



ENROLLMENT PACKAGE & CHECKLIST

Welcome to Apostles Preschool & Childcare! We are happy to have your family join ours.

Following the listed enrollment steps and checking off the items as they are completed will help to ensure that all the requirements are met to enroll your child. Required forms are all found in this Student Enrollment Packet.

Complete ALL pages of the Enrollment Agreement included in this packet. Please **Print Legibly** and leave no blanks. If an item on the form does not apply, fill in with "N/A". Please ensure that the forms are signed, initialed and dated in the appropriate places. Required forms include:

- Enrollment Information
- Emergency Contact and Release Information
- Admission Agreement & Contract
- Other Agreements
 - Walking Excursions
 - Media Release
 - Parent Handbook Acknowledgment
 - Absence/Drop Off Policy
 - Sick Child and Infection Control Policy
- School Age Supplemental Form (if applicable)

Submit the following **with** the above completed registration forms:

- Non-refundable Registration Fee as noted in Current Fee Schedule (space is not reserved until this fee is paid)
- Copy of Birth Certificate (proof of identity)
- Current Immunization Records and Health Form (found in packet) completed by physician and parent
- Developmental History Form
- Any custody papers if applicable

Questions?

Contact our office by phone at 757-410-1797. You may also email us at:

Administrative Director: Nanette Roberts – promote.director@apostles-lutheran.org

Our fax number is 757-436-7556

Enrollment Agreement

Apostles Preschool & Childcare

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information

Child's Information

Child's full name (First, Middle, Last)	Nickname	Date of birth	Age	Sex
Home Phone:	Home Address (street, city, state, zip)			
Any chronic/physical/developmental problems?				
Any allergies?			If yes, severity	
Asthma?			If yes, severity	

Family Information-List contact information for each parent/guardian who has custody

Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone	
Home address if different from above	City	State	Zip	
Home email	Work email	Work phone		
Employer/ school			Work hours	
Employer address	City	State	Zip	
Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone	
Home address if different from above	City	State	Zip	
Home email	Work email	Work phone		
Employer/school			Work hours	
Employer address	City	State	Zip	
Current Church				
List family members & pets your child lives with – include first names, relations and ages of siblings.				
How did you learn about Apostles Preschool & Childcare?				

Previous Daycare/School Experience

Name of school	Enrolled from/to	Reason for leaving
Address		
Name of school	Enrolled from/to	Reason for leaving
Address		

Current School Attendance

Name of school	Grade	School phone
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Child Emergency Contact & Release Information

Child's full name		Date of birth	
Home address		City	state Zip
Mother	Cell phone	Home phone	Work phone
Father	Cell phone	Home phone	Work phone

Emergency Medical Care Information

Primary physician's name	Primary physician's practice name	Phone
Child's health insurance provider name		Policy number

Emergency Contacts / Release Authorization (do not include parents/guardians)

1.	Name	Relationship to child	
Address		City	State Zip
Home phone		Cell phone	Work phone
2.	Name	Relationship to child	
Address		City	State Zip
Home phone		Cell phone	Work phone

Additional Release Authorization-the following persons are authorized to pick up my child

Name	Relationship to child	phone
Name	Relationship to child	phone
Name	Relationship to child	phone

Please notify the center if an Emergency Release Contact will pick up your child on a given day.
 For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pickup.

The persons designated as an Emergency Contact will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

I agree that in the case of accident or injury, emergency medical care and transportation may be given in the event I or person(s) designated as Emergency Contacts above cannot be reached.

We follow Chesapeake Public Schools for weather closings and delays. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up. If the severe weather or conditions prevent the center from opening on time or at all we will alert parents via the REMIND APP.

Parent signature _____ Staff initial _____ Date _____

Allergies/Asthma -A Food Allergy & Anaphylaxis Emergency Care Plan MUST be filled out by a physician and on file for food allergies and/or life-threatening allergies

Allergies	Severity/Reaction	Treatment
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Additional Medical Policies

- Prior to enrollment, I must provide the center with an updated School Entrance Health Form and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.
- I give permission for my child's allergies to be posted in the classroom in public sight.
- I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.
- If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until my child is symptom free or I bring in a physician's note stating that he/she is no longer contagious.
- If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release Information*
- If your child or any immediate member of the household develops a communicable disease the parent agrees to notify Apostles Preschool & Childcare within 24 hours. If the disease is life-threatening the parent agrees to report it to Apostles Preschool & Childcare immediately.**

Parent signature _____ Date _____

To the best of my knowledge the information contained above is accurate.

Parent Signature _____ Staff initial _____ Date _____

Enrollment Agreement

Apostles Preschool & Childcare, 304 Newberry Dr., Chesapeake, Virginia (hereinafter referred to as the "center") is a childcare facility operated by PROMOTE Family Development Centers, Inc., 304 Newberry Drive., Chesapeake, Virginia, 23322. The center is licensed by the Commonwealth of Virginia Department of Social Services.

Admission Agreement and Contract

Child's full name	Birth date
Name of person enrolling child	Relationship
Statements will be sent via email. Please provide the email address(s) you wish to have statements sent to.	
Email 1 _____ Email 2 _____	

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows: Note: contracted days must be M-F, MWF, or T/TH

	Monday	Tuesday	Wednesday	Thursday	Friday	Comments
Drop off time						
Pick up time						

Fee Policy (to be completed by staff; reviewed by and initialed by parent or guardian after completion).

Child's Start Date _____ **Class/Age Group** _____

For services listed in this agreement, and in accordance with the terms of the parent handbook, I agree to pay Apostles Preschool & Childcare the amount of (full monthly tuition amount) _____ beginning on (first payment date) _____.

Please choose your payment option below:

Monthly payment option <input type="checkbox"/> 5 th of each month or the next preceding business day if the 5 th falls on a weekend.	_____ Full payment amount	_____ Initial
Bi-monthly payment option <input type="checkbox"/> 1st and 15 th of the month or next business day if these dates fall on a weekend.	_____ Per payment amount	_____

- A non-refundable registration fee is due annually. _____
- If a child is withdrawn for any reason a non-refundable re-registration fee shall be paid upon re-enrollment _____
- I agree to pay my tuition on the date due even if my child is absent. _____
- Tuition is not subject to discounts or credits for absences, vacations, holidays, or Center closures (e.g emergency closing, weather, excessive illness outbreak/pandemic). _____
- Attendance days cannot be swapped for days missed. _____
- I understand I may not drop my child off after 10am without prior notification with the office. _____
- For attendance on days not reflected in the Admission Agreement drop in care may be arranged on a space available basis. _____
- Regular operating hours are **6:30 AM to 6:00 PM**. A late fee of \$1.00 per minute, per child is due if my child is picked up after 6:00PM _____
- A late tuition fee of \$10 per week will be charged to those accounts not paid on time. _____
- Accounts two weeks in arrears may result in immediate termination of service. _____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required. _____
- All returned checks will be charged a fee of \$35. Two or more returned checks will result in my account being placed on "cash or money order only" status. _____
- A two-week written notice is required for any child being withdrawn from the program. _____
- For parents participating in subsidized programs, amounts not covered by the subsidiary program will be the parent(s) responsibility. _____

TERMINATION OF THE AGREEMENT- This agreement shall be terminated if any one or more of the following occur:
 Serious prolonged illness or death of the child. The parents or guardians give a two week written notice of enrollment termination. The parent or guardians of the child allow their account to become delinquent. The center determines that it is unable to meet the needs of the child. The center determines that it is not in the best interest of the center or other children enrolled at the center to have the child in attendance. Failure of the child's parents or guardians to cooperate with the center, which the center determines, is serious enough to warrant termination.

MODIFICATION CLAUSE- This agreement may be modified whenever any of the circumstances covered by this agreement change. Such modifications may only be in writing, and must be signed and dated by the parties involved in order to be binding and effective.

Admission Agreement and Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Admission Agreement and Contract*

Primary Parent/Guardian/Sponsor Signature _____	Date _____	Center Staff Signature _____	Date _____
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Other Agreements

Child's name _____	Birth date _____
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Walking Excursions

I give my permission for my child to participate in supervised walking excursions on the center property (i.e. chapel) Initial

Media Release

Occasionally, photos and/or video will be taken of the children at the center, during class activities, special events, school programs, field trips and functions. Photos are taken by school staff or may be submitted by parents who may take a photo at an event. Apostles Preschool & Childcare will not print children's full names or other personal information that will identify the child. Below please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the center.

CONSENT TO RELEASE PHOTO/IMAGE

_____ I give my consent to Apostles Preschool & Childcare to publish photographs and videos in which my child appears while he/she participated in any programs at Apostles Preschool & Childcare. This would include, but is not limited to, use on our family bulletin boards, classroom walls and posters, brochures or informational flyers, videos shown during school programs (i.e. Christmas Program, Graduation, APC Church Day) our school website, school Face book page and/or newsletters.

I understand that I may revoke this consent, by doing so in writing and submitting it to Apostles Preschool & Childcare administration. I may also request in writing that any photo or video of my child be removed from a particular site if I request it at a later date. I also acknowledge that if the center inadvertently includes my child's photograph in one of the above media, I will advise the administration immediately so that the center can rectify the issue.

Childs name: _____

Parent signature: _____ Date: _____

NON-CONSENT OF PHOTOS AND VIDEO RELEASE

_____ I do not consent to the release of my child's image in photographs or videos as listed above. I also acknowledge that if the center inadvertently includes my child's photograph in one of the above media, I will advise the administration immediately, so the center can rectify the issue.

Childs name: _____

Parent signature: _____ Date: _____

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial

Parent Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them. Initial

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

Information contained in the Parent Handbook may be subject to change.

Parent or guardian _____ Date _____

Director _____ Date _____

Absence/Drop Off Policy

I agree to contact the office if my child will be absent due to illness or other reasons. Initial

I understand I may not drop off my child after 10am without prior notification.

Reporting Abuse/Neglect

All Apostles Preschool & Childcare staff members are required to report suspected child abuse according to the Code of Virginia § 63.1-248.3. Initial

Other Agreements and Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature _____ Date _____ Center Staff Signature _____ Date _____

For students applying to the school, Apostles Preschool and Childcare does not discriminate based on race, religion, color, or national origin. We are an equal opportunity provider and employer.

Other Agreements

Child's name	Birth date
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Sick Child and Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to shield a child completely from the outside world. If we did the natural immunities a child gains through contact with others would not develop.

In a childcare and school setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread to others.

For this reason, our staff takes constant precautions to prevent the spread of disease including careful hand washing of both children and staff, sanitizing toys, and eating areas, separating sick children from those that are well, and extra precautions while diapering or toilet training children.

You the parent can help us in our effort to keep children healthy. We ask your cooperation in the following ways:

- If your child shows any of the following symptoms you will be called and asked to come immediately. Your child will rest in a separate area while waiting for your arrival. Please help us protect other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of the center until symptoms are gone or until your physician says it is all right to return.

The symptoms include:

- Fever greater than 101
- Severe coughing-child gets red or blue in the face
- High pitched croupy or whooping sounds after coughing
- Difficult or rapid breathing
- Yellowish skin or eyes
- Pinkeye-tears, redness of eyelid lining, followed by swelling and discharge of pus
- Unusual spots or rashes
- Sore throat or trouble swallowing
- Infected skin patches
- Headache and stiff neck
- Vomiting/diarrhea
- Severe itching of body or scalp or scratching of scalp
- Or as recommended in the Virginia Department of Health's current communicable disease chart.

For the welfare of your child, as well as the other children, make other arrangements in the event your child is ill. Call the center if your child will not be attending because of illness.

If your child or any immediate member of the household develops a communicable disease, as defined by the state of Virginia's Department of Health, the parent agrees to notify Apostles Preschool & Childcare within 24 hours or the next business day. The current list of reportable disease can be found at the following link:

http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf

If the disease is life-threatening the parent agrees to report it to Apostles Preschool & Childcare immediately.

Apostles Preschool & Childcare will notify all families in the childcare center if a communicable disease breaks out.

I have read and understand the attached Infection Control and Sick Child Policy and I agree to abide by this policy for the protection of my child as well as the other children and staff members at Apostles Preschool & Childcare Preschool & Childcare.

Parent signature: _____ Date: _____