

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: **2022-2023** 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 of the month. Monthly tuition charges are:  
\$185.00 for first child,  
\$170.00 for each additional child,  
\$120.00 for active LCBC members.
2. The annual Fall/Spring enrollment fee of \$100.00 must be paid at the time of enrollment/re-enrollment. This payment covers both Fall and Spring semesters.
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 15<sup>th</sup> 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 and all past due amounts. If space is not available, your child will be placed on the waiting list.

**FALL/SPRING ENROLLMENT STATUS**

\_\_\_\_\_ Tuesday/Thursday  
\_\_\_\_\_ Early Bird Program

**FALL/SPRING PAYMENT SCHEDULE**

Payment Due by the 10<sup>th</sup> day of each month

**PERMISSION FOR FACEBOOK:**

\_\_\_\_\_ (please initial) **YES**, I give approval for my child's pictures to be posted on the LCBC PDO Facebook page.  
\_\_\_\_\_ (please initial) **NO, I DO NOT** give approval for my child's pictures to be posted on the LCBC PDO Facebook page.

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**FALL/SPRING PAYMENT AND ENROLLMENT AGREEMENT**

Enrollment requires completion of the 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.

**PROCARE**

Procare is used for student information, payments, monthly invoices and reminders. A link to sign up for Procare will be sent to your email once you have registered.

**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 by the 10<sup>th</sup> day of the month. A \$12.00 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, a **late fee** will be added 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 all information provided is true and accurate. I agree to pay LCBC PDO by the 10<sup>th</sup> day of the month on a MONTHLY BASIS. I understand that late fees will be assessed if tuition is not paid in a timely manner. 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:  
\$165.00 for first child,  
\$150.00 for each additional child,  
\$120.00 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.

### **SUMMER ENROLLMENT STATUS**

\_\_\_\_\_ Tuesday/Thursday  
\_\_\_\_\_ Early Bird program

### **PERMISSION FOR FACEBOOK:**

\_\_\_\_\_ (please initial) **YES**, I give approval for my child's pictures to be posted on the LCBC PDO Facebook page.  
\_\_\_\_\_ (please initial) **NO**, I DO **NOT** give approval for 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 requires a written enrollment form and payment of the enrollment fee. 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 by the 10<sup>th</sup> day the month. A \$12.00 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, 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 by the 10<sup>th</sup> day of the month of SUMMER session. I understand that late fees will be assessed at the close of the business day on the 10<sup>th</sup> DAY 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