



St Pius X Campus
Portland, OR 97229

Policies & Procedure

1. Morning Star Child Care at St. Pius X provides programs September thru August, with varied schedules available. Yearly closures include: Good Friday, Memorial Day, Labor Day, Thanksgiving & Friday, Christmas Week and the week of July 4th.
2. \$100 Non Refundable Registration Fee. Tuition is due the 1st of each month. A late charge of \$35 will be added if account is not paid by the first an additional \$5.00 per day will also be added until payment is paid in full.
3. Absences do not reduce the scheduled fees.
4. No child will be admitted or released to any person not authorized by his/her parent or guardian. Written authorization is required and the authorized person must present ID before the child will be released.
5. Nutritious lunch & snacks will be served mid-morning, noon and mid-afternoon. Special dietary needs, allergies, etc. must be written and communicated to the Director or Teacher.
6. Extra clothing is needed for each preschool child, and appropriate coats, hats, shoes, and boots for the weather.
7. The discipline at Morning Star Child Care is positive guidance, not punishment. Redirection or a time-out will be primary forms of discipline when necessary. Discipline will be fair, consistent, reasonable and based on an understanding of the child's stage of development and emotional needs. Acceptable behavior includes respect for the rights and dignity of the child, others, and the environment, and will be expected by all. The teaching staff will assist each child to achieve these goals, any inordinate aggressive behavior will be discussed with parents to develop a plan to improve behavior. If professional assessment is needed parents will be notified by the Director. However, Morning Star Child Care reserves the right to withdraw services from any family for just cause.
8. Parental involvement is encouraged at Morning Star Child Care, and we request that parents contact their child's teacher for the most appropriate times to visit or to be a part of our Volunteer Program.
9. No Prescription medication or non-prescription medication including but not limited to aspirin, Ibuprophen, cough syrup, allergy meds, or nose drops may be given to a child except under the following conditions: a signed, dated, written authorization by the parent/guardian; prescription medication must be in the original container and labeled with the child's name, physician's name, name of drug, dosage, directions for administering and date for administering the medication. (Oregon State CSD regulation 412-10-652). Certain medications and medical procedures will not be administered by the staff, in such cases parents will be informed.
10. PLEASE KEEP ALL INFORMATION CURRENT: PHONE NUMBERS, EMAIL, ADDRESSES, etc, BOTH BUSINESS AND HOME.
11. If a child becomes ill at Morning Star Child Care the responsible persons will be notified and expected to make arrangements for alternate care of the child immediately. For all emergency or accident situations, staff will notify the parents immediately, while simultaneously caring for the child. Contact with 911 will be sought with or without parental contact ONLY when deemed absolutely necessary.
12. Children will be excluded from MSCC Programs according to Health Department recommendation and the following partial list of symptoms: temperature of 100 or more, one undiagnosed diarrhea, vomiting, severe cough, unusual yellow or pink coloring of skin or eyes, eye lesions, or eye discharge, rashes that are suspect for contagion, stiff neck and headache, difficulty breathing, or wheezing, complaints of severe pain, infections of ear, nose or throat.
13. Notice of Withdrawal; The Director must receive 30 days written notice prior to withdrawal from Morning Star Child Care, or 30 days tuition will be charged.

Mail Forms To: Morning Star Child Care, Inc 10245 NW Royal Rose Ct Portland, OR 97229
www.morningstarccinc.com



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Contractual Agreement

Child's Name: _____

If emergency medical care is needed, I give Morning Star Child Care, Inc permission for any treatment deemed necessary by a physician and/or hospital and I will assume full financial responsibility.

I also authorize Morning Star Child Care, Inc to retain an ambulance in such case of emergency and here too I agree to assume full financial responsibility.

I hereby release, indemnify and hold Morning Star Child Care, Inc, its agents and employees, harmless from any and all claims, damages or liabilities for injuries or damages to child, which are not a result of gross negligence by Morning Star Child Care, its agents or employees.

I hereby warrant to Morning Star Child Care, Inc, that I am entitled to legal custody and possession of the child named above, and accordingly am authorized to place child in the care and custody of the personnel of Morning Star Child Care, Inc as well as assume all financial responsibilities for the same child and am further authorized to sign this enrollment.

Finally, I certify that I have read and do agree to abide by all policies and procedures written herein.

Parent Signature/Guardian: _____ Date: _____

Mission Statement:

The mission of Morning Star Child Care, Inc. is to assist families by offering a broad based child development curriculum with solid Christian core values, in an environment which fosters the love of learning and the confidence of individual self worth.



For Office Use ONLY
Date Received:
Registration Fee: \$100 -

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Portland, OR 97229

Desired Starting Date: _____ Referred By _____
Scheduled Days: Monday / Tuesday / Wednesday / Thursday / Friday (AM/Full Day/Afterschool)

Child's Name: _____ Date Of Birth: _____

Home Address: _____

Home Phone Number: _____

Mother's Name: _____ Cellular Number: _____

SS#: _____ Email: _____ Employer: _____

Work Address: _____ Work Number: _____

Father's Name: _____ Cellular Number: _____

SS#: _____ Email: _____ Employer: _____

Work Address: _____ Work Number: _____

Authorized Relatives /Friend's:

(If parents/guardian cannot be reached, these individuals will assume responsibility for your child in case of illness /emergency.)

Name/Address/Phone: _____

Name/Address/Phone: _____

Authorized Relatives /Friend's:

(Authorized other than parents/guardians to pick up child.)

Name/Address/Phone: _____

Name/Address/Phone: _____

Medical:

Doctor's Name: _____ Phone Number: _____

Insurance Company: _____ Group/Health #: _____

Hospital Preference: _____ Ambulance Preference: _____

Does your child have any health concerns: (list below)

