SCHOOL AGE PROGRAMS
ENROLLMENT PACKET FOR 2019
SUMMER CAMP
For rising K - 8th graders during the summer months

Director – Tiana Schiferl
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Phone: 434.239.9132
Facebook Page: Timberlake UMC Summer Camp
TIMBERLAKE UNITED METHODIST CHURCH
CHILD DEVELOPMENT CENTER
Application Requirement List for 2019-2020

The following must be received for enrollment application to be complete:

• Child’s birth certificate
• Updated immunization record
• Non-Refundable Registration Fee
• Enrollment Packet, which includes:
  o Enrollment and Medical Emergency Form
  o Class Schedule / Attendance Form
  o Tuition and Fees Agreement Form
  o Permission Slips Form
• Handbook Agreement Form
• Tuition Express Form (optional)

The following must be received upon enrollment:

• Security Deposit (equal to two weeks of tuition) due prior to child’s first day of attendance.
• Other forms as applicable:
  • MAT authorization forms for medicine
  • IEP
  • Allergies
  • Custody Papers
  • Other information as needed
Date of Application: ___________________ First Day of Enrollment: __________ Last Day of Enrollment: ___________

Child’s Name_________________________________ Child’s Date of Birth: __________ Gender: __M__F

Child’s Address: __________________________________ City: __________________ Zip Code: __________

Mother’s Name: ____________________________ Address: __________________________________

City: ________________ Zip Code: __________ E-mail Address: __________________

Home Telephone #: (____) ___________________ Cell #: (____) __________________

Mother’s Employer: __________________________ Work #: (____) ___________________

Father’s Name: ____________________________ Address: __________________________________

City: ________________ Zip Code: __________ E-mail Address: __________________

Home Telephone #: (____) ___________________ Cell #: (____) __________________

Father’s Employer: __________________________ Work #: (____) ___________________

Child’s Parent’s Marital Status: Single _____ Married _______ Divorced _______ Widowed _______ Separated _______

Legal Custody of Child (if other than both parents): __________________ Custody Papers? No ______ Yes, filed _____

Sibling(s) Names and Ages: ___________________________________________________________________________

Name of the last two schools/child care centers: ___________________________________________________________

Programs/schools concurrently attending: _______________________________________________________________

Any chronic physical problems or developmental concerns: ________________________________________________

IEP? No_____ Yes, diagnosis ______________________________________________________________ Copy filed? _____

Any special accommodations needed for your child: _______________________________________________________

*********************************************************************************

Weekly Care Schedule: Persons permitted to pick-up from the child care (please include center on behalf of parent(first choice followed by second).

the child’s hours of care) Name: ____________________________ Relationship __________

Monday: ____________________________ Phone #: (____) __________________

Tuesday: ____________________________ Relationship __________

Wednesday: ____________________________ Phone #: (____) __________________

Thursday: ____________________________ Relationship __________

Friday: ____________________________ Relationship __________

Any Allergies: ______________________________________________________ Last Tetanus: __________

Any Intolerances: __________________________________________________ Side Effects: ______________________________________________________

Insurance Carrier: __________________________________________________ Insurance ID: __________________________

Name of Policy Holder: __________________________________________________ Relationship to Policy Holder: __________________________

Is the child regularly taking any medications? No_____ Yes, please explain ______________________________________________

Child’s Physician: Name: ____________________________ Phone #: (____) __________________

Address: ____________________________________________ City: ________________ Zip Code: __________

Child’s Dentist: Name: ____________________________ Phone #: (____) __________________

Address: ____________________________________________ City: ________________ Zip Code: __________

I give my consent for any staff member to contact the above named physician or dentist if my child has an emergency. I understand that if my child’s physician or dentist is not available, another physician or dentist may be contacted on an emergency basis. I also give my consent for the staff to seek medical attention in an emergency.

I give permission for my child(ren) to be transported by ambulance. I will be responsible for all medical charges.

Signature of Father/Guardian__________________________________________ Date________________

Signature of Mother/Guardian__________________________________________ Date________________
TIMBERLAKE UNITED METHODIST CHURCH
CHILD DEVELOPMENT CENTER

Attendance Options, Tuition Rates, and Fees for Rising Kindergarten – 8th Grade
SUMMER CAMP
June 3 – August 9, 2019

Child’s Name: ___________________________ Grade Entering in 2019-2020: ____________

Non-Refundable Registration Fee of $55 is due with application. Paid in full discount
available. See director for more details.

<table>
<thead>
<tr>
<th>Class (7am-5:45 pm)</th>
<th>Annual Cost</th>
<th>2 Mnthly Pmts</th>
<th>Mnthly w/Sibling Disc</th>
<th>Wkly Pmts</th>
<th>Wkly w/Sibling Disc</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Day, Mon–Fri</td>
<td>1,250 (for 10 wks)</td>
<td>625 (for 10 wks)</td>
<td>563 (for 10 wks)</td>
<td>125</td>
<td>113</td>
</tr>
<tr>
<td>3 Day, any 3 days</td>
<td>1,000 (for 10 wks)</td>
<td>500 (for 10 wks)</td>
<td>450 (for 10 wks)</td>
<td>100</td>
<td>90</td>
</tr>
</tbody>
</table>

Drop-in Care: $35/day for additional days needed. Payment must be received prior to attendance. Sibling Discount: 10% tuition discount applied to oldest sibling (for summer care, siblings must be attending same days/weeks to receive discount).

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Days of Attendance (for 3 day - list days you plan to use. Changes must be approved by Director)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 3-7</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>June 10-14</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>June 17-21</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>June 24-28</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>July 1-5</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>July 8-12</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>July 15-19</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>July 22-26</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>July 29-Aug 2</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
<tr>
<td>Aug 6-9</td>
<td>_____ 5 days _____ 3 days (__________, __________, __________)</td>
</tr>
</tbody>
</table>

I would like to enroll my child for the weeks/days as listed above.
I understand that any changes in class enrollment must be approved by the Program Director.

Signature of Father/Guardian_____________________________ Date________________

Signature of Mother/Guardian_____________________________ Date________________

Please complete the attached Monthly or Weekly Tuition & Fees Agreement.
For the 2019 SUMMER CAMP:

- I agree to pay $__________ per week for ________________________’s child care in the
  ___________ (grade/age) class. If applicable, this tuition includes a 10% discount applied to
  oldest child(ren) of the same family.
- A non-refundable registration fee of $_______ is due with enrollment. If my child withdraws
  and subsequently re-enrolls, a new registration fee is due at that time.

Annual registration fees are as follows:
- Infant&Toddler Care: $100
- ELC School Year: $55
- ELC Summer Camp (age 2 – 5): $45
- Summer Camp (K-8th): $55
- School Age School Yr (BSC,ASC,Fun,Snow) $25

- A security deposit of two week’s tuition, $_________, must be paid before my child’s first day
  of attendance. This amount will be applied to my child’s last two weeks of tuition if conditions
  of withdrawal have been met.
- A two-week written notice is required for withdrawal from care. If notice is not given as
  described, the security deposit will be forfeited.
- A two-week written notice is required for a change in my child’s schedule which would result in
  a reduced tuition fee. Any change in scheduling must be approved by the director.
- A non-refundable use fee of $10 is payable for each security card needed.
- Fees are due in advance for the coming week and payable on or before Monday of the week
  my child is scheduled to attend. A late fee of $25.00 will be charged on Wednesday if my
  account is not paid in full.
- Tuition not paid for 2 weeks will result in suspension from the program. Balances not paid after
  2 weeks of suspension will result in dismissal from the program and child’s spot will become
  available.
- The same fees are due regardless of holiday closures, absence (illness or otherwise) or
  vacations. For extended illness (more than one week), Director may determine a special arrangement.
- A $25 late pick-up fee will be charged after three occurrences of my child being picked up after
  closing. A $25 fee will be charged for each occurrence after that. More than 10 late pick-ups
  may result in dismissal from the program.
- A returned check fee of $35 and a declined credit/debit card fee of $35 will be charged for any
  check returned or credit card declined from my account for any reason.

I have read and agree to the terms list above.

Signature of Father/Guardian________________________________________Date_____________

Signature of Mother/Guardian________________________________________Date_____________
TIMBERLAKE UNITED METHODIST CHURCH
CHILD DEVELOPMENT CENTER
2019/2020 MONTHLY TUITION & FEES AGREEMENT

For the 2019 SUMMER CAMP:

• I agree to pay $__________ per month for __________________________’s child care in the
  __________ (grade/age) class. If applicable, this tuition includes a 10% discount applied to
  oldest child(ren) of the same family.
• A non-refundable registration fee of $_______ is due with enrollment. If my child withdraws
  and subsequently re-enrolls, a new registration fee is due at that time.

Annual registration fees are as follows:
Infant&Toddler Care: $100  ELC School Year: $55  ELC Summer Camp(age 2 – 5): $45
Summer Camp (K-8th): $55  School Age School Yr (BSC,ASC,Fun,Snow) $25

• A security deposit of two week’s tuition, $_________, must be paid before my child’s first day
  of attendance. This amount will be applied to my child’s last two weeks of tuition if conditions
  of withdrawal have been met.
• A two-week written notice is required for withdrawal from care. If notice is not given as
described, the security deposit will be forfeited.
• A two-week written notice is required for a change in my child’s schedule which would result in
  a reduced tuition fee. Any change in scheduling must be approved by the director.
• A non-refundable use fee of $10 is payable for each security card needed.
• Fees are due and payable on or before the 1st day of the month for which my child is scheduled
to attend. A late fee of $25.00 will be charged on the 6th of the month if my account has not
been paid.
• Tuition not paid for 2 weeks will result in suspension from the program. Balances not paid after
  2 weeks of suspension will result in dismissal from the program and child’s spot will become
  available.
• The same fees are due regardless of holiday closures, absence (illness or otherwise) or
  vacations. For extended illness, Director may determine a special arrangement.
• A $25 late pick-up fee will be charged after three occurrences of my child being picked up after
closing. A $25 fee will be charged for each occurrence after that. More than 10 late pick-ups
  may result in dismissal from the program.
• A returned check fee of $35 and a declined credit/debit card fee of $35 will be charged for any
  check returned or credit card declined from my account for any reason.

I have read and agree to the terms listed above.

Signature of Father/Guardian_______________________________Date______________

Signature of Mother/Guardian_______________________________Date______________
We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Timberlake United Methodist Church to initiate credit card charges to the below-referenced credit card account (Section A) or, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Account Number

Expiration Date

Cardholder Signature

Date

SECTION B (Bank Account)

Your Name

Phone #

Address

City

State

Zip

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip

Routing Transit Number (see sample below)

Account Number (see sample below)

☐ Checking

☐ Savings

Authorized Signature

Date

For Official Use Only

Date Received

Date Processed

Employee Signature

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TIMBERLAKE UNITED METHODIST CHURCH
CHILD DEVELOPMENT CENTER

PERMISSION SLIPS FORM

Child’s Name: ____________________________________________________________

I give permission for certified staff to administer First Aid and CPR to my child. Please see a
director to complete a separate form for prescription medications, such as epi pen/inhalers, if
needed.

__________________________________________  Date

Parent/Guardian’s Signature                                           Date

I authorize Timberlake personnel to apply, or remind older children to apply, the sunscreen/insect
repellent to exposed skin areas. The parent/guardian is responsible for providing a sunscreen (SPF
of 15 or more) and insect repellent. Containers must be clearly labeled with child's name and used
previously on your child with no adverse affects.

__________________________________________  Date

Parent/Guardian’s Signature                                           Date

I give my permission for photos to be taken of my child while he/she is at the CDC. These photos
could be used in our future publications or the church web site or Facebook page.

__________________________________________  Date

Parent/Guardian’s Signature                                           Date

I give permission for photos to be taken of my child while he/she is at the CDC. These photos could
be used internally on closed groups.

__________________________________________  Date

Parent/Guardian’s Signature                                           Date

I give permission for my child to participate in developmental assessments for internal use.

__________________________________________  Date

Parent/Guardian’s Signature                                           Date

YOU MAY CHOOSE NOT TO SIGN ANY OF THESE – If so, please indicate here that you have
read this page and are choosing not to sign any of the above permissions. Only Sign below if not signing
any of the above.

__________________________________________  Date

Parent/Guardian’s Signature                                           Date