

Enrollment fee, Immunization Records and completed Medical Forms are to be submitted with this form to be considered enrolled in this program.

CHILD INFORMATION:

Enrollment for: Summer Fall/Spring Year: _____ Withdrawal Date: _____

Child's Full Name: _____ Child's Birthday: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Child's Shirt Size: _____

Has child attended Parents' Day Out (PDO) or daycare in the past? Yes No

If yes, list the name of the school: _____

FAMILY INFORMATION:

Parents' Marital Status: Married Separated Divorced Widowed

Custody of Child is with: _____

Are there court documents attached to this file? Yes No

If yes, please provide PDO a copy immediately to have in your child's file.

FATHER'S INFORMATION:

Name: _____ DL #: _____

Address (if different from above): _____

Home Phone (if different from above): _____ Cell Phone: _____

Email Address: _____

Name of Employer: _____ Business Phone: _____

MOTHER'S INFORMATION:

Name: _____ DL #: _____

Address (if different from above): _____

Home Phone (if different from above): _____ Cell Phone: _____

Email Address: _____

Name of Employer: _____ Business Phone: _____

OTHER CHILDREN IN THE FAMILY:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

CHURCH AFFILIATION:

Father is a Christian: Yes No

Church Father belongs to: _____

Mother is a Christian: Yes No

Church Mother belongs to: _____

EMERGENCY INFORMATION:

Name: _____ Relationship: _____ Phone: _____
Address: _____
Name: _____ Relationship: _____ Phone: _____
Address: _____
Name: _____ Relationship: _____ Phone: _____
Address: _____

RELEASE INFORMATION:

Other than parent/guardian listed, I hereby authorize PDO to allow my child to leave ONLY with the following persons:

Name: _____ Relationship: _____ Phone: _____ DL#: _____
Name: _____ Relationship: _____ Phone: _____ DL#: _____
Name: _____ Relationship: _____ Phone: _____ DL#: _____

MEDICAL INFORMATION:

Existing Illness: _____

Previous Serious Illness & Injuries: _____

Medication Prescribed for Long Term Use: _____

Disabilities/Special Needs: _____

Food Allergies: _____

Medicine Allergies: _____

DOCTOR INFORMATION:

In case of an emergency call:

Doctor: _____
Doctor's Address: _____
Doctor's Phone #: _____

PARENTAL AUTHORIZATION FOR MEDICAL CARE

In case medical attention is needed for my child and neither parent nor emergency contacts can be reached by phone. I authorize the Longbranch Community Baptist Church Parent's Day Out (LCBC PDO) staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization may include calling the physician named above, implementing his/her instructions, and transporting my child to a hospital or clinic without first obtaining my consent. **I will not hold the staff liable for any accident or injury to the child while he/she is in LCBC PDO care, provided any such accident or injury is not caused by the staff's willful act.**

Signature of Parent/Legal Guardian

Printed Name/Relationship to Child

Date

FALL/SPRING FINANCIAL INFORMATION:

1. Tuition payments are due the FIRST TUESDAY PDO is in session of the month. Monthly tuition charges are:
 \$165.00 for first child,
 \$150.00 for each additional child,
 \$120.00 for active LCBC members.
2. The annual Fall/Spring enrollment fee of \$90.00 must be paid at the time of enrollment/re-enrollment. This one payment covers both Fall and Spring sessions.
3. **YOU ARE OBLIGATED TO PAY, EVEN WHEN YOUR CHILD IS ABSENT.** PDO reserves the right to adjust tuition as may be required by operational expenses. If your account is not paid in full by the 15th of the month, your child may not attend PDO until the account has been **paid in full**. Late accounts must be paid in full by the close of the month, or your child will be dropped from the PDO program. To re-enroll, you will be required to pay a new enrollment fee and all past due amounts. If space is not available, your child will be put on the waiting list.

FALL/SPRING ENROLLMENT STATUS

_____ Tuesday/Thursday
_____ Early Bird Program

FALL/SPRING PAYMENT SCHEDULE

Payment Due on 1st Tuesday of each month

PERMISSION FOR FACEBOOK:

_____ (please initial) **YES**, I want my child’s pictures to be posted on the LCBC PDO Facebook page.
_____ (please initial) **NO**, I **DO NOT** want my child’s pictures to be posted on the LCBC PDO Facebook page.

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FALL/SPRING PAYMENT AND ENROLLMENT AGREEMENT

Enrollment and re-enrollment requires a written enrollment form and fees. In order to ensure your child’s spot in the LCBC PDO program, the full amount of the enrollment fee is due when the enrollment form is turned in. If for any reason, LCBC PDO determines, at any time, that it is not the best interest for your child, or for the LCBC PDO program to remain enrolled in the LCBC PDO program, you will receive a 30 day notice to make other arrangements for the care of your child.

LATE TUITION and INSUFFICIENT FUND FEES

A late fee of **\$10.00 per child** will be assessed to your account if tuition payments are not made on the FIRST TUESDAY LCBC PDO is in session of that month. A \$12.00 insufficient fund fee will be charged to your account for any insufficient checks written to LCBC PDO.

LATE PICK UP POLICY

LCBC PDO closes promptly at 2:15 pm. If you are later than 2:15 pm your child will be sitting up front with the Director or person in charge. A **late fee** will be assessed to your account. There is an initial charge of \$5.00 and then \$1.00 per minute thereafter.

By signing below, I acknowledge that I have read and understand the LCBC PDO policies and will abide by all policies stated in the LCBC PDO Parent Handbook & Enrollment Packet. I also acknowledge that all information provided is true and accurate. I agree to pay LCBC PDO the first TUESDAY on a MONTHLY BASIS. I understand that late fees will be assessed at the close of the business day of the FIRST TUESDAY of the month LCBC PDO is in session. I understand that if my child’s account becomes past due, it may result in dismissal from the LCBC PDO program.

Signature of Parent/Legal Guardian

Printed Name/Relationship to Child

Date

SUMMER FINANCIAL INFORMATION:

- 1. ONE PAYMENT for the Summer Session is **due in full** on the first day PDO is open in June. Summer tuition charges are:
 \$275.00 for first child,
 \$250.00 for each additional child,
 \$190.00 for active LCBC members.
- 2. The Summer enrollment fee of \$35.00 must be paid at the time of enrollment/re-enrollment.
- 3. YOU ARE OBLIGATED TO PAY, EVEN WHEN YOUR CHILD IS ABSENT. PDO reserves the right to adjust tuition as may be required by operational expenses. Late accounts must be paid in full by the close of June, or your child will be dropped from the PDO Summer program.

SUMMER ENROLLMENT STATUS

_____ Tuesday/Thursday
 _____ Early Bird program

PERMISSION FOR FACEBOOK:

_____ (please initial) **YES**, I want my child’s pictures to be posted on the LCBC PDO Facebook page.
 _____ (please initial) **NO, I DO NOT** want my child’s pictures to be posted on the LCBC PDO Facebook page.

PERMISSION FOR WATER ACTIVITIES:

_____ (please initial) I GIVE permission for my child to participate in the following water activities:
Sprinkler Play – Splash/Wading Pools – Ride the Water Slide – Water Table Play
 _____ (please initial) I DO NOT give permission for my child to participate in any of the water activities mentioned above.

SUMMER PAYMENT AND ENROLLMENT AGREEMENT

Enrollment and re-enrollment requires a written enrollment form and fees. In order to ensure your child’s spot in the LCBC PDO program, the full amount of the enrollment fee is due when the enrollment form is turned in.

If for any reason, LCBC PDO determines, at any time, that is not the best interest for your child, or for the LCBC PDO program to remain enrolled in the LCBC PDO program, you will receive a 30 day notice to make other arrangements for the care of your child.

LATE TUITION and INSUFFICIENT FUND FEES

A late fee of **\$10.00 per child** will be assessed to your account if tuition payments are not made on the FIRST TUESDAY PDO is in session of that month. A \$12.00 insufficient fund fee will be charged to your account for any insufficient checks written to LCBC PDO.

LATE PICK UP POLICY

LCBC PDO closes promptly at 2:15 pm. If you are later than 2:15 pm your child will be sitting up front with the Director or person in charge. A **late fee** will be assessed to your account. There is an initial charge of \$5.00 and then \$1.00 per minute thereafter.

By signing below, I acknowledge that I have read and understand the LCBC PDO policies and will abide by all policies stated in the LCBC PDO Parent Handbook & Enrollment Packet. I also acknowledge that all information provided is true and accurate. I agree to pay LCBC PDO on the first day of SUMMER session. I understand that late fees will be assessed at the close of the business day on the FIRST TUESDAY of the month LCBC PDO is in session. I understand that if my child’s account becomes past due, it may result in dismissal from the LCBC PDO program.

Signature of Parent/Legal Guardian

Printed Name/Relationship to Child

Date