

First Baptist Child Development Center

Application for Enrollment

2010-2011

Today's Date: _____ Starting Date: _____

Child's Full Name: _____

Date of Birth: _____ Male: _____ Female: _____

For Office Use Only			
Class: _____	Program: _____	Reg. Fee: _____	Tuition: _____

Parent/Guardian #1

Name: _____ Relation to Student: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2

Name: _____ Relation to Student: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Other than parents the child may be released only to the persons indicated below (must include at least two local people to call for illness, accidents, late pick-up, or other emergency reasons)

Name: _____ Relation to Student: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Name: _____ Relation to Student: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Medical Information

Please list any physical conditions/allergies we should be aware of:

Name of child's physician or clinic: _____

Address: _____

Phone Number: _____

Name of Medical Insurance: _____

Policy #: _____

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 waive 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

Behavior Management

We provide an environment where discipline occurs naturally through a combination of support, encouragement, and limit setting. Intervention techniques range from redirection to natural consequences depending on the age of the child. At times children may be removed from the situation 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 the property of FBCDC and may be used for promotional purposes.

Signature of Parent/Guardian

Date

Tuition Agreement

Tuition rates are as follows for the 2010-2011 school year:

Class	Registration	Tuition	Book Fee
Infant	\$50	\$165 weekly	\$0
Creepers	\$50	\$150 weekly	\$0
Toddler	\$50	\$145 weekly	\$0
Potty Training Two's Full Time	\$50	\$140 weekly	\$25
Potty Training 8:30-12	\$50	\$300 per month	\$25
Potty Training 8:30-3:00	\$50	\$385 per month	\$25
Two's Full Time	\$50	\$130 weekly	\$25
Two's 8:30-12:00	\$50	\$290 per month	\$25
Two's 8:30-3:00	\$50	\$375 per month	\$25
Three's Full Time	\$50	\$125 weekly	\$35
Three's 8:30-12:00	\$50	\$260 per month	\$35
Three's 8:30-3:00	\$50	\$350 per month	\$35
Four's Full Time	\$50	\$120 per week	\$55
Four's 8:30-12:00	\$50	\$230 per month	\$55
Four's 8:30-3:00	\$50	\$325 per month	\$55
Before School	\$50	\$50 per week	\$0
After School	\$50	\$60 per week	\$0
Before & After	\$50	\$65 per week	\$0
Academy	\$50	\$55 per week	\$0

Weekly tuition is due the Friday before care is provided. If tuition is not received by Tuesday you will not be able to drop your child off Wednesday morning. Monthly tuition is due by the 5th of each month, if payment is not received by this date your child will not be able to attend.

Payments by check can be dropped in the payment box under the time clock. Please print the child's name in the memo line on the check. There is a returned check fee of \$35 dollars. Payments in cash or with a credit card can be processed by the financial secretary or the CDC Director.

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

Signature

Date