Child Development
CENTER
AT TIMBERLAKE

SCHOOL AGE
ENROLLMENT PACKET

K - 6TH GRADE

21649 Timberlake Rd.
Lynchburg, VA. 24502
434.239.9132

Timberlakechurch.org/Child-Development-Center
Facebook: CDC at Timberlake - School Age

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CHILD DEVELOPMENT CENTER at Timberlake

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www.timberlakechurch.org/child-development-center/

School Age Programs
Before & After School Care
Fun Day and Snow Day Care (*when school is closed)*
Summer Camp for rising K – 6th graders

School Age Program Leader: Jenn DelaCruz – jenn.delacruz@timberlakechurch.org
Summer Camp Coordinator:

Executive Director of Child Development Center
Christina Tilley, christina.tilley@timberlakechurch.org

Facebook Group: CDC at Timberlake – School Age

Application Requirement List

School Age Program

Child's Full Name _____

Name Child is Called _____

All applications must include the following:

___Completed Enrollment Packet
___Copy of Child's Birth Certificate
___Immunization Record
___Permissions Form
___Handbook Agreement Form

___Registration Fee
___ 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 childcare provider/school_____

Current childcare provider/school_____ **Grade Entering** _____

Mother's Information		**Father's Information**	
Name		Name	
Address		Address	
Email		Email	
Employer		Employer	
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**
1.				
2.				
3.				
4.				
5.				

Any chronic physical problems or developmental concerns _____
IEP: No_____ Yes ____ If yes, please provide a copy.
Accommodations needed for your child? _____

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

Insurance Provider_____ **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**_____

Attendance Options, Tuition Rates, and Fees

Kindergarten through 6th Grade

2026-2027 SCHOOL YEAR

Child's Name: _____ School Attending: _____Grade: _____

A non-refundable registration fee of $60 is due with the application.
Security Deposit: $150 for the first child, $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.

Please check each option that you would like your child to attend:

CAMPBELL COUNTY (Tomahawk, LRES, BMS*only ASC)	**Weekly Payments**
Before/After School Care (Opens at 7 am, Includes early dismissal days)	
____5 Days	$**65**
____3 Days	$**45**
____**Before School Care ONLY**	$**25**
After School Care Only (Includes early dismissal days)	
____5 Days	$**45**
____3 Days	$**35**

BEDFORD COUNTY (NLA & TJES)	**Weekly Payments**
After School Care	
____5 Days	**$70**
____3 Days (M, W, F)	**$50**

___**Fun Day Care** (7 am – 5:30 pm for scheduled school closings such as Election Day)
Cost: $35 per day. **Cost: $45 per day if not a Before and After School Care participant.** Registration is due 3 business days prior to Fun Day to ensure adequate staffing.

___**Snow Day Care** (when Bedford or Campbell County schools are closed due to inclement weather)
Cost: $35 per day. **Cost: $45 per day if not a participant in Before and After School Care.** Payment is due on the day of care.

Sibling Discount: 10% tuition discount applied to oldest sibling(s) (for summer care, siblings must be attending the same days/weeks to receive 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)

I would like to have payment automatically drafted from my checking account (preferred) **or credit card** ___Yes ___No
If Yes, please complete the Tuition Express Form.
Cash or Check can be submitted by placing it in the drop box located just left of the Welcome Desk.
All Credit Card payments will have a 3.0% processing fee added.

I would like to enroll my child for the option selected above and agree to pay the tuition and fees listed. I understand that the Program Director must approve any changes in class enrollment.

Signature of Father/Guardian_____**Date**_____

Signature of Mother/Guardian_____**Date**_____

PERMISSION SLIPS FORM

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, or remind older children 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 have been 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 and Timberlake Church, such as closed Facebook Group pages, public Facebook Page, Timberlake website, printed and digital newsletters, hallway art, and any other internal marketing materials.
_____Not at this time

_____ My child has permission to be transported by a Timberlake UMC vehicle.

_____My child has permission to participate in swimming activities. Please check below regarding your child's swimming skills. ____ Excellent ____ Average ____ Poor

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

_____

Parent/Guardian's Signature **Date**

Expectation of Conduct

Please read these with your child

Vehicle Conduct Rules

Children must follow these basic safety rules while being transported. Transportation is a privilege and should be treated that way. A parent will be notified and asked to discuss proper behavior with his/her child when the first infraction occurs. If there is a second infraction, all transportation services will be denied for a minimum of two days. No fighting, bad language, or aggressive behavior. Children must always remain seated properly with seat belts on. Children cannot have any part of their bodies outside the vehicle. No eating or drinking in the vehicle. Potentially dangerous actions will not be tolerated.

Child Code of Conduct Agreement

I will do my best to show my friends and my teachers respect.
I will be respectful of Timberlake's property, equipment, toys, and friends’ personal things.
I will be honest, caring, and considerate of others. This is a no-bully zone! We are all friends at Timberlake, and I will not call other people names or use bad words.
I know the teachers care for me and are in charge; I will listen to their instructions.
I will believe in myself and encourage others.
It is my **RESPONSIBILITY** to help others who are being bullied and to report bullying to my teachers.

I promise to follow this code of conduct to the best of my ability.

Child’s Signature _____ **Date** _____

Parent/Guardian Signature_____ **Date** _____