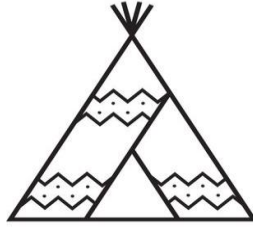


Abundant Life CDC



Date Given: _____ Registration: _____ *Start Date: _____

General Information

Name of Child: _____ Preferred name: _____

Address: _____

Date of Birth: _____ Age of Child: _____ Registering of Day Care _____ After School _____ or Camp _____

Parent/ Guardian Information

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Home Address _____

Employed By: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Home Address _____

Employed By: _____ Work Phone: _____

Preferred Email Address: _____

Persons authorized to pick-up child (include yourself) *Must have ID for verification

* _____ *

* _____ *

* _____ *

Emergency Care Information:

Child's Doctor: _____ Office Phone: _____

Office Address: _____

Insurance Company Name and Policy Number: _____

If either mother or father can't be contacted, please list persons below who can be contacted in case of an emergency.

Name: _____ Relationship to Child: _____

Address and _____ Phone: _____

Name: _____ Relationship to Child: _____

Address and _____ Phone: _____

Does this child have any physical condition that we should be aware of?

Please give any information concerning your child, which would be helpful in his/her experience in group living such as play, sleeping habits, special fears, likes and dislikes.

Has your child ever been in day care before: Yes _____ No _____

If yes, please give us the name of the center and the reason for leaving.

Does your child require special attention, medication, have allergies, or a routine that may have to be considered in planning for his/her time at the center?

Please list any food that cannot be eaten by your child:

Parents or Guardian agrees to accept and abide by the following policies of Abundant Life Church Child Development Center listed below:

1. Registration fee is due upon entry and then each Sept. 1st. There will be no refunds.
2. All fees are due in advance on Monday of each week. Any fees not turned in by Tuesday at noon will be charged a late fee. Please write your child's name on the check. Cash should be placed into an envelope with the child's name: amount and date written on the front. Always get a receipt when paying with cash. A \$30.00 fee will be added to your account for any returned checks.
3. Parents or guardians grant permission for their child to leave the Child Development Center for any and all field trips, walking and riding in any vehicle authorized by our Center.
4. Parents or guardians must notify the Center in the event that they are unable to pick up their child on time. A late charge of \$10.00 for each 5 minutes you are late will be added to your weekly fee.
5. Parents or guardians grant permission for their child to use all play equipment in all activities of the Center.

6. Parents or guardians grant permission to the staff of Abundant Life CDC and Church to take whatever steps may be necessary to obtain emergency medical care, if warranted, or medical attention. In case the child becomes ill, the Center will take the following steps:

*A. Attempt to reach the parent or guardian.

*B. Attempt to contact the parent or guardian through persons listed under emergency care information on the application.

*C. Attempt to contact the child's physician.

*D. If we cannot contact you or your child's physician, we will do any or all of the following.

**1. Call another physician.

**2. Call and ambulance, 911

**3. Have the child taken to the hospital in the company of a staff member.

7. The Center will not be responsible for anything that might happen as a result of false information given at the time of enrollment.

8. The Center will not assume responsibility for a child who has not been signed in when he/she arrives or leaves for the day. The child must be escorted into his/her room or area and placed in the care of the teacher.

9. Parents or guardians agree to give at least one week notice prior to withdrawal of the child for the Center.

10. Abundant Life Church Child Development Center reserves the right to terminate the care of a child/children at any time, provided that one week notice is given.

11. The Center will administer medication only when specific instructions are noted by the parent or guardian on the medical log. Medication must be labeled with Child's Name, when and how much to give. Medication must always be in the original container.

12. Order must be maintained. If after all other disciplinary measures have been exhausted and there is still a problem maintaining discipline, a parent or guardian will be contacted to discuss any other action that can be taken.

13. After 6 weeks of attendance, you may have one week of vacation at no charge as long as your child is not in attendance.

14. We do not offer discounts in the event of holidays, sickness, or school closings. In the event that school is closed during the regular Center schedule, we will have staff on hand to care for your child. Extra charges will apply, and lunch will be served.

15. We only provide before school care for Abundant Life Christian School.

16. We are closed on the following days: New Year's Day, Memorial Day, Good Friday, July 4th, Labor Day, Thanksgiving and the day after, Christmas Eve, and Christmas Day.

Parent / Guardian signature and Date _____

Parent / Guardian signature and Date _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Abundant Life to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Abundant Life Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways:
 - Limited usage: I want my child's image used within the Abundant Life setting only
 - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media, such as the Abundant Life CDC website and Facebook page. I agree that these images may be used by Abundant Life for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

If you have questions, contact Amanda Whitman at 864-246-3111.

Transportation and Field Trip Agreement

At all times while transporting students and during Field Trips, ALCDC will maintain proper ratios and will be directly responsible for the safety and well-being of the children in attendance during a field trip activity. All children must be three years old and older to be transported on the bus to any field trip or to be picked up from school.

Children must remain seated at all times. Hitting, pinching, biting, or rough housing will not be permitted. Any action that distracts the driver from driving safely will not be allowed. Children from the daycare that repeatedly fail to listen to their teacher/driver on the bus will not be permitted to attend the next field trip.

Children that are picked up for after school care that do not abide by the rules on the bus will be given a two-day suspension from the bus. Permanent suspension from the bus will be given as a last resort if the behavior is not corrected.

In the case of an emergency situation, children less than three years of age need Transportation Permission.

I, _____, give Abundant Life permission to transport my child, _____, from school and/or educational field trips. I also give my permission to transport my child to Berea Friendship in the case of an emergency.

Signature _____ Date _____

Tuition Rates

Infants \$200 per week
1-year old \$200 per week
2 years and 4 years \$185 per week
Multi Child Discount 10% off each additional child

Part time (2 days) - \$120 per week (only available for 2-year old's and up)
Part time (3 days) - \$150 per week (only available for 2-year old's and up)
Multi child discount does not apply towards part time students

After school care during the school year is \$65 per week
Full Day rate for after schoolers is \$15 per day in addition to the regular weekly rate, not to exceed \$185 for the week (unless otherwise specified).

Summer Camp - \$TBD per week (\$TBD registration fee)

Annual Enrollment Fee is \$100 per child due at enrollment and in September every year after initial enrollment date. The enrollment fee is NON-REFUNDABLE.

I agree to the above terms of payment. I understand that the tuition is to be paid weekly in the amount of _____ for my child(ren). I also understand that if payment is not received by the daycare, that my child(ren) may not be able to continue to attend this center.

Parent Signature _____ Date _____

Discipline Policy

It is our goal at Abundant Life CDC to help grow and nurture children in a Christ-like manner. Emotional abuse such as profane, harsh, demeaning, or humiliating words is never permitted in the presence of the children. Threatening, humiliating, ignoring, corrupting, terrorizing, or rejecting a child is prohibited. Withholding or threatening to withhold food, sleep, or toileting is never permitted.

“Time Out” for a child will be used when necessary to correct a child’s misbehavior. Time out is one minute per age of that child. Any amount over that time will not be allowed. We strive to have a loving, patient, and compassionate attitude toward our children to help them grow. It is our responsibility to be fair and consistent to help the children learn that misbehavior is not tolerated.

If a teacher cannot correct the child’s behavior, or is faced with extreme behavior, they should discuss this with the director for suggestions of how to resolve this issue. If necessary, the director may request a conference with parents to work toward a mutually satisfactory solution. Disenrollment will be a last resort after all other methods are tried.

All teachers and parents must sign the Discipline policy indicating that they have read, understand and agree with this policy.

Signature _____ Date _____

Swimming Activities Agreement

We offer swimming activities only during summer camp for ages 5-12. The safety and wellbeing of our summer campers is our primary concern. Our ratios are under the required 2:25. We will maintain a 1:10 ratio during any swimming activities involved in our summer camp program. Swimming activities will be prescheduled so you are aware of where your child will be and at what time they will be at that location. If your child cannot swim, they will still be allowed to go with the other children, but will not be allowed in the pool without a life jacket.

To the best of my knowledge, my child _____ CAN or CANNOT (circle one) swim. By signing this form, I agree to allow my child to participate in all swimming activities on or off the Abundant Life campus.

Signature _____ Date _____

Emergency Medical Plan:

Parents or guardians grant permission to the staff of Abundant Life CDC and Church to take whatever steps may be necessary to obtain emergency medical care, if warranted, or medical attention in case the child becomes ill. The Center will take the following steps:

- A. Attempt to reach the parent or guardian
- B. Attempt to contact the parent or guardian through persons listed under emergency care information on the application.
- C. Attempt to contact the child's physician
- D. If we cannot contact you or your child's physician, we will do any or all of the following
 - a. Call another physician
 - b. Call an ambulance, 911
 - c. Have the child taken to the hospital in the company of a staff member.

Medication Policy:

ALCDC will administer medication only when specific instructions are noted by the parent or guardian on the medical log. Medication must be labeled with child's name, when to administer, and how much to give.

Evacuation Plan:

In the event a need arises to evacuate the property, Abundant Life Child Development Center will follow the plan stated below.

We will leave the property on the Abundant Life Child Development Center buses and ride to Berea Friendship United Methodist Church located at 8001 White Horse Road (246-4311).

Every effort will be made to contact you if the need arises to evacuate.

I have read and agree to the Emergency Medical Plan, Medication Policy, and Evacuation Plan.

Signature _____ Date _____

Per DSS policy, we are required to have written permission for the application of any topical cream, spray, or ointment (i.e. diaper cream, sunscreen, etc.). Please read and fill out the appropriate portion(s) as it relates to your child.

Child's Name: _____

DOB: _____

Diaper Rash Cream

I hereby give permission for ALCDC employees to apply diaper rash cream that I provide to my child when changing diapers.

Parent Signature: _____

Date: _____

Sunscreen

I hereby give permission for ALCDC employees and volunteers to apply sunscreen spray or lotion that I provide to my child when appropriate for outdoor activities.

Parent Signature: _____

Date: _____

Antibiotic Ointment

I hereby give permission for ALCDC employees to apply antibiotic ointment (i.e. Neosporin) to my child in the event of a minor lesion to the skin.

Parent Signature: _____

Date: _____

