

Child Enrollment  
**Forest Hill Presbyterian Church Child Care Center**  
4401 Forest Hill Avenue  
Richmond, Virginia 23225  
230-2380

**GENERAL INFORMATION**

**Date Enrolled** \_\_\_\_\_

Child's Name \_\_\_\_\_ Name used at home \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Having Custody \_\_\_\_\_

**Authorized to pick up child:** \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Persons Authorized to Act for Parents in an Emergency- Must list 2**

1- Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work/cell phone \_\_\_\_\_

2- Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work/cell phone \_\_\_\_\_

Hospital Preferred ( in emergency) \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Church You Attend \_\_\_\_\_

If no membership, give church preference \_\_\_\_\_

**FAMILY SITUATION**

Is Child Adopted? \_\_\_\_ If so, at what age? \_\_\_\_ Own Father? \_\_\_\_

Own Mother? \_\_\_\_ Step-parent?(which) \_\_\_\_ Divorced? \_\_\_\_

Death of one Parent? \_\_\_\_\_

Name and ages of other children in the home

**MEDICAL HISTORY**

Measles \_\_\_\_ Mumps \_\_\_\_ Chicken pox \_\_\_\_

Allergies /Intolerance to food, medication \_\_\_\_\_  
Action to be taken \_\_\_\_\_  
Evidence of hearing loss/difficulties \_\_\_\_\_  
Vision difficulties \_\_\_\_\_ Speech difficulties \_\_\_\_\_  
Hospitalizations \_\_\_\_\_  
Operations \_\_\_\_\_  
Other Illnesses \_\_\_\_\_

**SCHOOL AGE CHILDREN only-** Please list the school your child attends. Include name, address and grade level: \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL AND PHYSICAL GROWTH: check characteristics of your child-**

- |                             |                      |
|-----------------------------|----------------------|
| 1- Right/left-handed ____   | 8-Unusual fears ____ |
| 2- Well coordinated ____    | 9- Talks well ____   |
| 3- Clumsy ____              | 10- Excitable ____   |
| 4- Good with hands ____     | 11- Restless ____    |
| 5- Potty-trained ____       | 12- Domineering ____ |
| 6- Dare-devil behavior ____ | 13- Shy ____         |
| 7- Impulsive ____           | 14- Happy ____       |

What, if any, particular concerns do you have about your child?  
\_\_\_\_\_

What do you feel are your child's special abilities?  
\_\_\_\_\_

**EXPERIENCES WITH OTHERS:**

What are some of the ways that your child plays at home?  
\_\_\_\_\_

Favorite toys? \_\_\_\_\_

Special Interests? \_\_\_\_\_

Favorite programs/books? \_\_\_\_\_

Does your child play well with others? \_\_\_\_\_

How does your child react when he does not get his way? \_\_\_\_\_

Is child enrolled in special group? (dance, etc.) \_\_\_\_\_

How often do you read to your child? \_\_\_\_\_

Name some fun things you do together \_\_\_\_\_

Favorite foods? \_\_\_\_\_

List methods of discipline used with your child \_\_\_\_\_  
\_\_\_\_\_

In what ways do you expect our program to help your child? \_\_\_\_\_

**PERMISSION FORMS**

The Child Care Center agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick up the child as soon as possible.

**THE PARENT/GUARDIAN AUTHORIZES THE CHILD CARE CENTER TO OBTAIN IMMEDIATE CARE IF AN EMERGENCY OCCURS WHEN HE/SHE CANNOT BE LOCATED IMMEDIATELY OR THE FAMILY PHYSICIAN CANNOT BE REACHED. PERMISSION IS GIVEN UNDER THESE CIRCUMSTANCES FOR TREATMENT BY ANOTHER DOCTOR AT THE EMERGENCY ROOM OF THE HOSPITAL.**

\_\_\_\_\_
Parent/Guardian

**Field Trips:** Field trips and walks are a regular part of our program and carefully supervised. Walks in the neighborhood are often taken without previous planning, but parents will always be notified by teachers before each trip when Children are to be transported by car or bus.

**MY CHILD MAY LEAVE THE CENTER FOR WALKS OR FIELD TRIPS.**

\_\_\_\_\_
Parent/Guardian

**Photography:** Photos and movies are sometimes taken for use within the center with the children. Occasionally these or other pictures may be used for newspaper stories about the center or for educational purposes such as textbooks, journals, etc. Whenever possible this use will be cleared with parents, but this is sometimes difficult or impossible in cases where pictures contain large groups of children or are used several years after the pictures are taken.

**MY CHILD'S PICTURE MAY BE USED FOR PUBLICATION OR NEWSPAPER STORIES ABOUT THE CENTER OR FOR EDUCATIONAL PURPOSES.**

\_\_\_\_\_
Parent/Guardian

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Date Admitted \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Date \_\_\_\_\_

Administrator- Child Care Center

**PARENT-CENTER AGREEMENT  
FHPC CHILD CARE CENTER**

The following conditions involved in the care of \_\_\_\_\_ are understood and agreed upon by Forest Hill Presbyterian Church Child Care Center and \_\_\_\_\_.

**The Center agrees that-**

- 1- In return for the sum which the parent agrees to pay, the school will give regular care to the above named child from 7:30 a.m. until 6:00 p.m. for five days per week, except for Saturday, Sunday, and the following holidays:

|   |                        |
|---|------------------------|
| New Year's Day                                  | Thanksgiving/Day after |
| July 4  | Christmas Eve          |
| Memorial Day                                    | Christmas Day          |
| Labor Day                                       | Easter Monday          |
| Center Workday- Friday before Labor Day Weekend |                        |

In an emergency, care will be given in addition to the hours indicated, if an additional fee for every ten minutes is paid. If a child has not been picked up from the center by 6:30 p.m., and all measures have been taken to contact both parents/ guardians and emergency persons, the center will have to contact the Department of Social Services as required by our state license.

- 2- Staff will examine the child daily for symptoms of contagious illness before he/she is admitted for the day. If a child has a fever of 100° and/or exhibits signs of vomiting or diarrhea, he will not be admitted to the center unless he has been free of symptoms for twenty-four hours.
- 3- The Center will exercise reasonable care and judgment in all matters related to the safety and welfare of each child.
- 4- In case of an accident or illness to the child, the teacher and/or director will promptly take such measures as are, in our judgment, in the best interest of the child, and will notify the parents as soon as possible.
- 5- The Center will provide care, protection, and guidance for your child as well as the following services: morning/afternoon snacks, lunch, liability and accidental insurance and the field trips.
- 6- The Center will give notice in the event of any exposure to a contagious disease within the Center.
- 7- The Center will not release the child to anyone other than the parent or guardian unless there is written permission from the parent or guardian naming the authorized person.
- 8- The Center will provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities during the day. Children may share favorite books and records, but the center cannot be responsible for toys, etc. that are brought from home.

**The Parent agrees that-**

- 1- The parent will pay the Center in advance every two weeks the sum of \$ \_\_\_\_\_ for regular care given to the above named child from 7:30 a.m. until 6:00 p.m. for

five days per week (part time is available) except for Saturdays, Sundays and holidays listed.

- 2- The parent will not violate the hours of care agreed upon. If the parent knows of extenuating circumstances that will delay pickup for the child, the parent will notify the Center. A late charge will be applied for additional care.
- 3- If the child needs a patented or prescribed medication during the day, the parent will fill out a written permission release for the medicine. This will be kept in the Center's file for the child. Medicine will be administered at noon and 3:00 p.m.
- 4- In the event of contagious illness, the parent will notify the Center and remove the child and not him/her to return until all danger of contagion is removed.  
22VAC15-30-110 A.3 The parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
- 5- In case of illness or accident when a parent cannot be contacted by the center, and in the judgment of the teacher/director, the illness or accident requires the attention of a physician, Dr. \_\_\_\_\_, may be called at the parents' expense.
- 6- In all emergencies, the center has permission to take such responsible measures, as are in the judgment of the teacher/director, necessary to the welfare and safety of the child.
- 7- Parents are requested to participate in at least two conferences with the child's teacher during the year at times which will be announced. Parents are encouraged to visit the classroom at any time.
- 8- The Center reserves the privilege of dismissing any child if after enrollment, he/she seems unable to participate in group experiences, endangers the safety of other children, or exhibits emotional and/or behavioral problems that cannot be handled by our staff.
- 9- Liability for the acts of the children while he/she is under the care of the center is the responsibility of the parent.
- 10- The parent will give two weeks notice when the child is to be withdrawn or to go on vacation.

**Both FHPC Child Care Center and the Parent agree:**

- 1- This agreement is a contract binding for both operator and parent.
- 2- The contract may be terminated by either parent or the center upon notification or intention at least two weeks in advance or at any time by mutual agreement of both parties.

\_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Center

**Forest Hill Presbyterian Church Child Care Center  
Tuition Payment Policy  
2018**

**Preschool Rates**

|                               |                   |
|-------------------------------|-------------------|
| Full time                     | \$205.50 per week |
| Full time (not potty trained) | \$217.00 per week |
| Part time (20 hours)          | \$154.00 per week |
| Part time (not potty trained) | \$159.00 per week |

**School-Age Rates**

|                          |                   |
|--------------------------|-------------------|
| Summer/holiday Full time | \$207.00 per week |
|--------------------------|-------------------|

**Other Fees**

|                                |  |
|--------------------------------|--|
| Registration                   | \$70.00 per year   |
| Returned checks                | \$20.00 per return   |
| Late pick-up (after 6:00 p.m.) | \$3.00 before 6:05 p.m.<br>\$5.00 for each additional<br>5 minutes |

Families with more than one child at the Center will receive a 5% discount for each additional child.

Payments must be made **in advance** every two weeks for regular care.

If tuition is not paid by 6:00 p.m. on the Friday before the two-week period begins, your child will be dropped from the Center roll and you must pay a \$20.00 fee to re-register your child. If your payment will be delayed until Monday morning because of *extenuating circumstances*, you must contact the Center bookkeeper before 6:00 p.m. on Friday. If your payment will be delayed any later than Monday morning due to *extenuating circumstances*, you must contact the Center Treasurer, before Monday morning. Under no circumstances can you delay payment past Monday morning without notifying the Treasurer. Permission to delay and due dates will be decided on a case-by-case basis. If you do not contact the Treasurer and we do not receive your payment your child will not be allowed to attend the Center on Monday morning.

Two weeks' notice must be given when a child is to be withdrawn. If a notice is not given, payment for the two weeks must be made.

If your child is absent, on vacation, or sick, tuition is still due. Food preparation, staff and utilities' expenses are still incurred. The Center makes every attempt to remain open during inclement weather. It is not the Center's policy to discount tuition if the Center does close for inclement weather.

I accept the policies of payment to Forest Hill Presbyterian Church Child Care Center as stated above.

Signed \_\_\_\_\_  
Parent/Guardian