

School Year 2016-2017
(Returning Student)

FIFTH BAPTIST CHILDCARE
FIFTH BAPTIST CHILDCARE

CHILD'S NAME _____

First Middle Last

DOB _____ Age _____ SS# _____ - _____ - _____ Sex: M or F Race _____

ADDRESS _____

CITY _____ ZIP CODE _____ PHONE # _____

MOTHER/GUARDIAN _____

DOB _____ SS# _____ - _____ - _____

PLACE OF EMPLOYMENT _____

WORK NUMBER _____ ext. _____ Cell Phone: _____

FATHER /GUARDIAN _____

DOB _____ SS# _____ - _____ - _____

ADDRESS (if different) _____

PLACE OF EMPLOYMENT _____

WORK NUMBER _____ ext _____ Cell Phone: _____

RELATIONSHIP OF PARENTS:

MARRIED _____ SINGLE _____ DIVORCED _____ LIVING TOGETHER _____

IF YOU AND YOUR SPOUSE ARE DIVORCED OR LEGALLY SEPARATED, WHO HAS

LEGAL CUSTODY OF THE CHILD ? _____

**IF COURT ORDERED, A COPY OF ORDER IS NEEDED.

PEDIATRICIAN _____ PHONE # _____

ADDRESS _____

HEALTH INSURANCE _____ POLICY # _____

SUBSCRIBER'S NAME _____ GROUP # _____

HOSPITAL PREFERENCE _____

ALLERGIES/HEALTH PROBLEMS _____

******PLEASE DISCUSS ALL HEALTH PROBLEMS WITH THE OFFICE******

****A COPY OF BIRTH CERTIFICATE, SOCIAL SECURITY CARD, LATEST PHYSICAL,
AND IMMUNIZATIONS MUST BE SUBMITTED WITH THE APPLICATION.**

Enrollment Date: **2015/2016** _____ Before and/or After _____ Daycare _____

If before/after, please complete: School Name _____

Teacher's Name _____ Room # _____ Time of Arrival/Dismissal _____

AUTHORIZED PERSONS PICK UP LIST (other than parents)

PRIMARY CONTACT

NAME _____ DOB _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

SS# _____ - _____ - _____ DRIVERS LICENSE # _____

CONTACT IN CASE OF EMERGENCY? YES _____ NO _____

CELL PHONE _____

NAME _____ DOB _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

SS# _____ - _____ - _____ DRIVERS LICENSE # _____

CONTACT IN CASE OF EMERGENCY? YES _____ NO _____

CELL PHONE _____

NAME _____ DOB _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

SS# _____ - _____ - _____ DRIVERS LICENSE # _____

CONTACT IN CASE OF EMERGENCY? YES _____ NO _____

CELL PHONE _____

NAME _____ DOB _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

SS# _____ - _____ - _____ DRIVERS LICENSE # _____

CONTACT IN CASE OF EMERGENCY? YES _____ NO _____

CELL PHONE _____

FINANCIAL TERMS AND CONDITIONS

1. I agree to pay a REGISTRATION fee, at the time of enrollment and again annually each September. I understand that the fee is non- refundable. The preferred payment method is check, cashier's check, or money order. CASH will be accepted under certain circumstances.
2. I agree to pay each week on the first day my child attends, a WEEKLY tuition fee, as stated below, with no deductions for absence or holidays. If tuition is not paid prior to close of business on the first day of attendance, a LATE PAYMENT fee, as stated on page 4, may be added to my child's tuition.
3. I agree that if my child is absent for the entire week during the period contracted to attend, my tuition will be half of the weekly tuition. A week is defined as the consecutive days Monday-Friday. If the child attends three (3) days or more, the full week's tuition is due. Two (2) days or less is half of the weekly fee.
4. The center is open whenever possible, but should it be absolutely necessary to close because of severe weather conditions, the closing will be announced on the local radio and television stations listed on page 5 of this application.
5. I agree to pay LATE PICK-UP fee that I may be charged, as stated below, per child for each period my child is not picked up from the center after the time listed on page 5.
6. I agree to pay any RETURN CHECK fee that I may be charged as stated below, and understand that Fifth Baptist Child Care will not accept any future checks. All future payments must be submitted in MONEY ORDER ONLY. I also understand that if I forfeit on paying any accrued charges plus return check fees, criminal charges will be submitted with the Commonwealth Attorney's Office.
7. In case of withdrawal from the Center, I agree to give one week's written notice prior to withdrawal or pay one week's FULL tuition.
8. *Legal authorities may be contacted if child is left at the Center more than one hour after closing and Parents, guardians, or authorized pickups cannot be contacted.*
9. I agree to update the Center with any accurate information pertaining to address, place of employment, all contact phone numbers, etc.
10. This agreement is subject to change in whole or part by Fifth Baptist Child Care Center with a written notice of changes distributed to parents of enrolled child.
11. I have read the above financial terms and conditions and by signing, I agree and will adhere to these terms.

Parent's Signature _____

Fee Schedule:

*Registration \$30.00

Daycare Weekly Tuition \$100.00

Before and After \$65.00

Before or After \$55.00

Return Check Fee \$30.00

Late Fee for late tuition (per week) \$20.00

**School Closings \$20.00

*Registration for both before/after and
daycare

**When children are out of school and
are here all day. Fee is per day/per child

Hours/Days Of Operation

Monday – Friday 6:30 am – 6:00 pm

Radio/TV Stations to watch in case of inclement weather:

WREJ WFTH WTVR 6 NBC 12

LATE FEES

A late fee will accrue for each 15 minutes after 6:00 p.m. that I am late and for each child. Late pick up fees begin at exactly 6:01 p.m. and as follows:

6:01 pm – 6:15 pm	\$20.00
6:16 pm – 6:30 pm	\$40.00
6:31 pm – 6:45 pm	\$60.00
6:45 pm – 7:00 pm	\$80.00

*****All late fees are due within 24 hours of notice in cash***

CERTIFICATION: I certify that I have received, read and understand the above information. I agree to the financial terms and conditions and fee schedule listed above.

Signature of Parent _____ Date _____

CHILD PICKUP POLICY

Fifth Baptist Church asks that parents contact us by phone or in writing when someone other than persons listed on page 2 (Authorized Pickup List) picks up your child. All persons **must** report to the office first with proper picture identification. ***Your child will not be released without the proper identification and/or notification.*** Also, children **will not** be released to anyone under the age of 18. **NO EXCEPTIONS !!!!**

TERMINATION POLICY

Enrollment of your child will be terminated for the following reasons:

1. If a parent/guardian does not provide information required by the Commonwealth of Virginia Department of Social Services, Division of Licensing, (i.e. completed application, medical/immunization records, agreements/contracts, etc.).
2. If a parent/guardian does not maintain up-to-date tuition payments, late fees, registration or other fees owed to the Center.
3. Child repeatedly exemplifies inappropriate discipline/behaviors or displays continuous behavior inappropriate to philosophy of the Center.
4. Parent/Guardian repeatedly abuses or neglects the Center’s Policies.

Note: Notice to bring the situation to your attention will be given followed by a written warning of suspension of your child. Depending on the nature of the situation, your child may be given a three-day suspension or termination from the program if the situation continues.

Certification: I certify that I have received, read, agree to, and understand the Policies and Procedures of **THE FIFTH BAPTIST CHILD CARE CENTER**. This agreement is subject to change by **FIFTH BAPTIST CHILD CARE CENTER** with a written notice of changes distributed to parent (s) guardian of enrolled child.

Signature of Parent/Guardian _____ Date _____

Fifth Baptist Church Child Care Center Medical Release Form

Child's Name: _____ Birth Date: _____

Parent/Guardian: _____

Address: _____

Name of Insurance company (hospitalization) : _____

Policy Number: _____

Name of Child's Physician: _____ Phone: _____

What physical disabilities or any other condition does the participant have, which might limit his/her participation in any activity?

Is the participant taking any medications at this time? Yes _____ No _____

If yes, please list and explain . _____

Does the participant have any allergies? (i.e. penicillin, bees, food, etc.)

Yes _____ No _____ If yes, please explain. _____

Does the child have any medication to take in case of allergy attack?

Yes _____ No _____ Other concerns regarding your child's health: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Fifth Baptist Child Care to hospitalize, secure proper anesthesia and to order injections, surgery or other medical treatment for my son/daughter/or ward, as a participant.

I therefore, release any and all rights or claims for damages against Fifth Baptist Church and the Fifth Baptist Child Care Center and all individuals assisting in the instruction and conducting of these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with these activities.

Signed: _____

Date: _____

(Parent, Guardian, Legal Custodian of Participant)



Fifth Baptist Church
Childcare
Fieldtrip Consent Form
2016/2017

I hereby give my consent for _____
(Name of child)

to attend and participate in all the Fieldtrip Activities sponsored by the center between the hours of 8:00am and 4:30 p.m.

I understand that the center will take every precaution and care to insure my child's safety. Adults who will accompany children will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.

Signature of Parent/Guardian: _____ Date: _____

Daytime Phone Number: _____ Cell _____

Signature of Director: _____ Date: _____

Effective immediately, No child will be permitted to attend any of the fieldtrips unless this form has been filled out in advance by the parent or Guardian.