

# Children of Grace

## **Mothers' Day Out Ministry**

Grace Baptist Church  
201 Belinda Parkway  
Mt. Juliet, TN 37122

Director: Mindy Bollinger  
Call/Text: (615) 307-0308  
Email: [Mindy.Bollinger@gbcmj.com](mailto:Mindy.Bollinger@gbcmj.com)  
[ChildrenOfGraceMDO.com](http://ChildrenOfGraceMDO.com)

## **REGISTRATION PACKET**

## About Children of Grace Mothers' Day Out

Mothers' Day Out is designed to provide a safe, loving environment where children can learn and grow—while families are encouraged through the love and knowledge of the Lord Jesus Christ.

### Mission Statement

We are committed to providing a safe and loving teaching environment for children, regardless of race or religious beliefs, in the love and knowledge of the Lord Jesus Christ.

### Our Program

- Dedicated staff: Our teachers are caring and intentional about each child. All staff members have completed a background check.
- Biblically based curriculum: Each class follows a biblically based curriculum focused on age-appropriate development while honoring each child's individuality.

### Schedule and Arrival / Departure

- Days: Tuesday & Thursday
- Hours: 9:15 AM – 1:45 PM
- Drop-off: 9:15 – 9:30 AM (arriving after 9:30 AM: call/text for admittance; doors will be locked)
- Pick-up: 1:30 – 1:45 PM (a late fee of \$1 per minute applies after 1:45 PM)
- For the safety of our children and teachers, church doors remain locked during program hours.

### Weather and Calendar

- Our schedule mirrors the Wilson County School District calendar (holidays, breaks, and weather cancellations).
- 1-hour delay: MDO is open and runs normal hours (9:15 AM–1:45 PM).
- 2-hour delay: MDO is closed.
- If you have questions on a specific day, call/text: (615) 307-0308.

### Tuition and Fees

- Tuition is payable by cash or check made out to Grace Baptist MDO (Credit Cards not accepted).
- Payment is due the first MDO day each month.
- Full monthly tuition is due regardless of illness, family vacation, or holidays.
- Late fee: \$5.00 per MDO day will be charged until payment is made.

<b>Tuition</b>	<b>Registration Fee &amp; Supply Fee (non-refundable)</b>
First child : \$21.00 per day Additional children: \$16.00 per day	First Child: \$100.00 Additional Children: \$75.00 each First Child under age 1: \$50.00 Additional Children under age 1: \$25.00 each

## **Drop-off / Pick-up Policy**

- Anyone picking up must be listed on your child's Authorized Pick-Up list.
- Authorized adults may be asked to show a valid driver's license/photo ID at pick-up.
- If someone other than a parent/guardian will be picking up your child, please notify both your child's teacher and the Director at drop-off.
- If you need to pick up your child early, please notify both your child's teacher and the Director so your child can be ready.

## **What to Bring**

- Lunch: A healthy lunch your child can eat with minimal assistance. No warming/reheating. Cut common choking-hazard foods (grapes, hot dogs, etc.) into small pieces.
- Drinks: Sippy cups are required for children 2 and under. An ice pack/cold pack is recommended.
- Bag + change of clothes: Backpack/diaper bag with a complete seasonal change of clothes (including socks/underwear). For ages 2 and under who are not fully potty trained: bring diapers/pull-ups and wipes.
- Shoes: Closed-toed shoes are recommended. No flip flops.
- Rest time: Kinder mat/rest mat + blanket. A crib sheet is needed to cover the mat.
- Label everything: All items must be labeled with your child's name (coats, lunch boxes, cups, backpacks, etc.).
- No glass containers.

## **Medications**

- No medications will be administered by staff.
- If your child needs medication during program hours, a parent/guardian is welcome to come in and administer it.

## **Program Requirements and Behavior**

- Children ages 2+ should be able to speak and understand English.
- Children entering 3–4 year old classes must be completely potty trained.
- A copy of your child's Immunization Record or Religious Exempt form is due on the first day of Mothers' Day Out.
- If a child poses a consistent danger to themselves or others by their behavior, they may be asked to leave the program.
- Please notify the Director if your child will be absent for illness, travel, etc.

## **HEALTH POLICY**

Please keep your child at home if they have symptoms of illness. If symptoms are discovered after drop-off, we will call you to pick up your child.

### **Please keep your child at home if they have:**

- A fever of 100.4°F or higher
- Vomiting or diarrhea
- A colored runny nose (yellow/green) or thick nasal drainage
- A contagious illness (flu, strep, RSV, pink eye, etc.)
- An unexplained rash or any condition that may be contagious
- Head lice

### **Your child may return when they are:**

- Fever-free for 24 hours without fever-reducing medicine
- Free from vomiting/diarrhea for 24 hours
- Well enough to participate in normal activities
- For lice: after appropriate treatment and no live lice are present

## **EPIPEN POLICY (SEVERE ALLERGIES)**

### **EpiPen Requirements**

- Provide two (2) unexpired EpiPens in their original box with the pharmacy label attached.
- Show staff where the EpiPens will be located in your child's backpack and bring them to MDO every day.
- Check expiration dates monthly and replace immediately if expired.
- Notify the teacher and director immediately if an EpiPen is used, lost, or expired.

### **Parent Responsibilities & Communication**

- Meet with the teacher and director before the first day of school to review the care plan and prevention steps.
- Be reachable by phone during MDO hours in case of an emergency.
- Ensure that all emergency contact information is kept current and accurate.

### **Share Important Medical Details**

- Provide completed Allergy and Asthma Medical Forms from your child's physician.
- Notify the director immediately of any changes, including new allergies, new reactions, or updates to your child's action plan.
- Grant permission for staff to administer epinephrine and call 911 if needed.

### **Our Commitment to Your Child**

- Administer epinephrine immediately if needed—even if we are unsure, as it is very safe.
- Call 911 right away after administering epinephrine and then contact you.
- Make every reasonable effort to prevent exposure to known allergens.

## Required Forms

Please complete all forms and return them to the Director by email (Mindy.Bollinger@gbcmj.com) or by providing a hard copy.

### 1) Registration Form

#### Child Information

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_

#### Parent/Guardian Information

	Name	Phone	Email
Parent/Guardian 1	_____	_____	_____
Parent/Guardian 2	_____	_____	_____

#### Siblings (Living in Same Household)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

#### Emergency Contacts (Other Than Parents)

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

#### Authorized Pick-Up Persons (Photo ID required)

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Food Allergies

☐ No known food allergies   ☐ Food allergies listed below

List all food allergies: \_\_\_\_\_  
\_\_\_\_\_

Requires EpiPen?   ☐ Yes   ☐ No

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

## 2) Emergency Medical Authorization (Medical Consent)

**For all life-threatening emergencies, emergency services will be contacted immediately.**

For non-life-threatening emergencies, parents/guardians and/or emergency contacts will be contacted first. If no one is available, I authorize the MDO program and/or its designated representative to obtain emergency medical care for my child as deemed necessary by a licensed physician, including arranging transportation by ambulance if required. If circumstances permit, I request that my child's physician be consulted in connection with such treatment. I/we agree to pay for all services provided to the child(ren) named above.

Name of Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3) Parent/Guardian Acknowledgement

Please place your initials next to each item to indicate that you have read, understand, and agree to the terms outlined in the MDO Registration Packet.

### Initial

### Acknowledgement

- |       |   |
|-------|---|
| _____ | Program Schedule, Procedures, and Requirements (arrival/departure, pick-up, what to bring, behavior expectations) |
| _____ | Tuition, Fees, and Payment Policies (including late fees; annual registration/supply fees)                        |
| _____ | Health Policy   |
| _____ | Medication Policy (no medications administered by staff)  |
| _____ | EpiPen Policy (if applicable)   |
| _____ | Emergency Medical Authorization (Medical Consent)   |

By signing below, I confirm that I have reviewed each of the items listed above and agree to abide by all MDO program guidelines.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4) Photo/Media Release

Periodically, Grace Baptist Church Mothers' Day Out may take and use photographs of children for program-related purposes such as our website, slide show presentations, Remind app, bulletin boards, and printed materials.

Please initial ONE option:

- \_\_\_\_\_ DO authorize use of my child's image  
\_\_\_\_\_ DO NOT authorize use of my child's image

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_