

Children of Grace

Mothers' Day Out Ministry

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

Director: Mindy Bollinger
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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.

Tuition	Registration Fee & Supply Fee (non-refundable)
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
<input type="checkbox"/>	Program Schedule, Procedures, and Requirements (arrival/departure, pick-up, what to bring, behavior expectations)
<input type="checkbox"/>	Tuition, Fees, and Payment Policies (including late fees; annual registration/supply fees)
<input type="checkbox"/>	Health Policy
<input type="checkbox"/>	Medication Policy (no medications administered by staff)
<input type="checkbox"/>	EpiPen Policy (if applicable)
<input type="checkbox"/>	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: _____