



CENTENNIAL CHILDREN'S CENTER

We are honored to have your family as a part of our daycare and preschool program. We strive daily to meet each child's needs. Understanding that this time in your child's life is a very significant step in their growth, our programs are designed to give each child a great opportunity for a well-rounded, loving Christian environment.

What a child learns in these early years will set the pattern for a lifetime. In these early years, a child begins to learn how to read, write, and speak; how to cooperate and take directions; and how to share and interact with others.

It is our goal as a child care provider to team up with parents to help provide the best care and education during these early years for your child. If you have questions or concerns, please feel free to call or to speak with us at any time.

Please read and complete all the following forms. Your child becomes officially enrolled when you have completed the following:

- **Enrollment Form**
- **Nutrition Works Enrollment forms (plus Infant form if child is under 12 months old)**
- **Current Immunization records or exemption forms for all children enrolling**
- **Child Information card(s)**
- **Registration fee (\$50 per child or \$100 max for family) (\$100 for Drop-in)**

Child Enrollment Information

Child 1 Full Name	DOB	Gender	Medical Conditions/Allergies

Circle Ethnicity: Hispanic, Latino or Non-Hispanic/Latino

Circle Race: Asian White Black/African American American Indian Alaska Native Native Hawaiian or Other Pacific Islander

Child 2 Full Name	DOB	Gender	Medical Conditions/Allergies

Circle Ethnicity: Hispanic, Latino or Non-Hispanic/Latino

Circle Race: Asian White Black/African American American Indian Alaska Native Native Hawaiian or Other Pacific Islander

Child 3 Full Name	DOB	Gender	Medical Conditions/Allergies
-	-	-	-

Circle Ethnicity: Hispanic, Latino or Non-Hispanic/Latino

Circle Race: Asian White Black/African American American Indian Alaska Native Native Hawaiian or Other Pacific Islander

Child 4 Full Name	DOB	Gender	Medical Conditions/Allergies
-	-	-	-

Circle Ethnicity: Hispanic, Latino or Non-Hispanic/Latino

Circle Race: Asian White Black/African American American Indian Alaska Native Native Hawaiian or Other Pacific Islander

Mother's/Guardian's Full Name:	
Social Security Number:	
DOB:	
Home Street Address:	
City, State, Zip	
Primary Phone:	
Cell phone provider:	
E-mail address:	
Father's/Guardian's Full Name:	
Social Security Number:	
DOB:	
Home Street Address:	
City, State, Zip	
Primary Phone:	
Cell phone provider:	
E-mail address:	

Thank you for choosing Centennial Children's Center!

Prices and Agreement

Childcare fees are due the first of each month.

A \$55 late fee is assessed on the 10th day if an account is unpaid.

Drop-in accounts must have a \$100 prepaid balance.

<u>Children 6 weeks—18 months</u> Registration - \$50 (\$100 fee for drop-in) Full Time: (4-5 days per week) \$520 Mo. Part Time: (2-3 days per week) \$380 Mo.	<u>1st—6th Grade After School Program</u> Registration - \$50 (\$100 fee for drop-in) Full Time: (4-5 days per week) \$240 Mo. Part Time: (3 days or less per week) \$165 Mo.
<u>18 months—Potty Trained</u> Registration - \$50 (\$100 fee for drop-in) Full Time: (4-5 days per week) \$490 Mo. Part Time: (2-3 days per week) \$360 Mo.	<u>Summer Care (K3-6th starting June)</u> Registration Fee—\$50 (\$100 max for family) Activities Fee—\$50 (per child) Shirt Size: _____ Youth or Adult Full Time: (4-5 days per week) \$440 Mo. Part Time: (2-3 days per week) \$320 Mo.
<u>Potty Trained Children</u> Registration - \$50 (\$100 fee for drop-in) Full Time: (4-5 days per week) \$440 Mo. Part Time: (2-3 days per week) \$320 Mo.	<u>Hourly Drop In Enrollment Use Only:</u> \$8 per hour/ \$40 maximum per day \$12 per hour/ \$60 maximum per day
<u>CBS Students K3 - K5 (before and after care)</u> Registration—\$50 (\$100 fee for drop-in) Full Time: (4-5 days per week) \$275 Mo. Part Time: (2-3 days per week) \$200 Mo.	<u>MY CHILD'S START DATE IS:</u> _____

PLEASE NOTE:

- You must sign your child in and out upon arrival and departure. This is for billing and emergency purposes. A lack of signing in or out may result in a full-time monthly charge for that current month.
- A 5% discount is given for additional full-time and part-time children enrolled from the same home. (Discount applies to the lesser fee)
- Scheduled breakfast, lunch, and snacks will be served to all enrolled children present. Meals cannot be served before or after scheduled meal times. If your child needs lunch, but will be arriving after 9:30 am, please call ahead so enough food will be prepared. (454-8993) *THANK YOU!*
- Hourly and daily charges will be billed in the following month.
- Drop-in accounts - \$100 prepaid due at time of enrollment. If account becomes delinquent, \$100 prepaid will be required monthly.

Guardian's signature: _____ **Date:** _____

Guardian's signature: _____ **Date:** _____

Child's Physician (or name of facility):	
Preferred Practitioner:	
Street Address:	
City, State, Zip:	
Telephone Number:	

Child's Dentist (or name of facility):	
Preferred Practitioner:	
Street Address:	
City, State, Zip:	
Telephone Number:	

Specific Needs

List any testing for any type of disability that could affect your child's learning environment?

Learning Inhibitors

List any of the following learning inhibitors your student(s) has been diagnosed with, in the table below: ADD/ADHD (Attention Deficit Disorder), Autism, Dyslexia, Behavioral Disorder, Learning Disorder, Mental

Guardian Approved Pick up List:

Any persons that will or may be picking up your child must be listed below. (Include yourself, your spouse, step-parents, etc.) Your student **will not be allowed** to leave the grounds unless authorized by you. Staff may request picture identification before a student is released to someone on your approved pick-up list. Please include additional page if necessary. This is for your students' ultimate protection!

Name	Relationship	Phone number

Guardian's signature: _____ **Date:** _____

Guardian's signature: _____ **Date:** _____

Important Disclosures

Insufficient Funds Policy

There will be a \$25.00 charge for any check that is returned to us or for any account which has insufficient funds when a payment is posted. If three checks are returned due to insufficient funds future payments will only be accepted in the form of cash, money order, cashier's check, or debit/credit card.

Past Due Accounts

Since Centennial Children's Center exists upon the tuition which we receive from parents, we, of necessity, may request that any family who is behind in its monthly tuition payments pay the tuition on a semester basis beginning with the next semester. A delinquent penalty of \$55.00 will be added to the unpaid balances on the 9th day of each month. IF ALL TUITION AND FEES ARE NOT PAID WITHIN 30 DAYS FROM THE ORIGINAL DUE DATE, YOUR CHILD OR CHILDREN MAY BE SUSPENDED UNTIL THE BALANCE IS PAID IN FULL.

Credit Reporting/Collections

I understand and acknowledge that if I fail to fulfill the terms of my obligations within this Agreement, a negative credit report reflecting my credit may be submitted to a credit-reporting agency. In the event that I become delinquent and payment is not made on amounts owing under the terms of this Agreement, and the balance is placed with a licensed collection agency, I agree to pay the fees of the collection agency, which is heretofore agreed to be 50% of the outstanding balance at the time the account is placed for collections. The 50% collection agency fee will be calculated and added at the time the account is placed for collections.

Photo Release

I understand that Centennial Children's Center will produce publications such as newsletters and/or website design which may include pictures of our children. Such pictures will be used to promote services offered at Centennial Children's Center, as well as information and resources. In addition, I understand my child's photo may be used within the classroom for educational purposes.

Center Supplies Usage

At Centennial Children's Center, we strive to provide the utmost care for your child; in doing so, your child (ages 6 weeks to 2 years old) is sent home with a daily sheet indicating how your child's day went. Also included on this sheet are a few basic need items to maintain while at CCC. In an effort to ensure your child has a stocked personal bin, please review your child's daily sheet for any necessary items to be restocked.

We understand your lives as parents are extremely busy and sometimes needed items are overlooked. In an effort to care for your child, CCC maintains a small stock of diapers, pull-ups, and various sizes of clothes in the event a child does not have replacements. Since we are a ministry of Centennial

Baptist Church and a non-profit center, out of necessity, we will be required to charge for any diapers and/or pull-ups used for your child. In the event your child requires center diapers/pull-ups, your account will be charged \$5 per day your child requires center supplies. In the event your child returns home in CCC clothes, please wash and return them as soon as possible to his/her teacher.

I have read, fully understand, and consent to the above agreements and policies:

Guardian's signature: _____ **Date:** _____

Guardian's signature: _____ **Date:** _____

General Health Policy:

If a child is sent home with a communicable virus, he/she may only return with a medical excuse from a physician stating that the child is no longer contagious and may be safely involved in group activities.

Immunizations

For your child/children's enrollment to be accepted, a copy of current immunizations must be attached to this application. PLEASE KEEP IMMUNIZATION RECORDS CURRENT, AND TURN IN A COPY TO THE OFFICE WHEN UPDATED.

Medicine

If a child needs to have medicine administered during the day, we must have written authorization and dosage information from the legal guardian. Medication must be clearly labeled with the child's name and given to a staff member. DO NOT place medications in a backpack or bag. The medication will be returned personally at the end of the day. A medication log (stating when your child received their dosage) will be attached to the medication. Centennial Children's Center WILL NOT administer medication to lower a child's fever while in our care, unless the guardian is in transit to pick him/her up.

Sickness

If a child displays ANY of the symptoms listed below, he or she will be isolated from the other children, and a guardian will be contacted. If a guardian cannot be reached, then emergency telephone numbers listed on the application form will be used to contact the appropriate persons. Arrangements must be made to have the child picked up within one hour upon notification.

Symptoms of concern are the following:

- Diarrhea accompanied with acting lethargic, a fever, or vomiting
- Severe coughing
- Difficulty breathing or swallowing
- Yellowish skin or eyes
- Symptoms of pink eye (discharge of mucus from the eye)
- Unusual spots or rashes
- Vomiting
- Severe itching of the body or scalp (any indicators of lice)
- Fever of 100 degrees F (temporal)
- Low grade fever of 99.9 degrees F as well as acting lethargic and/or loss of appetite
- Extreme or unusual behavior (i.e. A child is irritable, continuously crying, or requires more attention than we can provide without hurting the health and safety of all children in our care.)

If your child has NOT been fever and symptom free for 24 hours without the aid of fever or pain reliever, please DO NOT bring him/her until he/she is past the 24 hours. We care about your child's health as well as the health of other children in our care.

Vacation/Sick Credit

Full Time daycare accounts, in good credit standing (for 3 months), can accrue one sick/vacation day credit per month. If an account has a late fee or NSF the sick/vacation day credit will be suspended for 3 months. Each account can earn up to 12 vacation/sick credits per calendar year. To use your vacation/sick credits for a planned vacation, a two-week notice is required. Accounts can only accrue a maximum of 12 sick/vacation day credits.

Guardian's signature: _____ **Date:** _____

Guardian's signature: _____ **Date:** _____

Program Policies:

Times and Ages

Centennial Children’s Center accepts children from 6 weeks to 12 years of age.

Our center is open from 6:15 a.m. – 6:00 p.m., Monday thru Friday.

Late Pick up

You will be charged one dollar per minute per child for each minute past 6:00 p.m. We understand that sometimes parents have needs that arise and there may be times where a parent is late to pick up due to unforeseen circumstances. If you are going to be late to pick up, please call the center as soon as possible and review our late pick up policy:

1 offense: Fee charged and conversation with parents

2 offense: Fee charged and one day suspension for all children enrolled

3 offense: Fee charged and recommended withdrawal

Breakfast is offered from 6:15 AM – 7:30 AM only. Please understand the need for this cut-off time and provide your child with breakfast from home if needed. Lunch is served until Noon. If your child is arriving after 9:30 AM, please call ahead or inform his teacher to add him to the lunch count. If your child arrives after Noon, please feed them prior or send a lunch with them.

Holidays

The Center will be closed on the following holidays: **New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve, and Christmas Day.**

Billing handled by Centennial Baptist Ministries

Hourly and daily billing will be totaled at the end of the month and entered into Praxi School software to be paid by the first of the following month. Payment can be submitted through Praxi School Parent Portal. Please sign your child in and out to ensure accurate billing.

Accounts overdue will be placed on temporary suspension. During temporary suspension, your child/children will not be allowed to attend until the account is paid in full. Your spot will be given away if temporary suspension lasts more than 30 days.

There will be a \$25.00 service charge applied for all checks returned to us by the bank as non-payable.

Withdraw Policy

To withdraw your child/children from Centennial Children’s Center, a two-week written notice must be turned into the office. Otherwise, your account will be charged a two-week fee respective to your child/children’s current care rate.

Authorized Pick-Ups and Drop-Offs

In the event someone not listed on the authorized pick-up list is picking up your child, you must notify the staff so we know whom to expect. Please keep the pick-up list updated, and prepare anyone picking up your child to have his/her ID in hand so we can verify he/she is listed in your child’s file.

Please ensure that you or other persons dropping your child off will accompany him/her into the room.

Electronic Games and Personal Items

Centennial Children’s Center only allows children ages four and up the use of electronics. Your child may use his/her games ONLY when approved by staff member and in assigned areas, during quiet time, or upon completion of homework.

WE ARE NOT RESPONSIBLE FOR ITEMS THAT ARE DAMAGED OR LOST. Please label all of your child’s belongings, such as jackets, backpacks, blankets, cups, and pacifiers.

2’s & 3’s

Children three and under will be offered a nap. Please bring your child a blanket that can remain at the Center for the week.

The two-year old room is a transition room for pacifiers, cups, and other nap time needs. We will allow your child to have these items for a period of time. Then we will slowly transition them in preparation for the three-year-old room. If your child is not potty-trained, then please provide enough diapers or pull-ups for your child daily. All two-year olds are offered a potty break every hour to two hours, depending on activities.

Infants

The nursery requires that you bring your infant with daily care items such as diapers, bottles, lidded cups, and extra clothing. Infants eating table foods may eat Center lunches. Please review the menu so you as the parent can decide if you need to bring alternate foods. Whole milk is available for infants twelve months and older.

I have read, fully understand, and consent to the above agreements and policies:

Guardian’s signature: _____ **Date:** _____

Guardian’s signature: _____ **Date:** _____

Discipline Policy:

Centennial Children’s Center strives for a safe, loving, structured environment for your child.

Physical discipline will never be used. Time outs, redirection, good behavior awards, and other techniques to ensure positive growth will be used. The goal is to build a constructive foundation for your child to use throughout his/her life.

Behavior such as biting, pinching, foul language, intentional injury to another child, or disrespect to staff or others will not be tolerated. Staff will send home incident or accident reports in the case of the negative behaviors listed above, or if other concerns merit it.

1st Incident – Note home to guardians

2nd Incident (same issue) – Guardians will be notified, and a note will be sent home.

3rd Incident (same issue) – Guardians will be notified to pick up the child immediately, as well as a one-day suspension.

4th Incident (same issue) – Conference with the guardians about possible expulsion will take place.

We may choose to conference with guardians at any time to discuss any severe or unusual behavior. We care about ALL the children in our care and want the best for them. We will always be open to helping children develop and grow through their behavioral issues.

I have read, fully understand, and consent to the above agreements and policies:

Guardian’s signature: _____ **Date:** _____

Guardian’s signature: _____ **Date:** _____

Annual Field Trip Release / Emergency Medical Form

Ages 3 years and older

Centennial Baptist School and Children's Center

3610 E. Ustick Rd.
Caldwell, ID 83605
208-454-1997

2020-2021

I give my permission for _____,
(List all student names)

to participate in all sponsored trips away from the premises throughout the current school year. Students will be accompanied by a teacher and will always be under adequate supervision. I understand that I will be given at least 24 hour's notice of all trips away from the premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the school office more than one day prior to the trip.

Although Centennial desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Centennial Baptist School or Children's Center, its employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional misconduct or gross negligence by the school, its employees, or volunteers.

In case of accident, illness, or other emergency, I/we request that Centennial Baptist School or Children's Center contact me. If the school or center cannot reach a parent/guardian after conscientious effort, I/we give permission for staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father / Guardian's Signature and Date

Printed Name: _____

Father's work phone: _____

Cell phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health insurance carrier: _____ Policy # _____

Under the name of: _____ Relationship: _____

Allergies (including reactions to medication):

Current Medications: _____

Preferred hospital: _____

Date of last tetanus shot: _____

In case of emergency, nearest relative or neighbor we should contact if we are unable to contact you?

Name: _____ Relationship: _____ Phone: _____

C.C.C will administer Advil, Tylenol, or pain and fever reducer based upon recommended label dosage. If you do not want the school to administer these medicines please notate below.

_____ No, I would not like my child to be administered pain and fever reducer