Daycare + Preschool Registration

Daycare & Preschool Options (check one)

- ☐ Daycare ONLY: birth-6yrs - $195/wk
- ☐ Daycare & Preschool 3s (Tu/Th) - $205/wk
- ☐ Daycare & Preschool 4s (M/W/F) - $207/wk
- ☐ Daycare & Preschool JK (M-F) - $219/wk

*If your child will be attending **preschool only**, please fill out the Preschool Registration form.*

This form must be returned with a $25 registration fee before enrollment is complete.

TODAY'S DATE: _____

CHILD: Last Name _____ First Name_____

Preferred Name/Nickname _____ Male____ Female____

Age_____ Date of Birth _____-_____-_____

Allergies & Other Medical Conditions (asthma, diabetes, epilepsy, physical limitations etc.):

_____

_____

Please list any special concerns (health, behavioral, physical, social, and emotional or language development):

_____

_____

Is there any additional information you would like to share about your child? (favorite things, food preferences, special interests, fears, etc.)

_____

_____

Previous Child Care Placement(s): _____

_____

MOTHER: First Name_____ Last Name _____

Address _____

Cell Phone _____

E-mail Address_____

Place of Work _____ Work Phone_____

FATHER: First Name_____ Last Name _____

Address _____

Cell Phone _____

E-mail Address_____

Place of Work _____ Work Phone_____

Please list any special living situations (custody arrangements, etc.) of which we should be aware.

_____

_____

Is anyone restricted from seeing the child(ren)? If so, please list: _____

EMERGENCY CONTACTS & APPROVED PICK UP'S

Emergency Contacts: (please list 2 adults who are not parents or guardians)

Name _____ Relationship to Child_____ Phone _____

Name _____ Relationship to Child_____ Phone _____

Name _____ Relationship to Child_____ Phone _____

HEALTH INFORMATION

Child's Primary Doctor: _____

Clinic _____ Phone number _____

********** **ATTACH CHILD'S IMMUNIZATION RECORDS PLEASE** **********

EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give permission for emergency medical treatment for my child _____ (child's name) if requested by **Calvary Kids Daycare and Preschool**, who is our childcare provider.

Mother/Guardian Signature _____ Date_____

Father/Guardian Signature _____ Date_____

Payment Agreement

The following agreement is made between

Mother/Guardian _____ Father/Guardian _____

and **Calvary Kids Daycare and Preschool** for the care of (child's name) _____.

Please check one:

☐ Daycare ONLY: birth-6yrs - $195/wk
☐ Daycare & Preschool 3s (Tu/Th)-$205/wk
☐ Daycare & PS 4s (M/W/F)-$207/wk
☐ Daycare & PS JK (M-F)-$219/wk

**Children must be potty-trained to move to the preschool area for ages 3-5.*

Care will be provided from **7:00 a.m. to 5:30 p.m.** Monday through Friday except for holidays.

Registration fee is **$25**.

Pre-payment is due on a **weekly basis on each Friday for the upcoming week**.

Families will be billed an extra **$10** if child is picked up after 5:35 p.m. and **$25** (per each 15 min) if child is picked up after 5:40 p.m.

There will be a **$40** change for any checks returned NSF.

I/we authorize Calvary Baptist Church and Calvary Kids Daycare and Preschool to:

☐ Use our child's image in any promotional material, social media, media releases, Calvary Baptist Church's website or Calvary Kids Daycare and Preschool website, and for any other lawful purpose.

☐ Transport our child on field trips.

☐ In the event of a medical emergency, transport our child to an area hospital by ambulance if deemed necessary by church and/or preschool personnel and EMT personnel.

Parent Signature _____ Date_____

OFFICE USE ONLY: Received on_____by_____

Amount Paid $_____ Cash_____ Check Number_____ Billed to Brightwheel _____