

Second Presbyterian CCC 5 N 5th Street Richmond VA 23219

APPLICATION PROCEDURE

1. Arrange for a personal meeting with the director to discuss the program. If you wish to enroll your child, schedule a visit date to introduce your child to the center.
2. Fill out the attached papers completely and return to the center.
3. Show the director or center staff proof of your child's identity such as:
 - A certified copy of the birth certificate
 - Birth registration card
 - Hospital, doctor or midwife certification of birth
 - Passport
 - Foster care or adoption placement agency proof of identity
4. Give us some record of immunization. The state medical form will be due within 30 days.

ON DAY ONE PLEASE BRING THE FOLLOWING:

1. A blanket for naptime; we will provide a sheet.
2. A COMPLETE change of clothes in a bag to hand under the cubby. Pants and underpants are important. Extra shoes and socks are also helpful.
3. A snapshot of your child to hang over cubby.
4. A bag lunch. **Drinks are provided by the center.**

If you have any questions, please contact Eboni Brickhouse, Executive Director at 649-0152.

SECOND PRESBYTERIAN CHURCH CHILD CARE CENTER
5 N. Fifth Street Richmond, VA 23219

APPLICATION AGREEMENT

A. I hereby apply for the admission of my child _____ to the Second Presbyterian Church Child Care Center.

B. I hereby agree to comply with all the rules and regulations of the center which are set out in this application agreement, stated in the handbook or which may from time to time be amended and exhibited to me and do hereby agree to pay the fee of \$_____ per week. (All payments must be in exact amounts.) This fee is due in advance on Monday of each week by 6:00 pm; after that a late fee of \$15.00 will be imposed and the tuition and fee are due on Wednesday. If not paid in full on Friday, the child may not return on the following Monday or until the balance is paid, including late fees. Because the center must be operated on a predetermined budget, I understand that my fee must be paid whether or not my child is in attendance and no waiver or deduction of the fee can be made for the absence of my child. **I agree to give the center 2 week's notice before withdrawing my child.** The center reserves the right to cancel a child's enrollment for any cause upon giving 2 week's notice.

I understand that there is an annual insurance fee of \$_____ and an activity fee of \$_____.

I understand that to receive financial aid I must fill out a Scholarship Request Form and attach pertinent papers for review twice a year.

C. I understand that the hours of the center are from 7:30 am to 6:00 pm and that I will deliver and pick up my child in compliance with the hours of operation.

I will see that my child is signed in and signed out. My child will not be released to anyone other than a custodial parent unless specifically instructed by the parent.

I will aid the staff on holidays when the center is open by picking up my child as early as possible. I further understand that my child must be picked up by 6:00 pm and that a late fee described in my handbook will be imposed.

I understand that the center closes 1 week a year and that the dates of this closing will be posted at least 5 weeks in advance.

I will notify the center if my child will be absent. I understand that I am not to bring my child to the center if I suspect s/he is sick in any way, and I will inform the center if my child has been exposed to any contagious disease. I understand that the center will notify me in case of illness or injury and that it is my responsibility to come for my child at once. I understand that I will be phoned in an emergency, and if I or other emergency contacts cannot be reached, the center will take my child to the nearest medical facility as indicated in this application.

D. If my child is accepted, I agree to have a physician complete the medical form and administer the necessary immunizations both before enrollment and between my child's 5th and 6th birthdays.

E. It is understood that, weather permitting, my child will receive at least 1 hour of outdoor plan a day.

F. If I move or change jobs, I will notify the center of those changes AT ONCE.

G. I understand that the staff is mandated by law to report any suspected case of child abuse or neglect to the proper authorities.

H. I understand that if after negotiating a difficulty or a difference with the staff and/or the director I am not satisfied, I always have the option of taking the matter to the board of directors.

I. Should 2PCCC have to resort to legal action for the collection of delinquent tuition, it is understood that as the parent, guardian or the person enrolling the child(ren), I will be liable for attorney fees, court costs, and any other costs associated with the collection process. Should 2PCCC resort to legal action, I grant permission for the release of enrollment, attendance and account information. I understand that any outstanding balance due will be subject to a service charge of 1.5% per month until paid in full.

_____	_____
Parent	Date
_____	_____
Director	Date

My child _____ has my permission to go on short walks with staff in the downtown area. Only 4 and 5 year old children will be taken on mini field trips.

_____	_____
Signature of Parent	Date

Please indicate below how you learned of the center and why you chose it.

REGISTRATION FORM

Child's name _____ nickname _____ sex _____

Religious Affiliation _____ Date of Birth _____
(optional)

Home address & zip _____ Home phone _____

Cell phone/s _____

PARENT'S name _____ address _____

Employer _____ work phone _____

PARENT'S name _____ address _____

Employer _____ work phone _____

Siblings

name _____ age _____ school _____ grade _____

name _____ age _____ school _____ grade _____

name _____ age _____ school _____ grade _____

List others living in the home and relationship to your child

NAMES AND ADDRESSES OF ALL PREVIOUS CHILD CARE (**MANDATORY**)

Who may pick up your child _____

Who may NOT _____

CENTER USE ONLY Admitted _____ Withdrawn _____

Proof of identity _____ date _____

DEVELOPMENTAL HISTORY

Name of child _____ DOB _____

PERSONAL HISTORY:

Type of birth: normal _____ Premature _____ Complications _____

Is child adopted? _____ if so, does child know? _____

Age began sitting _____ crawling _____ walking _____

Age began talking _____ began simple sentences _____

Any language difficulties _____ bilingual _____

EATING HABITS:

Breakfast time _____ lunch _____ Dinner _____

Favorite foods _____ Foods refused _____

Food or other allergies _____

Religious or philosophical food abstentions _____

Drinks from a cup _____ uses utensils _____

SLEEPING HABITS:

Bedtime _____ Wakeup time _____ Naptime _____ to _____

Does child sleep in own room? _____ own bed? _____

SOCIAL RELATIONS

Child's experience with other children _____

Child's response to adults _____

Does child watch much TV _____ video games _____ computer _____?

Special fears _____

What upsets child? _____ Displayed how? _____

Is child shy _____ aggressive _____ cautious _____ have tantrums _____

Have trouble separating from parents _____

Does child have his/her own books _____ Read to how often _____

MISCELLANEOUS:

Any special health issues _____

Can child dress self in any way? _____

Describe you child's personality _____

What would you like us to know that we have not asked? _____

EMERGENCY TREATMENT AUTHORIZATION

Parent's name and SS# _____

Parent's name and SS# _____

In the event that my child requires emergency medical services, I hereby request that the following actions be taken:

Contact _____ at _____

Contact _____ at _____

**IF WE CANNOT BE REACHED, GET IN TOUCH WITH THE FOLLOWING:
(State law requires 2 contacts who are not parents)**

Contact _____ at _____

relationship _____ address _____

Contact _____ at _____

relationship _____ address _____

Doctor _____ telephone _____

OBTAIN EMERGENCY TREATMENT AT:

Nearest emergency room _____ or _____

Family insurance carrier _____

Policy number _____

SPECIAL MEDICAL INFORMATION _____

IN THE EVENT I OR MY DESIGNATED REPRESENTATIVE CANNOT BE REACHED, I AUTHORIZE SECOND PRESBYTERIAN CHILD CARE CENTER TO OBTAIN EMERGENCY ASSISTANCE FOR MY CHILD and I agree to pay any medical expenses incurred.

Signature _____ Date _____