

# Ashley River

BAPTIST CHURCH

Child Development Center  
2020 Child Information Form

Child's Full Name:

\_\_\_\_\_

(first) (middle) (last) (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#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Marital Status of Parents/Guardians: (Please circle) **MARRIED** **DIVORCED** **SEPARATED** **OTHER** \_\_\_\_\_

Are you a member of Ashley River Baptist Church? (Please circle) **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: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ 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 the 2's 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 our Pre-4 or 4's program.

**For CDC Office Use Only:**

Date of Enrollment: \_\_\_\_\_  
Registration Fee Total: \$ \_\_\_\_\_ Paid by:      Cash              Check  
Receipt or check #: \_\_\_\_\_

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Child Development Center  
Authorized to Pick Up Form

Child's Name: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Legal 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              One-half of Full Registration Fee (based on child's start date)
  - March – May                          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 1<sup>st</sup>.

Parent/Legal Guardian Initial: \_\_\_\_\_

## ❖ 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 5<sup>th</sup> 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 5<sup>th</sup> 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: \_\_\_\_\_

- Morning Only Kindergarten:
  - Monthly tuition must be paid by the 5<sup>th</sup> 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:** \_\_\_\_\_

- Summer Part-time:

- 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 Initial:** \_\_\_\_\_

### ❖ 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.
- Children enrolled in our summer part-time program are not eligible for vacation or sick week credits.
- **Parent/Legal Guardian Initial:** \_\_\_\_\_

❖ **Photographs**

**(PLEASE CIRCLE ONE)**    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 5:00 pm Policy**

- A delinquency fee will be charged for a child who is not picked up by 5:01pm 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: \_\_\_\_\_

❖ **Teacher 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.

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.
- I understand, however that conversations regarding my child’s progress or participation cannot be held in the classroom or hallways during instructional hours, drop off or pick up times.

Parent/Legal Guardian Initial: \_\_\_\_\_

❖ **Dismissal/Identification Policy**

- Your child will be allowed to leave the center with parents or a designated person ONLY. In the event that someone other than you will be picking up your child, please fill out one of the forms located in the CDC office or at the sign-in table and leave it with your child’s teacher. This includes people that you listed as authorized to pick up. Teachers will check ID’s along with the pick-up form for verification. If a pick-up form has not been filled out, administration approval is required before the child will be allowed to leave the center. If an emergency occurs and you haven’t notified the center in writing, please call and speak with administration. This will save your child unhappiness and provide protection for them.

Parent/Legal Guardian Initial: \_\_\_\_\_

*I have read and understand the above policies as well as the Ashley River Baptist Church Child Development Center Parent 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*

# Ashley River

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## Child Development Center Diaper Cream & Bug Spray Authorization

I give Ashley River Baptist Church Child Development Center permission to apply the following to my son/daughter \_\_\_\_\_.  
Child's name

Diaper Ointment \_\_\_\_\_ (brand)

Any known adverse reactions \_\_\_\_\_

Parental Instructions \_\_\_\_\_

**Bug Spray:** we use **Skin So Soft with Sunscreen**. If you prefer a different brand, please list it here \_\_\_\_\_. You will need to provide this for your child.

Any known adverse reactions \_\_\_\_\_

Parental Instructions \_\_\_\_\_

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*



# Ashley River

BAPTIST CHURCH  
Child Development Center  
Parent Directory Form

*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*

## 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
2. 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.
2. **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 medication policies.

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Name of Parent/ Legal Guardian (*please print*)

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Date

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Signature of Parent/ Legal Guardian

---

Date

# Ashley River

BAPTIST CHURCH

## Child Development Center Emergency Medical Treatment Form

I give Ashley River Baptist Church Child Development Center permission to have my child  
\_\_\_\_\_ receive emergency 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*

# Ashley River

BAPTIST CHURCH  
Child Development Center  
Media Release Form

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*