPS?	Y or N	SIBLING NAME?

PROGRAM ENROLLING FOR:	Usual hours your child will be here
5K	
1 st Grad	
2 nd Grade	
3 rd Grade	
4 th Grade	
5 th Grade	
Middle School (Give Grade)	

WE MUST HAVE A VALID DHEC IMMUNIZATION RECORD ON ALL CHILDREN PRIOR TO ATTENDANCE

DIRECTORY: May your information (name, address & phone numbers) be shared in a class directory? YES or NO

PHOTOGRAPHY RELEASE:
 Photos may be taken of the children during normal activities or special events. These photos may be published on the Lake Murray Presbyterian Church website, Tadpoles, Day School's electronic school newsletters, local newspapers, brochures, reports, social media such as Facebook, etc.
 I, _____, hereby **grant** permission to Lake Murray Presbyterian Church & Day School to take and use photographs as noted above.

FIELD TRIPS:
 Children participating in our program children will stroll/walk around church grounds. Field trips, walks, and rides to nearby points of interest will be approved by the Day School Director. You will be informed in writing of any planned field trips requiring transportation. All children participating in a field trip off campus are required to have parents transport their child on the field trips, as LMPC Day School does **NOT** transport children.
 I, _____, understand LMPC Day School's Field Trip policy and if my child attends a field trip off campus, I will be responsible for transporting my child to the designated field trip.
 I, _____, understand LMPC Day School does not participate in swimming activities.

EMERGENCY TREATMENT:
 In the event that my child, _____ requires emergency medical treatment and neither parents or responsible adults can be reached, I authorize the school staff to seek medical care for my child. _____ (initial)

I agree to pay a non-refundable registration fee at the time of registration. I also agree to abide by all the policies of Lake Murray Presbyterian Church Day School including but not limited to the Tuition Payment Policies, Sickness and Medication Policies, Confidentiality Policy, Discipline Policy and the Emergency Medical Plan. I understand that payment of the registration fee constitutes enrollment in Lake Murray Presbyterian Church Day School. I further agree to pay one month's tuition and any applicable fees according to the Tuition Payment Policy if I decide to withdraw my child for any reason after this date.

Signature of Parent _____ Date _____

FOR OFFICE USE ONLY

DATE:	AMOUNT: \$	METHOD: Cash Online Check#	AGE GROUP:	FT OR PT DAYS:
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South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch
 Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

_____ Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

_____ Street Address City, State, Zip Telephone

Dental Care Provider: _____

Name

Street Address

City, State, Zip

Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____

Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____

Parent or Guardian

Signature: _____ Date: _____

Director/Operator/Staff Designee

LMPC

AUTHORIZATION IN PICK-UP FORM

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CHILD'S FULL NAME: _____ D.O.B. _____

NAME CALLED: _____ AGE GROUP: _____

MOTHER'S NAME: _____

HOME #: _____ WORK #: _____ MOBILE #: _____

FATHER'S NAME: _____

HOME #: _____ WORK #: _____ MOBILE #: _____

PHYSICIAN'S NAME: _____ OFFICE #: _____

*MEDICAL INFORMATION (allergies, etc.): _____

The following people have permission to pick up my child from LMPC Day School at any time:
(Please inform these people to have picture identification with them in order to pick up your child)

NAME (and goes by if applicable):	RELATIONSHIP:	BEST NUMBER TO CALL:	REVISION DATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

LMPC will not release your child to any person not listed above without your expressed written permission.

Comments: _____

Parent Signature _____ **Date** _____

I hereby give my permission to LMPC Day School to give my child the following over-the-counter medications that I will provide as needed: (Please circle either YES or NO)

Parent Signature _____ **Date** _____