

VBC SCHOOL MINISTRY

SAFE + NURTURING + FUN + EDUCATIONAL

Application Date _____

Date of Enrollment _____

Registration Application

Registration Fees: Kindergarten – 5th Grade \$30 (Each Additional Child add \$15 up to max of \$60/family)

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____

(ALL registration is non-refundable)

Tuition: 1-5 days flat rate \$50 per week

_____ 1-5 Days per week Attendance M _____ T _____ W _____ TH _____ F _____

What Elementary School does your child attend _____ Grade _____

Family Information: Child lives with _____

Father/Guardian's Name _____ Home Phone _____

Address (If different from child's) _____ Cell Phone _____

Where Employed _____ Work Phone _____ Email address _____

Mother/Guardian's Name _____ Home Phone _____

Address (If different from child's) _____ Cell Phone _____

Where Employed _____ Work Phone _____ Email address _____

Email address to be used for newsletters and billing purposes: _____

Health Care Needs: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes _____ No _____

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

Church Information:

Is your child actively involved in a local church? No ___ Yes ___

Name of church: _____

Name of Siblings:

_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age

Please name the last program attended, if applicable _____

EMERGENCY CONTACTS: Child(ren) will only be released to the parents/guardians above. The child(ren) may also be released to the following individuals as authorized by the parent/guardian signing this application.

Name: _____ Phone # _____ Relationship: _____ Address: _____

Name: _____ Phone # _____ Relationship: _____ Address: _____

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following:

Name: _____ Phone # _____ Relationship: _____ Address: _____

Name: _____ Phone # _____ Relationship: _____ Address: _____

ENROLLMENT INFORMATION:

I, the undersigned parent or guardian of the child named above, have received and read the *Viewmont Baptist After School Parent Handbook* and the **NC Child Care Laws** for child care centers. I understand that the After School Director is available to answer any questions I may have concerning these policies.

Parent/Guardian's Signature _____ Date: _____

Additional Information:

Please give any information concerning your child which will be helpful in social, recreational and academic activities.

I GIVE PERMISSION FOR THE FOLLOWING:

Yes ___ No___ The publication and use of my child's artwork, writing, or photography. This may include media, displays, or website.
(No additional information will be used.)

Yes___ No___ My child to be transported by a private or EMS vehicle in the event of a medical emergency.

Yes___ No___ My child to walk/play outside the fenced in area while supervised by staff.

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of Child's Primary Doctor (Facility & Dr Name): _____ Phone: _____

Hospital Preference: _____ Phone: _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian: _____ Date: _____

I, as the administrator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible staff member. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

Signature of Administrator: _____ Date: _____