

**Child Development Center
First Baptist Destin
Application for Enrollment
2016 - 2017**

Child's Full Name: _____

Date of Birth: _____ **Male:** _____ **Female:** _____

For Office Use Only

Class: _____ **Program:** _____ **Tuition:** _____ **Start Date:** _____

Parent/Guardian

Name: _____ **Relation to Student:** _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Employer: _____ **Work Phone:** _____

Parent/Guardian

Name: _____ **Relation to Student:** _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Employer: _____ **Work Phone:** _____

Medical Information

Please list any physical conditions/allergies:

Name of child's physician or clinic: _____

Phone number: _____

Name and policy number of medical insurance: _____

Consent to Medical Care and Treatment of a Minor Child:

I, _____, hereby give permission for my child, _____, to be given emergency treatment, to include first aid and CPR by a qualified staff member of First Baptist Child Development Center. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I wave my right of informed consent of such treatment. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician and hospital bills, and said center will not be responsible for them.

Signature of Parent/Guardian

Date

We provide an environment where discipline occurs naturally through a combination of support, encouragement, and limit setting. Intervention techniques range from redirection to natural to allow them to regain self-control before returning to the group's activities.

Signature of Parent/Guardian

Date

Photograph Permission

I, _____, hereby give First Baptist Child Development Center permission to take photos of my child, _____. I understand that the photographs are property of the center and may be used for promotional purposes.

Payments

Payments are made by ACH transaction, set up at the time of enrollment for weekly, bi-weekly or monthly withdrawal. All accounts must be paid in advance. Declined payment will be run through the following business day. If payment declines again, you must remedy the situation immediately or your child/children cannot attend until balance is cleared. Please specify the day of the week you would like the transaction to occur.

My signature below indicates that I have read this policy and I am in agreement with the terms and conditions.

Signature of Parent/Guardian

Date