

Maranatha Baptist Church Daycare/Preschool Enrollment Application

Page 1 – General Information

Child's Name: _____
Last First Middle Initial

Child's Address: _____
City State Zip

Date of Birth: _____ Age: _____ Sex: M or F Toilet Trained: Yes No Date of Enrollment: _____

Circle Days Attending: Mon Tues Wed Thurs Fri Arrival Time: _____ AM Departure Time: _____ PM

1. Enrolling Parent / Guardian: _____
Last First Middle Initial

Address: _____
City State Zip

Relationship to Child: _____ Marital Status: Married Divorced Separated Widow

If divorced, who has legal custody: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____
City State Zip

2. Parent / Guardian: _____
Last First Middle Initial

Relationship to Child: _____ Email Address: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____
City State Zip

Maranatha Baptist Church Daycare/Preschool Handbook Confirmation

I have received the Maranatha Baptist Church Daycare/Preschool Handbook that contains the policies and procedures for the Center.

Child's Name: _____

Date of Enrollment: _____

Date received: _____

Parent's signature: _____

Director's signature: _____

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Page 2 – Emergency Authorization

Child's Name: _____ Date of Birth: _____

Emergency Contacts:

1. Parent / Guardian: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

2. Parent / Guardian: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

3. Emergency Contact (other than parents): _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

4. Emergency Contact (other than parents): _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Emergency Information:

Allergies or special needs (Doctor's notes must be provided to director): _____

Child's Physician: _____ Phone #: _____

Address: _____

Hospital Preference: _____ Phone #: _____

Address: _____

Insurance Carrier: _____ Insurance #: _____

Family Doctor: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

I authorize the staff and director, representing Maranatha Baptist Daycare/Preschool to give consent for any and all necessary emergency medical and First Aid care in the event I cannot be reached and to make arrangements for emergency medical or dental attention to be taken to the nearest hospital and receive care as required by the attending physician for my child while he/she is in the Maranatha Baptist Daycare/Preschool custody.

Enrolling Parent / Guardian Signature: _____ Date: _____

Authorized Child Pick-Up: The child will **ONLY** be released to the people on this application and the following persons:

1. Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

2. Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Enrolling Parent / Guardian Signature: _____ Date: _____

Director Initials: _____ Date: _____

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Page 3 – Tuition Agreement

Child's Name: _____ Date of Birth: _____

My child will be attending Maranatha Baptist Daycare/Preschool and I agree to pay the tuition as follows:

Private Pay Clients:

- I agree that I am enrolling my child for _____ days per week at the cost of \$_____ which will be paid **each week** upon receipt of invoice. If you are behind more than **two weeks** of payments, your child's enrollment then will be discontinued, unless payment arrangements are made with the director.
- I agree to pay, at the time of enrollment, the **registration fee** of \$50 and the **deposit** in the **amount of the first week's tuition** to ensure a spot for my child. (The deposit will be refunded at the time of withdrawal from the center provided that a **two week notice is given** in writing and the account is **paid in full** before the last day in attendance).
- I am aware that my child has available up to **two weeks of vacation days** that may be used for absences that occur throughout the school year. (Each vacation day provided is equivalent to a normal enrollment day at no charge). The vacation days will be renewed at the beginning of every school year (September) and expire at the end of the school year (August).
- Please make checks payable to **Maranatha Baptist Church Daycare**.
- A charge of \$15 will be accessed to the account on all **returned checks**.

Parent / Guardian Signature: _____ Date: _____

Connect Clients:

- I agree that I am enrolling my child for _____ days per week and the monthly cost will be calculated each month. Upon receipt of the invoice I am expected to pay the balance due by the 15th of every month or a report will be made to Connect.
- Child must be present at least 15 days each month.
- I agree to pay, at the time of enrollment, the **registration fee** of \$50 and the **deposit** in the **amount of \$75** to ensure a spot for my child. (The deposit will be refunded at the time of withdrawal from the center provided that a **two week notice is given** in writing and the account is **paid in full** before the last day in attendance).
- Please make checks payable to **Maranatha Baptist Church Daycare**.
- A charge of \$15 will be accessed to the account on all **returned checks**.

Parent / Guardian Signature: _____ Date: _____

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Page 4 – Enrollment Interview

Child's Name: _____

Date of Birth: _____

Help Us Get To Know You and Your Child

We would like to learn about some information that would help us know what is important to you and the care for your child. Please give us some insight on what we can do to help meet your expectations and your child's needs.

Parent Questions:

Has your child been cared for in a group setting or by another individual other than a parent?

Please list any eating, sleeping habits, likes/dislikes, or comfort objects that may help in their experience at daycare?

What does your child like to do? Such as: color, blocks, puzzles, etc.

Could you please describe your child using words like: loud, quiet, bashful, playful, serious, stubborn, affectionate, etc.

Does your child have any younger or older siblings and how old are they?

What kinds of things do you and your child do together?

Does your child have a daily routine and if so, what does it consist of?

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Parent Authorization**

Photo / Video Consent:

I give permission for Maranatha Baptist Daycare to take and use photographs, audio or videos of my child _____, during school activities for use in displays, stories or advertising purposes.

Parent / Guardian Signature: _____ Date: _____

Sunscreen Application Consent:

I give permission for the person(s) in charge of my child _____ at Maranatha Baptist Daycare to apply sunscreen of my choice during the summer hours when my child will be exposed to the sun for any extended amount of time.

I understand that I am responsible for supplying the sunscreen and it must be clearly labeled with the child's name. The Center is not responsible for supplying the sunscreen, but only for application of the sunscreen that I provide. If sunscreen is not provided then, sunscreen will **not** be applied.

Parent / Guardian Signature: _____ Date: _____

Notification Request Form

Pesticide Levels 3 and 4

Level 3 EPA Caution (crack & crevice treatments)

Level 4 EPA Warning or Danger (broadcast spraying of fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance of the application of Level 3 or 4 pesticides in your child's daycare center?

Please mark the appropriate box and return to the director:

Yes

No

A notice will be available 24 hours in advance of pesticide application. The notice will be placed at the register where you sign your child into the center each day.

Child's Name

Parent or Guardian's Name

Address

City

State

Zip

Phone

CHILD ABUSE AND NEGLECT

Maranatha Baptist Church Daycare Center is a mandated reporter for child abuse and/or neglect. We are required to report any suspicions of abuse or neglect to the proper agencies. You as parents have the right to report any suspicions that you may have to the proper authorities.

I have read and understand Maranatha Baptist Church Daycare policies of child abuse and/or neglect.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Child Abuse Hotline:
1-800-352-6513

Maranatha Baptist Daycare Behavior Management

Our policy of behavior management is redirecting a child when he/she misbehaves or is sent to the corner or time out. If the child is 2 years of age they are to have alone time. If misbehavior continues we will contact parents for a meeting to discuss the issues and come up with a plan to try to resolve the problem. If after the meeting the problems continue we will remove the child from the Center for 3 days. When the child returns if we are still having behavior problems then we will remove the child from the Center indefinitely.

Signature: _____

Date: _____

Child Health Assessment

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Child Care Facility Name: Maranatha Baptist Church Daycare/Preschool		
Facility Phone: 304-984-9514	County: Kanawha	Work Phone:
<i>To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.</i>		
Parent/Guardian Signature:		Date:

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM % ILE _____	_____ LB/KG % ILE _____	(Birth to Age 2) _____ IN/CM % ILE _____	(Beginning at age 3) _____ / _____

PHYSICAL EXAMINATION	√ = NORMAL	IF ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

NONE

NEXT APPOINTMENT - MONTH/YEAR:

Medical care Provider:	Signature of Physician or CPNP:
Address:	
Phone:	License Number:
	Date Form Signed: