

Information Needed for Childcare or Preschool

A complete registration form and contract must be filled out by the parent. We require all items on the form be completed. This form must have the physical address of the home as well as the employer address for both parents. If legally separated or divorce, and one parent is not allowed full access to the child, a copy of the notarized custody decree must be kept on file at First Baptist Ashland CCDC. In addition, you are required to pay the activity fee.

In the event your child's start date is not immediate, we require you to pay the registration fee to secure your child's place. This fee is not refundable.

Prior to your child's first day of attendance, additional information is required.

- Original Birth Certificate: We will make a copy and return to you.
- Current State of Va. Physical Examination and Immunization Form:
Your child's immunizations must be up to date.

Children will not be allowed to attend until the above forms are turned into the office. It takes a while to gather this information so please allow yourself the necessary time.

Items To Bring With Your Child

3 to 12 months

bottles- milk- baby food- diapers- wipes- sleep sack- pacifiers- extra clothes- diaper rash ointment (optional and if needed please fill out a medication form)

***Please label all of your babies items that are listed above including bottles and baby food.**

1 to 4 years old

morning snack- lunch- afternoon snack- milk- water- juice- diapers- pull ups- wipes- extra clothes- blanket- small stuffed animal or doll for nap.

Please remember that this is a peanut free facility. Milk can be purchased for \$6.00 a month and will be given during lunch only. You may supply water or juice for your child to have during morning and afternoon snacks. If your child does not have anything to drink during snack CCDC will provide water if so desired.

***Please put your child's name on all of their belongings. This includes backpacks, lunch boxes, cups, extra clothing, jackets, and coats.**

Fees
First Baptist Christian Child Development Center

Registration and Hold Fee

\$75.00

Rates for Infants (3 months to 12 months)

\$290.00 Full-time

\$150.00 Part-time (7-12:30)

\$90.00 Full-time Daily Rate

\$70.00 Part-time Daily Rate (7-12:30)

Rates for Toddlers (12 months to 2 year olds)

\$270.00 Full-time

\$140.00 Part-time (7-12:30)

\$80.00 Full-time Daily Rate

\$60.00 Part-time Daily Rate (7-12:30)

Rates for 2 year olds to potty trained

\$240.00 Full-time

\$140.00 Part-time (7-12:30)

\$80.00 Full-time Daily Rate

\$60.00 Part-time Daily Rate (7-12:30)

Rates for fully potty trained to Pre-K

\$195.00 Full-time

\$130.00 Part-time (7-12:30)

\$70.00 Full-time Daily Rate

\$60.00 Part-time Rate (7-12:30)

Rates for School Age

\$105.00 Weekly

\$120.00 Weekly for children who
are picked up from Elmont

\$35.00 Daily

\$25.00 Extra Tuition Fee for when Hanover County Public Schools are Closed.

Summer

\$170.00 Weekly

\$50.00 Daily

Activity Fee TBD

*There is a \$250.00 Summer Holding Fee for parents who would like to reserve their child's spot for the upcoming school year.

A 30% discount will be applied for siblings. This discount is deducted from the lowest tuition amount.

First Baptist Ashland CCDC
 800 Thompson Street
 Ashland, Virginia 23005
 phone 804.214.3756
 crystal@ashlandccdc.org

REGISTRATION FORM

Date _____

This form is to be updated at least once annually

Child's Name	Nickname	Birth date
Home Street Address		
Home Phone Number		

PARENTS/GUARDIAN INFORMATION

Father's Name	Employer Address	Business Phone
Street Address (home)		Email Cell/Pager Number
Mother's Name	Employer Address	Business Phone
Street Address (home)		Email Cell/Pager Number
Child lives with <input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
Person(s) or agency having custody of child	Address	Phone

EMERGENCY INFORMATION

Allergies or intolerance of food, medicine, etc. and any action to take in case of an emergency	Child's Physician Phone Number	Preferred Hospital in case of emergency
Names & ADDRESS of at least two people to contact in case parents cannot be reached		
1.	Address	Phone
2.	Address	Phone
3.	Address	Phone
Person(s) Authorized to pick up child		
Person(s) Not Authorized to pick up child		

DEVELOPMENTAL INFORMATION

Chronic Physical Problems
Pertinent Developmental information
Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide our center with a copy to determine our ability to provide care for our child.

CONTRACT

This contract is between First Baptist Ashland CCDC and the parents / guardians of _____

1. I recognize that First Baptist Ashland CCDC is operated on a non-profit basis as a school and as a community service for the benefit of the undersigned and other parents and that I am responsible for payment for children and other fees as outlined in the Rates Rules and Regulations.
2. In the event that the custodial arrangements between parents certify that one parent does not have permission to pick up the child; appropriate legal documentation of custody must be given to the Director.
3. **The Parent / Guardian authorizes the staff of First Baptist Ashland CCDC to obtain immediate medical care if an emergency occurs when he / she cannot be located immediately.**
4. The childcare center agrees to notify the parent / guardian whenever the child becomes ill, and the parent / guardian agrees to make arrangements to pick up the child thereafter as soon as possible. Under these circumstances, the child should not wait at the center longer than 1 hour.
5. I agree to notify First Baptist Ashland CCDC within 24 hours, or the next business day, if my child or a member of my immediate family contracts a communicable disease. In addition I will notify First Baptist Ashland CCDC immediately if my child or member of my immediate family contracts a potentially life threatening disease.
6. **The Parent / Guardian agrees to give 2 weeks's advance notice in writing before withdrawing a child from First Baptist Ashland DC. Tuition for the full month must be paid whether or not the child leaves before the month is complete.**
7. In the event First Baptist Ashland CCDC finds it necessary to request withdrawal of your child from our center for reasons of discipline or differing philosophies, we will afford you the same 2 weeks notice. In the event your child's behavior interferes with the safety of other children or staff, we reserve the right to terminate enrollment immediately.
8. **I have received, read and clearly understand the Parent Handbook and policies of First Baptist Ashland CCDC and hereby agree to comply with these policies. I understand that from time to time these policies may change and will be exhibited to me.**
9. **If First Baptist Ashland CCDC consults with or retains the services of an attorney in connection with Parent/Guardian's failure to pay pursuant this agreement, Parent/Guardian shall be liable for reasonable attorney's fees and for any and all other costs including court costs incurred by First Baptist Ashland CCDC.**
10. Other: _____

_____, date _____
Signature of Parent

_____, date _____
Signature of Parent

Both Parents / Guardians must sign and date this contract.

_____, date _____
Signature of Director

Child's Enrollment Date _____

Class / Program _____

Child's Termination Date _____

First Baptist Ashland CCDC does not discriminate on the basis of race, creed, national origin or sex.

Permission for your Child to be Transported

This permission form gives First Baptist Ashland CCDC permission to transport your child in the CCDC and church vehicles. This form covers for field trips (parents will sign a form for specific trips), transporting to and from Elmont Elementary and in care of an emergency such as a natural disaster. If your child needs to be transported in an emergency it will be without the proper car seats. For transporting your child to Elmont Elementary School, the parent is responsible for the car seat for their child.

Name of child _____ Date _____

In case of emergency, please call _____

at this phone number _____.

Mom's phone number _____

Dad's phone number _____

Person responsible for insurance _____

Medical Insurance: Yes _____ No _____

Insurance Company: _____

Policy Number: _____

Hospital preference: _____

Physician's Name: _____

Parent's signature: _____

Dear Parents,

We are so excited to have your child here at First Baptist Church CCDC. There are many exciting activities planned for the school year.

As we update our website periodically and share some of the projects your child will be creating on our Facebook page it may require your child's picture. We will do our best to get the backs of the children however there will be times when the children's faces are shown. If you do not want your child's pictures posted we will respect your request.

Please fill out the form below granting us permission.

Thanks,

Crystal Hopper, Director

Granting Permission

I, _____, grant First Baptist Ashland

Parent's name

CCDC permission to post my child's picture on their website and facebook page.

Parent's Signature

Date

Not Granting Permission

I, _____, do not grant First Baptist

Ashland CCDC permission to post my child's picture on their website and facebook page.

Parent's Signature

Date

Dear Parents,

The CCDC is providing milk for the children. The cost is \$6.00 a month. Please sign the paper below if you would like for your child to receive milk. The teachers will have a list of children who will get milk.

Thanks,

Crystal Hopper, Director

I would like _____ to have milk provided by the

Child's Name

CCDC. I understand the cost is \$6.00 a month.

Parent's Signature

Date