



Child's Name \_\_\_\_\_

## 2024-2025 Bonsack Baptist WEEC After School Registration

### Tuition and Fees

5 days - \$105/Weekly      4 days - \$84/Weekly

Full Day for school closings is \$21/Day in addition to your regular tuition.

Activity Fee \$55/year (Due at the beginning of the school year)

Registration Fee \$40 (Due at time of registration)

### Checklist for Registration

	Parent Check	Office Check
1. Application Form Completed **Please respond in every section and sign all four agreements	_____	_____
2. Identity Verification (Birth Certificate) **New Students to the Center only	_____	_____
3. Virginia School Health Entrance Form **New Students to the After School Program	_____	_____
4. Registration Fee of \$40 **I understand that the registration fee is nonrefundable. Initial here _____	_____	_____

### For Office Use Only

Date Registered:	Registration Fee Payment:	
Elementary School:	Start Date:	End Date:
Birth Certificate Number:	Document Viewed:	Verified By:      Date:



# Bonsack Baptist After School

## Application For After School Care

2024-2025

Please complete in its entirety. Incomplete applications cannot be accepted

Child's Full Name (First, Middle, Last)	Preferred Name	Sex M F	Birth Date	Age
Child's Primary Address				
Child Lives with: ___ Mother ___ Father ___ Both ___ Other (please specify)			Is this child adopted: ___ Yes ___ No	Is this child in foster care: ___ Yes ___ No
Allergies	Primary language spoken in the home		Ethnic background	
Elementary School Child Attends	Grade Level during 2024-25 School Year		Child will be attending: ___ 4 Days (M-Th) ___ 5 Days	

### Family Information

Father's Name	Employer	Occupation
Complete Home Address		Email Address
Home Phone	Work Phone	Cell Phone

Mother's Name	Employer	Occupation
Complete Home Address		Email Address
Home Phone	Work Phone	Cell Phone

Parent's Marital Status:	___ Married ___ Separated ___ Divorced ___ Single ___ Widowed/er			
Are there custody arrangements? ___ Yes ___ No	If so, please specify:			

### Emergency Contacts

These will be used only if parents cannot be reached – **Must list at least 2 at separate addresses/this cannot be parents**

Name of Contact:	Relationship to child:	Contacts Address:	Phone number:	Emergency Contact (Yes or No)	Authorized to pick up (Yes or No)
1.					
2.					
3.					
4.					

Person(s) NOT authorized to pick up child:

Child's Name \_\_\_\_\_

## General Information

\*List all previous childcare providers and/or schools \_\_\_\_\_

\*Is your child currently receiving or has your child previously received any services, i.e., speech, behavioral?

Yes \_\_\_ No \_\_\_ If yes, where and what type? \_\_\_\_\_

\*Name of church where family worships \_\_\_\_\_

\*Other members of the family living at home (brothers, sisters, grandparents, etc.):

Name                      Age                      Relationship                      School Attending                      Name used by child

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## Emergency Care Information

\*Health/Physical Problems \_\_\_\_\_

\*Developmental Information/Special Accommodations needed \_\_\_\_\_

\*Other important information (i.e., fears, difficulties, etc.) \_\_\_\_\_

\*Current Medications \_\_\_\_\_

(Additional forms may be required for emergency medical conditions. Please see the office if your child is on these medications)

Doctors Name:	Address:	Phone #
Dentist Name:	Address:	Phone #
Insurance Company:	Address:	Policy #

## Policy and Procedure Agreements

1. The parent/guardian gives authorization for the child to participate in field trips. **Yes \_\_\_ No \_\_\_**
2. The childcare center agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up child as soon as possible if requested by the center. **Yes \_\_\_ No \_\_\_**
3. The parent/guardian authorizes the childcare center to obtain immediate medical care if any emergency occurs and the parent cannot be reached by phone. **Yes \_\_\_ No \_\_\_**
4. The parent/guardian agrees to inform the center within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. **Yes \_\_\_ No \_\_\_**
5. The parent/guardian gives authorization to photograph the child and reproduce the child's picture in connection with any public relations on behalf of the center. **Yes \_\_\_ No \_\_\_**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator of Center \_\_\_\_\_ Date \_\_\_\_\_

## Enrollment Agreement for After School Students 2024-2025 School Year

- A registration fee of \$40 is to be paid at the time of enrollment. Registration fees are non-refundable.
- Payments may be made by cash, check, or credit card. Checks will be processed as a bank draft.
- Should you have to withdraw for any reason during the school year a written notice to the office is required two weeks prior to the withdrawal date. You will be responsible for the two weeks tuition from the date the office is notified.
- A student will not be permitted to enter or continue in our program if any of his/her tuition fees or other charges are delinquent as determined by the office.
- Weekly tuition payments are due on Mondays.
- Sibling discount of \$10 is only applied when weekly total is over \$100.
- Payments not up to date at the 30-day mark will be assessed a \$20 late fee.
- **All programs at Bonsack Baptist will be closed the week of Christmas, December 23<sup>rd</sup> 27<sup>th</sup>; you will not be charged for this week.**
- Year-Round students may select one additional vacation week during the year to be taken at no charge.
- **All other weeks of the year will be charged at your normal tuition rate.**

I understand the tuition policies and agree to meet all the above requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Handbook Agreement

- I understand that the Bonsack Baptist WEEC handbook is available online and that I can receive a hard copy upon request. I will review and abide by the polices set forth in that handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Homework Agreement

- I give permission for the teachers of Bonsack Baptist Weekday Early Education Center to access the homework of my child and sign off on homework completed. I will monitor my child's schoolwork to ensure all is completed and will communicate any concerns with my child's teachers at both school and in the After School program.

Signature \_\_\_\_\_ Date \_\_\_\_\_