

Child Development Center 2019 Child Information Form

Child's Full Name: (last) (first) (middle) (nickname) Home Address: _____City:_____ State: Zip Code: Age: ____ Gender: ____ Birthday: ____ Mother's Name: _____ Employer: _____ Home Address: _____ _____ City: _____ State: _____Zip Code: _____ Mother's Email Address: _____ Home#: _____ Work#: _____ Cell#: _____ Father's Name: ______ Employer: _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Father's Email Address: _____ Home#: Cell#: Marital Status of Parents/Guardians: MARRIED DIVORCED SEPARATED OTHER Are you a member of Ashley River Baptist Church? YES NO If NO, where do you attend church, if any? _____ Previous School Attended: _____ EMERGENCY CONTACT: TWO PEOPLE MUST BE LISTED (These people will assume responsibility for your child in an emergency if we are unable to contact the parents): Name: ______ Relation: _____ Home Address: _____ City: _____ State: _____Zip Code:_____ Work#: Cell#: Name: ______ Relation: _____ Home Address: _____ City: _____ State: _____Zip Code:_____ _____ Work#: Cell#: Permission is granted to meet the needs of my child in case of an emergency: (Please sign below)

Parent Signature:

Please indicate below how your child will be attending our center: (Check all that apply)

Full-time: All children can attend the center at a full-time status. Please note, this is the ONLY option for children enrolled in Infant I through our 2-2 class.

Summer Part-time (June and July ONLY): This option is available for ALL children attending our summer program. It includes up to 20 hours/week per child.

Morning Preschool (9:00a-12:00p): These children attend August-May and do observe spring and Christmas break. Morning Preschool is **Monday – Friday ONLY.** This option is available for children enrolled in a 3's, Pre-4 or 4's program

For CD	OC Office Use Only:		
Date of Enrollment:			
Registration Fee Total: \$	Paid by:	Cash	Check
Receipt or ch	eck #:		



Persons authorized to pick-up my child (Please stop by the office and provide a picture ID):

Name:			Relation:		
	Zip Code:				
				_ Cell#: _	
Name:			Relation: _		
State:	Zip Code:				
				_ Cell#: _	
Name:			Relation: _		
	Zip Code:				
Home#:		Work#:		_ Cell#: _	
Name:			Relation: _		
Home Addre	ess:		City:		
State:	Zip Code:				
Home#:		Work#:		_ Cell#: _	
Name:			Relation: _		
State:	Zip Code:				
Home#:		Work#:		_ Cell#: _	
Name:			Relation: _		
	Zip Code:				
Home#:		Work#:		_ Cell#: _	
Signa	ature of Parent/Le	gal Guardian			Date



Child's Name:	
Please read and initial ALL policies listed below.	

Registration

 At enrollment, a registration fee is charged. In addition, a registration fee is charged annually, thereafter.

➤ June 1 – May 31 Full Registration Fee

December – February
 March – May
 One-half of Full Registration Fee (based on child's start date)
 One-quarter of Full Registration Fee (based on child's start date)

• I must be in in good standing on tuition payments and fees to be considered for future enrollment.

Registration is non-refundable after June 1st.

Parent/Legal Guardian Initial:	
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Tuition Policy

- Full-time Child Care:
 - Weekly tuition must be paid on Monday mornings in advance.
 - Tuition: The tuition is payable each Monday in advance. Full-time tuition covers morning and afternoon snacks plus a hot lunch. For children enrolled in the morning preschool ONLY (9:00am-12:00pm), tuition is payable monthly and due by the 5th of each month. This covers a morning snack.
 - A \$30.00 late fee will be charged for payment if not received by noon on Tuesday for weekly tuition and by noon on the 5th for monthly tuition. A \$5.00 per day late charge will be assessed at noon on each additional day that tuition is late.
 - > Tuition and fees are non-refundable in the event of withdrawal.
 - > NO refunds will be given for severe weather days, holidays or when the school is closed.
 - My child will be dropped from the center when my account is (2) two weeks past due (unless I have made prior special arrangements with administration).
 - A (2) two week notice is required when removing my child from the center. Payment for those (2) two weeks is expected.

Parent/Legal Guardian Initial:	
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- Morning Only Kindergarten:
 - Monthly tuition must be paid by the 5th of each month. A \$5.00/per day charge will be applied for each day late after the fifth of each month.
 - > Tuition and fees are non-refundable in the event of withdrawal.

- NO refunds will be given for severe weather days, holidays or when the school is closed.
- My child will be dropped from the center when my account is (2) two weeks past due (unless I have made prior special arrangements with administration).
- A (2) two week notice is required when removing my child from the center. Payment for those (2) two weeks is expected.

Parent/Legal	Guardian Initial:		

• <u>Summer Part-time:</u>

- Summer part-time tuition is twenty (20) hours or less, per week.
- Children enrolled in our summer part-time program are not eligible for vacation or sick week credits.
- Families will be charged by the hour/per child up to two (2) additional hours over the allotted twenty (20) hours.
- If my child is not picked up within the 2 additional hours, I understand that I will be charged for the full-time rate.

Parent/Legal	Guardian Initial:				

❖ Sick Week Policy

- Full-time children are eligible for (2) two sick weeks. A child must be out (3) three consecutive days not in conjunction with a school holiday or closure in order to receive a sick week credit.
- If a holiday falls within the week, the holiday cannot be counted as a sick day.
- Our school year runs from June 1 May 31.
- Credit for a sick week is half of tuition.
- Sick weeks cannot be carried over into the following year.
- Morning Only Kindergarten part-time hours are NOT eligible for sick week credits.
- Children enrolled in our summer part-time program are not eligible for vacation or sick week credits.

Parent/Legal Guardian In	itial:
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❖ Vacation Week Policy

- Full-time children are eligible for (1) one vacation week after being enrolled for (6) six months. A child must be out (5) five consecutive days not in conjunction with a school holiday or closure in order to receive vacation week credit.
- If a holiday falls within the week, the holiday cannot be counted as a vacation day.
- Our school year runs from June 1 May 31.
- Credit for a vacation week is for the full tuition.
- The vacation credit cannot be carried over into the following year.
- Morning Only Kindergarten is NOT eligible for a vacation credit.

Photographs YES NO I hereby give permission for my child to be photographed throughout the year. Photos will solely be used within ARBC CDC and end-of-year portfolios (Pre-K and 4K ONLY) to be sent home with families. Parent/Legal Guardian Initial: Returned Check Charge If a check is returned for whatever reason, a returned check fee in the amount of \$35.00 will be posted to my account. Parent/Legal Guardian Initial: After 6:00pm Policy Adelinquency fee will be charged for a child who is not picked up by 6:01pm at the rate of \$5.00 per every 5 minute increments. If I am late picking up my child more than (5) five times (during the calendar year) I will be charged a \$30.00 flat rate per family on top of the \$5 per 5 minute fee. Parent/Legal Guardian Initial: Potty-Training In order to be promoted or enrolled in ARBC CDC's 3K program, my child MUST be fully potty-trained. If there are any medical circumstances (documentation required), I will need to schedule a meeting with administration. Parent/Legal Guardian Initial:	•	Children enrolled in our summer part-time program are not eligible for vacation or sick week credits.
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Parent/Legal Guardian Initial:		meeting with administration.
Parent/Legal Guardian Initial:		
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❖ <u>Teacher Requests</u>	❖ Tea	acher Requests
I understand that ARBC CDC cannot guarantee specific teachers or friend requests due to potential	•	·
staff changes, limited space and availability, birthdates and student ratios.		staff changes, limited space and availability, birthdates and student ratios.
Parent/Legal Guardian Initial:		Parent/Legal Guardian Initial:

* Teacher/Administration Conferences

- I agree to meet in conference with my child's teacher and/or administration, if requested, at a date and time set by the teacher. I may also request a conference with my child's teacher and/or administration.
- Lunderstand however that conversations regarding my child's progress or participation cannot be

held in the classroom or hallways during instructional	
Parent/Legal Guardian Initial:	
❖ Dismissal/Identification Policy	
 Your child will be allowed to leave the center with pare event that someone other than you will be picking up located in the CDC office or at the sign-in table and lead people that you listed as authorized to pick up. Teach for verification. If a pick-up form has not been filled of the child will be allowed to leave the center. If an emer center in writing, please call and speak with administrational provide protection for them. 	your child, please fill out one of the forms ave it with your child's teacher. This includes ers will check ID's along with the pick-up form ut, administration approval is required before ergency occurs and you haven't notified the
Parent/Legal Guardian Initial:	
I have read and understand the above policies	s as well as the Ashley River
Baptist Church Child Development Center Pa	rent Guide and agree with all of
the policies within. I agree to abide by them.	
Name of Parent/ Legal Guardian (please print)	Date
Signature of Parent/ Legal Guardian	Date
Administrator's Signature	 Date



Child Development Center Diaper Cream & Bug Spray Authorization

I give Ashley River Baptist Church Child Develop	
the following to my son/daughter	Child's name
	//N
Diaper Ointment	(brand)
Any known adverse reactions	
Parental Instructions	
Bug Spray (We use Skin So Soft with Sunscreen) please list it here	
provide this for your child.	
Any known adverse reactions	
Parental Instructions	
Parent Signature	Date



Please ONLY fill out the information you want to be included in the directory. If you do not wish to share any information in the directory, please leave this page blank and sign at the bottom.

Mom's Name:	
Dad's Name:	
Home Address:	
Home Phone:	_
Mom's Cell:	-
Dad's Cell:	-
Mom's Email:	
Dad's Email:	
I give permission for the above listed information to	be given out to other parents upon request.
Signature of Parent/ Legal Guardian	 Date



Child Development Center Discipline & Medicine Policy

Discipline Policy

Our discipline policy is heavily based on the concept of positive guidance. The main focus is to reinforce behaviors that we want to see rather than focusing on behaviors that we do not want to see. We also focus on providing children with limited behavior choices. This allows children to become aware of their choices and make cognitive decisions about what is accepted in the classroom.

- 1. Our discipline policy is as follows:
 - a) Re-Direction/Opportunity for Behavior Choices
 - b) Verbal Warning
 - c) Time Out
 - d) Office Visit
 - e) Parents Called
- In the event that a behavior choice is of significant concern or is reoccurring, parents will be called immediately and a conference may be set up including parents, teachers and administration.
- 3. If the behavior choices persist and the behavior affects the learning and/or the safety and well-being of others, the child may be dismissed from the center.
- 4. We do not administer corporal punishment.

Medicine Policy

We are not allowed to administer any prescription or non-prescription medication without written authorization from a parent and/or your child's physician. A medicine permission slip is available in the office or on the sign-in table. This form must be signed, dated and have specific written instructions to include the name of the medication, time and amount to be given and reactions to watch for. All medication and medicine slips must be left in the CDC office. **MEDICATION MAY NOT BE LEFT IN YOUR CHILD'S BOOK BAG/DIAPER BAG.**

- 1. **Prescription Medication**: All prescription medicine must have your child's name on it, be in the original prescription bottle/box with the prescription label, and the medication must be current.
- Non-Prescription Medication: Non-prescription medication can be administered with parental
 permission if your child falls within the medication age and weight guidelines clearly marked on
 the container. A note from your child's physician is required for non-prescription medication
 that does not follow these guidelines.

I have read and understand the above discipline and me	dication policies.	
Name of Parent/ Legal Guardian (please print)	Date	
	Date	



Child Development Center Emergency Medical Treatment Form

I give Ashley River Baptist Church Child Developmy child	ment Center permission to have receive emergence
medical treatment. This includes transportation	to a local hospital, if necessary.
Name of Parent/ Legal Guardian (please print)	Date
Signature of Parent/ Legal Guardian	Date
Administrator's Signature	 Date



Students of Ashley River Baptist Church Child Development Center may be photographed, recorded OR videotaped for purposes of advertising & publishing on brochures, website, news releases, social media, and other forms of media.

If you choose to "Opt Out" your child(ren) from the use of any media included in the above statement, please check the appropriate box below upon signing this form. If you only wish for your child to have the pictures used for in school use only (portfolios, parent slide shows, hanging in classrooms), please check the appropriate box below.

My Child (please check ONE):

May be photographed, recorded or videotaped for the purposes of advertising & publishing listed above.

May NOT be photographed, recorded or videotaped at all.

May be photographed, recorded or videotaped for the purposes of class portfolios and in school use ONLY. NO advertising, website, social media, news releases or other forms of media are allowed.

I have read, understand and agree to my child being included in the media usage listed above at Ashley River Baptist Church Child Development Center.

Child's Name:		
Name of Parent/ Legal Guardian (please print)	 Date	
Signature of Parent/ Legal Guardian	 Date	