

Child Enrollment Form
Forest Hill Presbyterian Church Child Care Center
4401 Forest Hill Avenue
Richmond, Virginia 23225
804-230-2380

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 _____

Adults 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 _____

Religious Affiliation

Church you attend _____

If no membership, give church preference _____

Family Situation

Own Father? ____ Own Mother? ____ Is Child Adopted? ____ If so, at what age? ____

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-

- | | |
|---------------------------|---------------------|
| Right/left- handed _____ | Unusual fears _____ |
| Well coordinated _____ | Talks well _____ |
| Clumsy _____ | Excitable _____ |
| Good with hands _____ | Restless _____ |
| Potty-trained _____ | Domineering _____ |
| Dare-devil behavior _____ | Shy _____ |
| Impulsive _____ | 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/she does not get their way?

Is your child enrolled in special groups? (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 THE TREATMENT BY ANOTHER DOCTOR AT THE EMERGENCY ROOM OF THE HOSPITAL.

Parent/Guardian Signature

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 Signature

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 Signature

OFFICE USE ONLY

Date Admitted _____

Administrator- CCC _____

Date Withdrawn _____

Reason for Withdrawal _____

**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 5:30 p.m. for five days per week, except for Saturday, Sunday and the following holidays:

New Year's Day	Thanksgiving/ Day after
July 4th	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 fifteen minute is paid. If a child has not been picked up from the center by 5:30 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 degrees and/or exhibits signs of vomiting or diarrhea, he/she will not be admitted to the Center unless they have been free of symptoms for twenty-four hours.

3- The Center will exercise reasonable care and judgement 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 judgement, 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 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 variant of play and learning activities during the day. Children may share favorite books, 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 5:30 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 allow him/her to return until all danger of the contagion is removed.
- 22VAC15-30-110 A.3 The parent will inform the center within 24 hours or the next business day after his/her 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 judgement of the teacher/director, the illness or accident requires the attention of a physician, Dr. _____, may be called at the parent’s 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 from the Center 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 Signature

Date

Authorized Signature of the Center

Date

**Forest Hill Presbyterian Church Child Care Center
Tuition Payment Policy
2022**

Preschool Weekly Rates

Full Time	\$210.00
Full Time, not potty trained	\$222.00
Daily Rate	\$56.00

School Age Program Weekly Rates

Full Time	\$235.00
Daily Rate	\$56.00

Other Fees

Registration	\$70.00
Returned Checks	\$20.00
Late pick up: 5:30-5:45 p.m.	\$15.00
\$15.00 for each additional fifteen-minute period.	

Full time enrolled families with more than one child at the Center will receive a 2.5% discount every two weeks.

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 tuitions 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.

Parent/Guardian Signature

Date