

Mechanicsville Baptist Church Child Care Center, Inc.

Registration Form 2017-2018

CHILD'S NAME _____ NICKNAME _____ SEX _____

ADDRESS _____
Street City State Zip

DATE OF BIRTH _____ HOME PHONE NUMBER _____

DATE OF ADMISSION _____ DATE OF WITHDRAWAL _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employed by _____ Employed by _____

Work Phone _____ Work Phone _____

e-mail address _____ e-mail address _____

Child lives with: both parents Mother Father other _____

Names of person(s) or agency having legal custody of this child
(Attach court document if applicable) _____

Names and ages of brothers _____

Names and ages of sisters _____

Family attends _____ Church.

List all Child Care Centers child has attended _____

EMERGENCY INFORMATION

Name of Child's Physician _____ Phone _____

Special Medical Concerns (Check all that apply):

____ Asthma _____ Convulsions _____ Hyperactivity

____ Heart Condition _____ Bleeding Disorder _____ Diabetes

List all known allergies to medication, food, plants, animals or insect toxins: _____

Briefly describe the condition and treatment procedure: _____

List all medications that are given on a regular basis: _____

EMERGENCY CONTACTS

List two adults to contact if custodial parent cannot be reached:

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Relationship to Child _____ Relationship to Child _____

CHILD'S NAME _____

Child attends _____ Elementary School.
 School Phone Number _____ Grade on 9/4/2017 _____

Persons authorized to visit and/or pick up this child _____

Persons **NOT** authorized to visit and/or pick up this child: _____

*Appropriate paperwork such as the custody papers shall be attached if a parent is not allowed to pick up the child.

Please provide any additional information that would be beneficial to the staff in providing the best care possible for your child. _____

AGREEMENTS

1. Parent/Guardian agrees to pay all enrollment, tuition, and other fees by Tuesday 6 p.m. for the current week charges.
2. Mechanicsville Baptist Church Child Care Center Inc. agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to make arrangements to pick the child up within one hour of notification.
3. The parent/guardian authorizes Mechanicsville Baptist Church Child Care Center, Inc. to obtain immediate medical care if an emergency occurs when he/she cannot be located immediately.
4. The parent/guardian gives authorization for the child to participate in field trips as specified by Mechanicsville Baptist Church Child Care Center, Inc.
5. The parent/guardian promises to notify Mechanicsville Baptist Church Child Care Center, Inc. within 24 hours if the child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
6. Other _____

Parent/Guardian Signature _____ Date _____

Administrative Signature _____ Date _____

OFFICE USE ONLY IDENTITY VERIFICATION		
Place of Birth	Birth date	Birth Certificate Number
Other Form of Proof		

Proof of the child's identity and age may include a certified copy of the child's birth certificate, notification of birth (hospital, physician or midwife record), baptismal record, school record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the program assumes responsibility for the child directly from the school. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Mechanicsville Baptist Church Child Care Center, Inc.

Emergency Medical Authorization

Name of child: _____ Effective June 19, 2017 to June 15, 2018.

Name of Parent/Legal Guardian: _____

Home Address: _____ Home Phone Number _____

Mother's contact phone numbers: Work: _____
Home: _____
Cell: _____

Father's contact phone numbers: Work: _____
Home: _____
Cell: _____

Any other persons we might contact in case of emergency and you can not be reached:

_____ (name of legal guardian)
authorizes Mechanicsville Baptist Church Child Care Center, Inc. to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on and/or the administration of drugs to _____ (name of child or ward) if an emergency occurs and the parent/guardian cannot be reached immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when the legal guardian cannot be reached.

1. Name of person responsible for payment of medical care expenses:

2. Do you have medical insurance? YES NO

3. If YES, complete the following information:

Name of Insurance

Company: _____

Policy Number: _____

Hospital of Preference:

Name of Child's Physician:

Phone No.: _____

Parent/Guardian Signature

Date

Mechanicsville Baptist Church Child Care Center, Inc.

Child's Name

Financial Agreement

1. MBCCCC, Inc. operates on a pay as you go basis. All tuition for each week must be paid by Tuesday at 6:00 p.m. for the child care services to be provided that week.
2. If payment is not made a \$20.00 late payment charge will be added on Wednesday. If payment is not made by Friday 6:00 p.m., children will not be admitted on the following Monday.
3. There will be a \$100.00 re-instatement fee for those families to re-enroll their children.
4. To end enrollment of your child in our program, a two week notice is requested. \$100.00 per child will be charged to the account of anyone not giving a two week notice.
5. Our center is open 7 a.m. to 6:00 p.m. Parents who do not pick up their children by 6:00 p.m. will be charged \$5.00 for each 5 minutes or part thereof that they are late.
6. Our center charges back to the parents any bank charges for checks returned to us for insufficient funds.

I have had these policies read to me and understand they are a part of the agreement to enroll my child at the Mechanicsville Baptist Church Child Care Center, Inc.

Parent/Guardian Signature

Date