



GAIL OLIVER, DIRECTOR
Jalette Garland, Assistant Director

REGISTRATION FORM (Updated January 2017)

DATE RETURNED TO DIRECTOR:

All fees are non-refundable

** A REGISTRATION FEE of \$25 per student is to be returned with this form to the Director.

\$25 REGISTRATION FEE INCLUDED

SUPPLY FEES for 1, 2, 3, and 4 year old classes

** A SUPPLY FEE of \$100 for each School Year Student is due by the end of August.

** A SUPPLY FEE of \$150 for each Full Year Student is due by the end of August.

CHILD'S NAME _____ Male Female

DATE OF BIRTH _____ CURRENT AGE _____ START DATE _____

MAILING ADDRESS _____

PARENT/GUARDIAN INFORMATION

MOTHER: Name _____ Occupation _____
Employer _____ Work Phone _____
Home Phone _____ Cell Phone _____
Email address _____

Do you attend church? Yes No If yes, where? _____

FATHER: Name _____ Occupation _____
Employer _____ Work Phone _____
Home Phone _____ Cell Phone _____
Email address _____

Do you attend church? Yes No If yes, where? _____

Does your child have playmates of similar age? Yes No

Does your child attend Sunday School? Yes No

Does your child get along with other children? Yes No

Relate any important information concerning:

Toilet Habits _____

Sleep/Nap Habits _____

Fears _____

Is there any other information that you think would be helpful to your child's teachers?

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

LATE PICK-UP FEES: We close, Monday-Friday, at 5:30 pm. The first time a child is here past 5:30PM the charge will be \$5.00 and an additional charge of \$1 every time thereafter.

Persons authorized to pick up child: Anyone picking your child up will need to show a picture ID with their name on it. Please notify us if someone is going to be picking your child up that we are not be familiar with.

1. Name _____ Relationship _____
2. Name _____ Relationship _____
3. Name _____ Relationship _____
4. Name _____ Relationship _____
5. Name _____ Relationship _____

CLASS INFORMATION: Please check appropriate selection: **SCHOOL YEAR STUDENT** **FULL YEAR STUDENT**

School-Year students will **NOT ATTEND** on days that the Christian County Public Schools are closed for breaks (Fall Break, Christmas Break, Spring Break and Summer Vacation and Holidays as dictated by the Christian County Public School Calendar.

School-Year students are able to come on snow days.

*Please check ONE of the following as it applies to your needs and desires for a **FULL YEAR STUDENT:***

CLASSES 2, 3, 4- YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACED INTO.

- My child will attend 5 half-days a week, \$105 per week
- My child will attend 5 full days a week, \$120 per week
- My child will attend 3 half-days a week, \$90 per week
- My child will attend 3 full days a week, \$105 per week

CLASSES 0 & 1-YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACED INTO.

- My child will attend 5 half-days a week.....\$115 per week
- My child will attend 5 full days a week. \$130 per week
- My child will attend 3 half-days a week.....\$100 per week
- My child will attend 3 full days a week. \$115 per week

*Please check ONE of the following as it applies to your needs and desires for a **SCHOOL YEAR STUDENT:***

CLASSES 2, 3, 4- YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACED INTO.

- My child will attend 5 half-days a week..... \$90 per week
- My child will attend 5 full days a week.....\$105 per week
- My child will attend 3 half-days a week..... \$75 per week
- My child will attend 3 full days a week.....\$90 per week

CLASSES 0- & 1-YEAR OLDS BIRTHDATE DETERMINES WHICH CLASS THEY ARE PLACED INTO.

- My child will attend 5 half-days a week.\$100 per week
- My child will attend 5 full days a week. \$115 per week
- My child will attend 3 half-days a week..... \$90 per week
- My child will attend 3 full days a week. \$100 per week

THERE IS A \$30 FEE FOR RETURNED CHECKS AND LATE TUITION PAYMENTS. THEY CAN BE TURNED OVER TO THE County Attorney for collection.

PERMISSION STATEMENT

I give permission for my child to go on walks (weather permitting) to include the Christian Life Center with the staff of First Baptist Church Weekday Ministries.

_____ (initial here)

MEDICAL HISTORY (to be completed by parent/guardian)

1. Immunization Records: a current KY certificate is required for enrollment in this program.
2. Name of physician _____ Phone # _____
3. List of Allergies _____
4. Has your child ever had any serious illnesses? Yes No If yes, please list.

5. Are there any restrictions or situations of which we should be aware? Yes No If yes, please list.

PERMISSION FOR HEALTH CARE

It is the policy of this day care that we have a notarized statement from each parent giving us permission to seek emergency aid. We have prepared the statement below that you may sign and have notarized that we will keep on file. (You may obtain a notary in the church office.) We appreciate having your child in the First Baptist Weekday Ministries, and want to take every precaution for his/her safety. In the event of sudden illness or injury, I give First Baptist Church Weekday Ministries permission to seek emergency aid for my child.

Child's Name _____	Notary Public Signature: _____
Parent/Guardian signature: _____	
Date: _____	My commission expires: _____
Insurance carrier: _____	
	<i>The Weekday Ministries Staff has a Notary and can notarize this for you.</i>
PREFERRED HOSPITAL: _____	

TUITION AGREEMENT RATE SHEET

This outlines the tuition agreement based on the services requested by you in our contract. The tuition agreement page of your application must be completed, signed and returned to the WDM Director and is your agreement with these tuition and fee terms as well as all material in the handbook.

1. Depending upon the option you contract for, each family will pay supply fees during the first month of enrollment that will be prorated depending on the enrollment date. Otherwise the supply fee is due in August of every school year.
 - A. School Year student supply fee \$ 100.00 |
 - B. Full Year student supply fee \$150.00
2. TUITION RATES – due the first day of attendance each week
3. Walk-in rate: full day \$30 and a half day \$15
4. A two week notice is required for withdrawal.
5. If an account goes delinquent for 2 consecutive weeks the child may be removed from the WDM and or fined a late fee.
6. If you have a 3 day (half or whole) contract, you need to keep the same days weekly that your child attends. If it has been approved by the Director and you want to come an extra day or half day will be charged the walk-in rates.
7. Half day schedule is the hours between 8am to 12pm. Lunch cost is \$2.50 per day or you may provide the lunch
8. School Year Families pay the regular tuition during holiday breaks even though the child is not in attendance.
9. Snow Days will be announced on News Channel 5 and radio stations 103.3 FM and 104.5 FM. WDM will only close when authorities instruct us that we should not be on the highways and roads. Full tuition is still expected on snow days.

REGISTRATION PACKET and HANDBOOK for the year of _____

TURN IN THE FOLLOWING WHEN YOU REGISTER YOUR CHILD(REN). ALL ITEMS ARE NECESSARY AND ARE INCLUDED IN YOUR REGISTRATION PACKET UNLESS INDICATED. Failure to have all necessary forms can forfeit the slot for your child(ren).

This is just a checklist for you to be sure we get all necessary items:

Application Form that includes personal information, Permission for Health Care & Medical History, Walk Permission form & Emergency Notification information, and Tuition Agreement, (these must be thoroughly complete or the packet will be sent them back for completion. A child cannot accepted until these completed forms are on file with Weekday Ministries)

Kentucky Immunization Certificate (can be obtained from Health Department or local doctor or Fort Campbell Health Services and must be in the child's file no longer than 15 days after the child's first day) This must be kept up-to-date by parent/guardian at all times. A notice is sent out at least 3 weeks in advance of expiration. This is done so an appointment can be made and the child will not miss days. State Regulations will not let us have a child in attendance who does not have a current Kentucky Immunization certificate on file with us.

NON-REFUNDABLE Registration Fee of \$25 due for a "spot" to be reserved for a specific amount of time and is to be paid when packet is turned in to the WDM office.

NON-REFUNDABLE Supply Fee: Must be paid during the first month of enrollment that will be pro-rated for the rest of that year and is also paid every August at the beginning of the School Year.

Acknowledge you have read and understand the Weekday Ministries Handbook

Parent/Guardian Signature: _____

Date: _____

TUITION AGREEMENT

PARENT(S)/GUARDIAN(S):

Please sign and date that you have read and understand all policies and procedures in the handbook and registration packet. Failure to sign all necessary forms can forfeit the slot for your child(ren). Please remember there is a required \$25 nonrefundable Registration Fee to "hold" a place.

If the family is separated or divorced and there is joint custody, we need a copy of the custody agreement and both parties signature below.

We will first - follow instructions given us by the documents listed above and second – abide by the wishes and directives of the parent/guardian who enrolls the child with us as long as it is in accordance with the Kentucky Childcare State regulations.

Child's Name: _____

Parent/Guardian Signature: 1) _____

Date: _____

Parent/Guardian Signature: 2) _____

Date: _____