



After School Program Application for Admission

Child's Legal Name: _____

Last

First

Middle

Name child goes by: _____

Date of Birth: _____ Age: _____ Sex: _____

Mother's Name: _____

*Mother's email _____

Home Address: _____

Phone: _____ Cell Phone: _____

Marital Status: _____ Occupation: _____

Employer's Name and Address: _____

_____ Work Phone Number: _____

Father's Name: _____

*Father's email

Home Address: _____

Phone: _____ Cell Phone: _____

Marital Status: _____ Occupation: _____

Employer's Name and Address: _____

_____ Work Phone Number: _____

Person(s) having legal custody: Father Mother Both Other

If other, please explain: _____

Court order designates the following as NOT AUTHORIZED to pick up my child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(A copy of the court order must be provided).

Allergies or intolerance to food, medication, etc. and action to take in an emergency:

Chronic physical problems and pertinent developmental information:

Parent/Guardian gives authorization for their child to be ride the after school van: ___Yes ___ No

Parent/Guardian authorizes South Boston COG Preschool and Childcare Center to photograph the previously listed child: ___Yes ___ No

Parent/Guardian authorizes South Boston COG Preschool and Childcare Center to use the previously listed child's photograph in the local newspapers or to be used in advertising the Center (Brochures, ads, etc.): ___Yes ___ No

How did you find out about our Center: _____

Desired Date of Enrollment: _____

Signature of Parent/Guardian

Date

Signature of Director

Date

Authorized Pick-Up and Medical Emergency Information

Child's Legal Name: _____ Date of Birth: _____

The following people are authorized to pick up the above named child and may be contacted in the event of a medical emergency.

Mother's Name: _____ Home Phone: _____

Employer's Name and Address: _____

Work Phone: _____ Cell Phone:

Father's Name: _____ Home Phone: _____

Employer's Name and Address: _____

Work Phone: _____ Cell Phone:

Relative Name/ Relationship/Phone Number: _____

Neighbor/Friend/Phone Number: _____

I hereby authorize South Boston Church of God or HCS to call the listed physician and to follow his/her instructions regarding the above listed child. If it is impossible to contact this physician, the school may take whatever actions seem necessary and or appropriate. Parents will be responsible for any fee(s) incurred. The parent/guardian agrees not to hold C3 Preschool and Childcare Center responsible for accidental (unintentional) injury to their child while in the care of C3 Preschool and Childcare Center.

Name of Physician: _____ Phone Number: _____

In the event of an accident or emergency, or should a child become sick, every effort will be made to contact you, the parent/guardian. Parents are required to report changes to contact phone numbers to the Center Staff immediately.

Signature of Parent or Guardian

Date: _____

PARENT AGREEMENT

The following conditions involved in the care of _____ (child's name) are understood and agreed upon between South Boston COG and _____ (Parent/Guardian)

1. Full-time students are to pay \$95.00 weekly, which is due on the Monday of that week.
Part - time students are to pay \$25.00 a day.
2. There is a \$25 per child registration fee.
3. Any delinquent accounts could result in a parent being asked to withdraw the child until the account is current. Should South Boston COG have to pursue payment through any collection agency, the parent will be obligated to pay all fees and expenses incurred.
4. A receipt must be written for any payments made in cash. Although the school has a record of all cash payments, it will be necessary for the parent to keep all receipts for verification of cash payments.
5. There will be a charge of \$35.00 for all returned checks.
6. The parents agree to abide by the sick policies. NON-PRESCRIBED MEDICATION CAN ONLY BE ADMINISTERED ACCORDING TO THE DIRECTIONS ON THE BOTTLE AND WRITTEN PERMISSION FROM THE PARENT. We do not have extra staff members to watch your child if they are too ill to participate in the planned activities. Parents may need to make other arrangements for their child.
7. South Boston COG reserves the privilege of dismissing any child if he/she is unable to cooperate with teachers or administration. Dismissal would occur after other options have been exhausted.
8. The parent hereby grants permission for their child to use all of the play equipment and participate in all of the activities at the South Boston COG Center. The parent understands that liability for the acts of their child while under the care of the center is the parent's responsibility.
9. South Boston COG is not liable for accidents or illnesses occurring to the child while he/she is in its care, unless it is proven that the accident or illness was the direct result of a worker's negligence.

10. After school hours of operation are from 2:30-6:00pm. Pick-up time is promptly at 6:00pm. Late pick-ups will be charged \$1.00 per minute to be paid immediately to the teacher present.

11. In case of an accident or illness to the child, the Director or his/her designee will promptly take such measures as are, in their judgment and the best interest of the child; will notify the parents as soon as possible. If a child has symptoms of illness, parents will be notified, and the child picked up if at all possible. Sick children will not be admitted back to school until free of all symptoms.

12. South Boston COG will give verbal or written notice of exposure to any contagious disease within the group.

13. South Boston COG will not release the child to anyone other than the parent or guardian unless there is written or direct verbal permission given by the parent or guardian.

14. Parents need to provide an afternoon snack as well as a drink for the children.

15. South Boston COG will operate on its regular schedule unless there is extremely inclement weather, or power outages. In case of such closing, notification will be given before 7:00 am.

Both Parties, South Boston COG Child Care Center and _____ agree that: 1) This agreement is a contract binding for both; 2) This contract may be terminated by either party upon notification of intention at least two weeks in advance, or at any time by mutual agreement of both parties.

Signature of Parent/Guardian

Date

Signature of Director

Date

Registration Guidelines

The following information is necessary in processing your child's application for enrollment.

All information regarding your child will be kept confidentially in his/her personal file.

- Admission Application
- Contract Agreement
- Immunization Record (copy)
- Birth Certificate (copy)

Reminder

It is YOUR responsibility to give South Boston COG updated information regarding telephone numbers and occupational changes. Immunization records must be updated in your child's file at each occurrence. Your child's file is EXTREMELY IMPORTANT. Please help South Boston COG keep accurate records in case an emergency does arise.