



# Information Packet

## Mother's Day Out Program

First United Methodist Church - Des Plaines  
668 Graceland Ave., Des Plaines, IL 60016  
847-827-5561 - [fumcdp.org](http://fumcdp.org)

### OUR STRENGTHS

The strongest asset of our program is our staff. They are committed to making this a safe and great place for your child(ren) to play. They have many years, collectively, of caring experience with young children. Another asset is our large, colorful room with plenty of room for fun and play. The program offers a variety of toys to keep young minds busy.

### DAILY SCHEDULE

- 9:30 Program opens, parent signs in child. Child has free play.
- 10:00 We come together for cookies and juice, provided by the program.
- 10:20 Art project of the day. Small group time.
- 11:00 First diaper change begins, unless needed earlier.
- 11:40 Clean uptime everyone participates.
- 11:45 Large group time for singing. ABC's, Counting, etc.
- 12:00 Lunch time (you provide the lunch; we provide the milk)
- 12:20 Free Play while we clean up after lunch. Coloring projects are available.
- 1:00 Second diaper change begins 1:10 Clean up time everyone participates.
- 1:15 Large group for Story time.
- 1:30 program is closed.

*You may drop off and pick up at your convenience. Please remember to sign in/out.*

### DROP-OFF AND PICK-UP PROCEDURES

The program opens at 9:30am. On your registered day, parent must sign your child(ren) in with a telephone number where you can be reached. There is ample parking at the rear of the Church, where you will enter the building. This door is kept locked. Please ring the bell, identify your reason for entering, and someone will buzz you in. You may sign out your child(ren) at your convenience at any time while the program is in session. The program ends at 1:30pm. Promptly (**See Late Fee information**).

### PERMISSION SLIPS

Remember to sign a permission slip for any other person picking up your child. We cannot allow your child to leave the program unless we have a signed permission slip from you. We will check ID. Advance notification is always appreciated. In an emergency, please call us at (847) 827- 5561.

### EMERGENCY PHONE NUMBERS

Please make sure the person you have designated as your emergency contact, who has permission to pick up your child, can come immediately if we are unable to locate you.

### HOLIDAY & SNOW DAYS

We follow School District 62 for vacation, holidays and snow days. Everyone will receive a calendar of our scheduled days. Each month we will also post any days we will not be in session. If we are closed because of snow, we will do our best to notify you by telephone early that morning.

## **HEALTH AND SAFETY**

Your child(ren)'s health and safety are our number one concerns. While we focus on prevention, we have a first aid kit on site. We will call the paramedics in the event of a serious injury or accident. We will try our best to notify you, or if you are unavailable, your emergency contact. **PLEASE DO NOT BRING A SICK CHILD TO SCHOOL.**

## **MEDICATION**

The Public Health Department will not allow us to give prescription or non-prescription medication to any children. Please do not ask us to. If your child becomes ill during the program, we will notify you immediately to come and pick him/her up. If we are unable to locate you, we will call your emergency contact. If your child is ill or has a fever prior to the start of the class, you may send a substitute in their place. (See substitute policy.) It is the parent/legal guardian's responsibility at registration to notify Mom's Day Out of any medical/physical conditions that might require special attention. Your confidentiality will be respected.

## **PHOTOGRAPHS**

At times the children will be photographed at play. Some of these photographs may be used in our program album. They may be displayed from time to time at the Des Plaines Library, our church bulletin board or for recruiting purposes at pre-school seminars. At no time will the children's names accompany the photographs. Photos may also be used in some of our art projects. We usually have photos at the end of the year for you to take home. If you do not want your child photographed, please let us know when your child begins the program.

## **SUPPLIES**

To help offset our cost we ask each family to supply:

- 2 containers of Lysol or Clorox wipes per child
- 4 containers of Re-fill Baby wipes per child
- 2 boxes of Kleenex per child
- 1 pack of paper towels per family
- 1 pack of white copy paper - 8 ½ x 11 per family

## **TREAT GUIDELINES**

Cookies are always welcome, especially for birthday treats - no cupcakes, please. Donut Holes are a great treat option! Treats must be store bought and sealed - sorry, no homemade treats are allowed. **ALL TREATS MUST BE NUT FREE.**

## **WHAT YOUR CHILD SHOULD WEAR AND BRING TO CLASS**

1. Please send your child in comfortable play clothing and shoes that are safe to climb in. ***No snow boots in the playroom please.***
2. Every child should bring an extra set of clothing, including socks and underwear. Sometimes we have a water table available for play and the children often get their clothing wet.
3. If your child wears diapers, please send at least 3 extra diapers.
4. If the child has a favorite blanket, pacifier or sippy cup, please LABEL and pack those too.
5. We discourage bringing toys from home as they can easily be misplaced or may cause a problem if another child wants to play with them.
6. **PLEASE LABEL EVERYTHING YOUR CHILD BRINGS IN TO THE PROGRAM.** Including outer wear.

## **REGISTRATION AND FEES**

Register by May 31, 2023, and receive our early bird registration fee discount of \$40 for one child, or \$50 for two or more children! After May 31, 2023, the registration fees are \$60 for one child, \$75 for two or more children from the same family. This fee is non-refundable and does not apply to your first month's tuition. This fee is used for art supplies amongst other expenses.

### **TUITION FEES**

If you are registering for all four days of the week the tuition cost is \$30 a day per child. For three or less days, the tuition cost is \$35 a day per child. Tuition is paid monthly and is due at the beginning of the month. This fee is nonrefundable, nor can any part of it be applied to the next month's tuition. Please note, if your tuition fees are not paid the first week of the month, you will be charged a \$10 late fee. We plan our staff, crafts, and snacks monthly, not daily based on these fees. It is possible to send a substitute in your child's place. If you decide to leave the program, please call as soon as possible so your place can be filled. These conditions of participation in the program help to keep the tuition fees at a reasonable level. Your cooperation is much appreciated. We reserve the right to raise fees with reasonable notice.

### **LATE FEES**

Please pick your child up promptly at 1:30pm. There will be a Late Fee of \$5.00 with an additional \$1 per minute charged to anyone picking up after 1:35pm. Late fee slips will be handed to a parent in the classroom at the time of pick up that must be signed. All late fee must be paid in cash to the FUMC-DP MDO Director by the next day before your child can return to the MDO program. Should you be more than 15 minutes late, we will call your emergency contact to come and pick up your child. If your tuition fees are not paid the first week of the month, you will be charged a \$10 late fee.

### **VACATION POLICY**

If you plan to take a month off for vacation and give one week's prior notice to the MDO staff, you will receive a 50% discount on your tuition while on vacation. This discounted amount is payable before your child's absence due to vacation.

### **HOW TO USE THE MOTHER'S DAY OUT PROGRAM AS A DROP-OFF DAY**

This service is available if space allows each day. Call ahead for availability if you can. How to use the DROP-OFF service. Any new child using the drop-off must register and pay a one-time registration fee of \$60 per year. The day fee, payable at time of service is \$40 each time they attend.

We appreciate open communication with parents to avoid any misunderstandings. We will do our best to address your concerns and resolve them in a prompt manner. Your cooperation and support are greatly appreciated.

If you have any questions or concerns, please call or email:

Kristen Griffin, MDO Teacher, 773-255-0518, [kgriffin3boys@gmail.com](mailto:kgriffin3boys@gmail.com)

Marisa Raschillo, MDO Teacher, 224-567-0259, [mrashchillo3@gmail.com](mailto:mrashchillo3@gmail.com)

Anne Hardy, MDO Director at home 847-297-4082

## MOTHER'S DAY OUT PROGRAM RULES

Please talk to our child about the playroom rules so they will know what to expect.

We encourage walking in the playroom, running may hurt another child.

On the climbing/slide toys we only allow sliding down, not walking up the slide.

We try to keep the water IN the WATER TABLE. Our friends don't want water in their faces or on their clothes. Water makes the floor slippery.

We try to keep the sand IN the SAND TABLE.

Play dough or goop are used only at a table.

Books are made of paper. We turn pages carefully and return books to the book corner when we are finished looking at them.

Story time is a time for listening.

At rug time we all try to be patient and polite with our friends. We try to keep our hands to ourselves. Sometimes others don't want to be touched.

The toys in the playroom are for everyone. If you want to play with something that someone else is using, it would be a good idea to let him or her know you would like a turn when they are finished.

At lunchtime we eat only our own lunch. We don't share. Sometimes our friends may be allergic to certain foods and we don't want to make them sick.

These rules are posted in the playroom. They are very basic, common-sense rules. We like you to have a copy so that if your child has a question or comment about procedure, you may find the answer in this list. We hope you will read over the list with your child(ren) prior to entering the playroom. We want our playroom to be comfortable and non-threatening for all children, and of course safe. If you have any questions or concerns, please ask us.

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Siblings' Names: \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Who will pick up your child on a regular basis?

\_\_\_\_\_

A separate permission sheet is provided to add additional people. Without written permission from you, we will not release your child(ren) to any other person. We will ask for identification from any other person picking up other than yourself. Please ask them to be prepared to provide this documentation.

**EMERGENCY INFORMATION**

A person other than yourself to be called in an emergency if the parents cannot be reached. This person must be available to come when called, so please do not use the name of someone who is likely to be out with you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of extreme emergency, when a parent cannot be reached, I give Mother's Day Out Program permission to call an ambulance for my child and properly accompany to a hospital where a staff physician will be called. I the parent will accept full responsibility for any expenses incurred.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INFORMATION**

ALLERGIES:

\_\_\_\_\_

REACTIONS:

\_\_\_\_\_

ANY HABITS WE SHOULD BE AWARE OF:

\_\_\_\_\_

DIAPERS: \_\_\_\_\_

TOILET TRAINED:  YES  NO

## MOTHER'S DAY OUT PICKUP PERMISSION SLIPS

DATE: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be picked up from

Mother's Day Out by:

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_

\*\*Identification that matches above information must be provided at time of pickup.

DATE: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be picked up from

Mother's Day Out by:

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_

\*\*Identification that matches above information must be provided at time of pickup.

DATE: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be picked up from

Mother's Day Out by:

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_

\*\*Identification that matches above information must be provided at time of pickup.

# MOM'S DAY OUT



## The First United Methodist Church - Des Plaines

668 Graceland Avenue, Des Plaines, IL 60016 (847) 827-5561

I, \_\_\_\_\_ (Parent or Guardian's Name),  
whose child \_\_\_\_\_ (Name of child/children) is  
enrolled in the \_\_\_\_\_ school year of the First United Methodist  
Church – Des Plaines' Mother's Day Out Program, have received a copy  
of the Mother's Day Out Information Packet. I have read and  
understood the policies and guidelines as described in the Packet, and I  
agree to abide by them.

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(Signature of Parent/Guardian)

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(Date)

*Please sign this form and return it to the Mother's Day Out Director.*

# MOM'S DAY OUT



## The First United Methodist Church - Des Plaines

668 Graceland Avenue, Des Plaines, IL 60016 (847) 827-5561

Mother's Day Out (MDO) program is designed to allow parents to schedule "free time" during the day. Parents may drop off and pick up their children at MDO from 9:30am - 1:30pm on Monday, Tuesday, Wednesday, and Thursday.

Our MDO program emphasizes preschool play experiences, socialization skills, arts & crafts, musical and pre-academic skills in a recreational setting. Parents provide a sack lunch and MDO program provides a mid-morning snack and drink!

Children do NOT need to be potty trained to attend.

Any questions: Call Kristin @ 773-255-0518 or Marisa @ 224-567-0259.

**PLEASE FILL OUT THE REGISTRATION FORM BELOW!**

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PLEASE PRINT CLEARLY WHEN FILLING OUT THE FORM BELOW AND RETURN THIS HALF.

### Mom's Day Out Registration

Child's first name \_\_\_\_\_ Child's last name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Please circle days attending:**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**