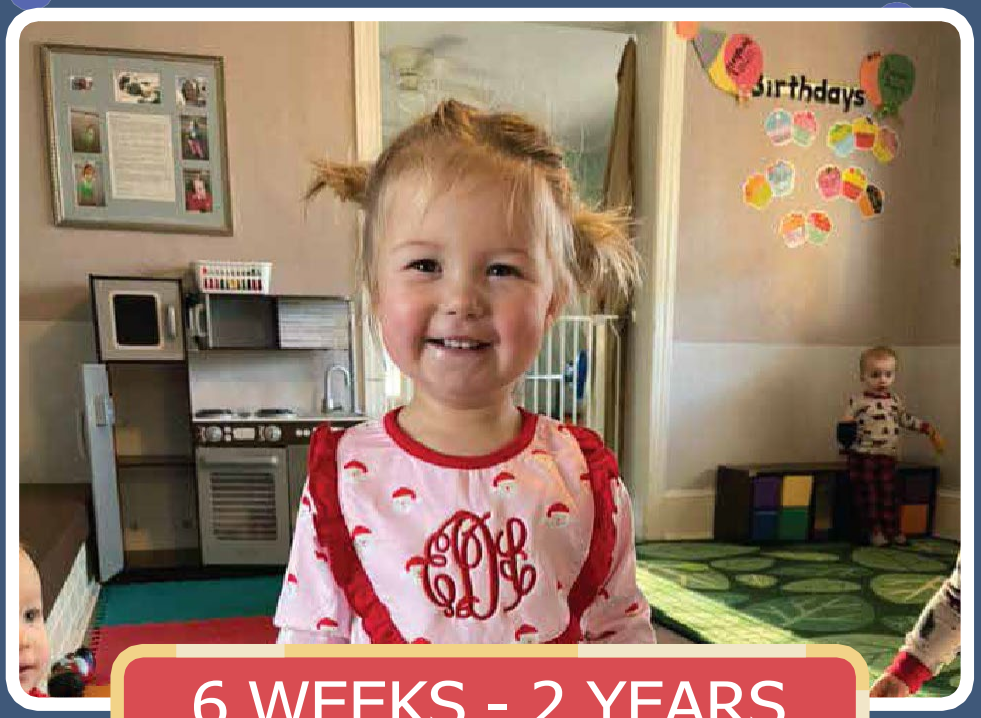
CHILD DEVELOPMENT CENTER AT TIMBERLAKE

INFANT & TODDLERS

ENROLLMENT PACKET



6 WEEKS - 2 YEARS

Child Development CENTER AT TIMBERLAKE

21649 TIMBERLAKE ROAD
LYNCHBURG, VA 24502
434.239.9132

TIMBERLAKECHURCH.ORG/CHILD-DEVELOPMENT-CENTER
FACEBOOK GROUP: CDC at Timberlake - Infant & Toddlers

CHILD DEVELOPMENT CENTER at Timberlake

21649 Timberlake Road | Lynchburg, Virginia 24502 | 434.239.9132
www.timberlakechurch.org/child-development-center/

Avonlea’s Angels Infant & Toddler Care

Ages: 6 Weeks – 24 Months

Program Director: Jaime Lewis, jaime.lewis@timberlakechurch.org
Phone: 434.239.9537

Executive Director of Child Development Center

Christina Tilley, christina.tilley@timberlakechurch.org

Facebook Page – CDC at Timberlake - Infants & Toddlers

Infant & Toddler Care

Child's Full Name _____

Name Child is Called _____ **Boy** ___ **Girl** ___

Birthdate _____

Program Start Date _____

All applications must include the following:

___Completed Enrollment Packet
___ Copy of Child's Birth Certificate
___Immunization record
___Permissions Form
___Handbook Agreement Form
___Registration Fee (New Family)
__Ck __Cash
___Security Deposit
___Tuition Express Form (optional)

As needed:

___IEP
___Custody Papers
___Medication Authorization
___Other

FOR OFFICE USE ONLY

Form of Identity Verification:	
Child's Name:	Viewed By:
Place of Birth:	Date of Birth:
Birth Certificate Number:	Date Issued:
Mother's Name:	Father's Name:

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Child's Name _____ **DOB**_____ **Age** _____ **Gender** M F

Address _____**City** _____**Zip**_____

Name of previous child care provider/school_____

Current child care provider/school_____

Mother's Information	**Father's Information**
Name	Name
Address	Address
Employer	Employer
Email	Email
Cell/Home# Work#	Cell/Home # Work#

Custody Papers _____Yes _____No **Custodial Parent**_____
Physical Custody_____ **Legal Custody**_____

Sibling Names & Ages_____

Emergency Contacts/Authorized Pick-Up Persons (other than parents or guardians)

Name	Phone Number	Relationship	√ Emergency	√ Pick Up

Any chronic physical problems or developmental concerns _____
IEP No_____ Yes _____ If Yes please provide a copy.
Any special accommodations needed for your child? _____

List any known allergies or intolerances_____
Is child regularly taking any medications? Please explain_____

Insurance Provider_____**Anthem**_____ **ID#**_____
Name of Policy Holder _____ **Relationship to Child** _____

Child's Physician _____ **Phone Number**_____
Child's Dentist _____ **Phone Number** _____

The CDC will notify the parent(s)/guardian(s) whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parent/guardian authorizes the CDC to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be contacted.

Signature of Father/Guardian _____ **Date**_____

Signature of Mother/Guardian _____ **Date**_____

FINANCIAL AGREEMENT

Registration Fee: $150 is due at the time of enrollment.

Security Deposit: $150 for the first child and $50 for each additional child must be paid before the child's first day of attendance. This amount can be carried over between programs or applied to your child's final week of care upon withdrawal.

Program Start Date is set once your child is born, you have completed and submitted the registration packet, and the Program Director has confirmed this date with the parent/parents. This date is when tuition billing cycles begin, and payment is due regardless of attendance, if plans change.
If you decide you no longer need care prior to your child's start date, the registration fee is nonrefundable, and your child's spot will be given to someone else.

Sibling Discount: A 10% tuition discount is applied to the oldest sibling(s) (for summer care, siblings must be attending the same days/weeks to receive the discount). Discount only applies to standard weekly/monthly tuition and does not include drop-in care (i.e., Fun Days, Snow Days, or Director-approved extra Days)

Weekly Tuition Cost: **Tuition cost is subject to change*

Age	7 am – 5:30 pm	Weekly payments
Infants (6 Weeks – 16 months)	5 Days	$225
Toddlers (16 months – 24+ months)	5 Days	$220

I would like to have payment automatically drafted from my checking account *(preferred)* **or credit/debit card**
Yes___No___
If yes, please complete the Tuition Express Form.
Cash or Check can be given to the Program Director.
All Credit Card/Debit Card payments will have a 3% processing fee added.

I would like to enroll my child and agree to pay the tuition and fees listed. I understand that any changes in enrollment must be approved by the Program Director.

Signature of Father/Guardian_____**Date**_____

Signature of Mother/Guardian_____**Date**_____

PERMISSION SLIPS

Child's Name: _____

Please Initial

_____**I give permission for certified staff to administer First Aid and CPR to my child.**

_____I authorize Timberlake Child Development Center personnel to apply **sunscreen/insect repellent** to exposed skin areas. The parent/guardian is responsible for providing sunscreen (SPF of 15 or more) and insect repellent. Original containers must be clearly labeled with the child's name and used previously on your child with no adverse effects.

_____I hereby consent to the use of my child's **photographs/videos** in any material or promotions for Timberlake Child Development Center, such as the closed Facebook Page, Newsletters, Hallway Art, Church Connections.
_____Not at this time

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

Please sign below to indicate that you have read this page and are giving the permissions as indicated above.

Signature of Parent/Guardian_____**Date**_____