



2017 - 2018 CHILDCARE REGISTRATION

Child's Name	Grade	100+ hours per month \$585/month	100 hours per month \$495/month	80 hours per month \$430/month	60 hours per month \$360/month	40 hours per month \$305/month	Drop-in \$12.50/hr

Daily Rate (non-school days): \$55.00 per day

Child's Arrival Time _____ Child's Departure Time _____

Days Childcare Will Be Needed:

Monday: Tuesday: Wednesday: Thursday: Friday:

*Preschool tuition not included in childcare cost listed.

CHILDCARE PAYMENT POLICY:

Childcare will be billed on a monthly basis. All childcare fees are due by the **10th of each month**. Payments received after the **10th** day of the month in which they are due are delinquent and subject to a minimum late fee of \$25.00 or 1.5% of the past due balance - whichever is greater.

The Nonpayment Policy will be applied after 30 days of nonpayment and is as follows:

- a. After 30 days of nonpayment, the parent(s)/guardian will receive either a letter stating the overdue balance must be paid or arrangements made with the accounts receivable department within 10 days.
- b. After three (3) months of non-payment, student(s) will not be allowed to attend childcare until the account is brought current. Ten (10) days prior to deadline, parent(s)/guardian will be advised in writing of this action.
- c. If the student arrives at childcare, they will be brought to the Administrator's office and wait for their parent(s)/guardian to pick them up.
- d. Satisfactory arrangements for payment of overdue monies will be required prior to readmission. Implementation of this policy resulting in denial of continued enrollment will be deemed a withdrawal from school and reapplication with the Admissions Committee and Accounts Receivable Committee will be required prior to readmission. Additionally, individual credit terms may be imposed as a condition of readmission
- e. A two week notice is needed for early withdrawal, otherwise you will be billed at the monthly rate.
- f. A two week vacation notice is needed in order for vacation credit to apply. Vacation credits will be done on a weekly basis.
- g. No child will be admitted to the new school year unless all monies owed from the previous school year are paid in full.
- h. A fee of \$25.00 will be assessed to an account if a "non-sufficient funds" check is returned to the school by the bank.

We have been presented the 2017-2018 Proposed Childcare Fees and Payment Schedule. We hereby agree to the payment schedule and policies as set forth on this pledge form. We further agree to have our name(s) included in the Parent Directory.

Parent Signature _____

Date _____

Name _____

Address _____

Phone # _____

**CONSENT TO MEDICAL CARE
AND TREATMENT OF MINOR CHILD**

I, _____, parent or legal guardian, hereby give my permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at Shoreline Christian School. 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 he cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Date and Place	Signature
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I give permission to SCS staff to apply sunscreen to my child. I understand reasonable efforts will be made to reduce/eliminate sunburn and hold harmless Shoreline Christian School and all staff in the event any sunburn occurs. Yes No

INFORMATION ON CHILD

Child's Name _____

Birthdate _____

Allergies, including drug reactions _____

Chronic Illnesses _____

Regular Medication _____

Other pertinent information _____

Child's Physician and phone # _____

Date of Last Physical Exam _____

Child's Dentist and phone # _____

(Put NONE if none)

Date of Last Dental Exam _____

(Put NONE if none)

Mother's phone numbers: home: _____

work: _____ cell: _____

Father's phone numbers: home: _____

work: _____ cell: _____

Other Emergency Contacts (Name & phone #) _____

Insurance Coverage _____

Group # _____ Member # _____

Place of Employment _____



CHILDCARE REGISTRATION FORM

Date: _____

Child's name: Gender: _____ Birthdate: _____

Parent(s) name(s): _____

Parent(s) name(s): _____

Child's primary residence: _____

Child's secondary residence: _____

Home phone: _____

Is child living with both parents? _____ If not, with whom? _____

Emergency Person: _____ Telephone: _____

Emergency Person: _____ Telephone: _____

Names and phone numbers of person permitted to pick up your child from school:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Doctor's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: _____

Date of last physical exam: _____

Does your child have any specific health problems which the staff should be aware of? (i.e. vision or hearing loss, allergies, physical limitations, etc.): _____

How does your child act when ill? _____

Please list names and ages of other members of your family that your child relates to:

List

any specific fears, likes, or dislikes your child has that might help us know him/her better:

Does your child take naps? _____ What is an average nap time? _____

Has your child had any previous group experiences (i.e. co-ops, Sunday School, daycare, home)?

How were those experiences for your child? _____

Who disciplines your child at home? _____

What method is used for discipline? _____

Is your child fully toilet trained? _____

If so, at what age did this occur? _____

Does your child have a good appetite? _____

What are your child's interests and favorite activities? _____

Any other information you would like us to know about your child? _____
