



**ENROLLMENT AND PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

Parents/Guardian's Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Enrollment Fee:** Please include a \$25.00 non-refundable *annual* Fall Enrollment processing fee. Please note, a separate enrollment fee will be charged for Summer.

**Transportation:** Parents must inform the child's school that they plan to use Big Kids for childcare during the school year for bus transportation.

During the School Year credit is **not** given for vacation, holidays, staff in-service, illness, absence or retroactively.

Enrollment priority is per Board of Directors' policies.

1. I grant permission for my child to use all of the program equipment and participate fully in all activities at Bainbridge Island Big Kids Program.
2. I grant permission for my child to leave the center premises under staff supervision for neighborhood walks or for field trips in an authorized vehicle. I understand that I will be notified in advance with details regarding field trips and must grant permission for each separate trip.
3. Unless crossed out and initialed specifically, I grant permission for my child and his/her image and voice to be included in any and all:
  - Certifications, evaluations, studies and projects connected with the Center's program;
  - Center-related electronic images, photographs, or videos used for staff training/workshops, advertising, electronic presence (Facebook, BICCC website, etc.) and public relations; and
  - The Center Directory, which lists family name, child's name, address, phone number and e-mail.
4. **I have read & understood the fee schedule, policies & procedures outlined in the Bainbridge Island Child Care Centers' Parent Handbook and the Disaster/Emergency Preparedness Plan, and been provided an opportunity to request clarification of these policies.**
5. **I have completed the annual Emergency & Health Form and updated the Immunization Form for my child.**
6. **I agree to pay monthly tuition and fees due on the first of the month in which services are provided.**
7. **I understand that registration is not complete until all necessary paperwork is turned in with the registration fee and any past due balances, if applicable, have been paid.**

\*\*\*If there is more than one payee, each payee must submit a separate enrollment form.\*\*\*

\*\*\*Indicate your child's schedule on the back of this form.\*\*\*

Thank You for enrolling your child! A confirmation notice will be returned to you as verification.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: _____	Rec'd by: _____	Ck# _____	Amt: _____	Schedule Sent: _____	Confirmation Rec'd: _____
Forms Complete--	Emergency: _____	Health History: _____	Social History: _____	Immunizations: _____	FT: _____

Child's

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

M  F

Ethnicity (optional) \_\_\_\_\_

1. Check one

*Returning*

Restart Date: \_\_\_\_\_

*New Enrollment*

Start Date: \_\_\_\_\_

2. Choose Grade

**Kinder**

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

6<sup>th</sup>

3. What school does your child attend?

Ordway

Odyssey

Sakai

Blakely

Wilkes

Other: \_\_\_\_\_

4. Choose which schedule:

Before School Only

\*\*Before School Only does not include Non-School Days & Holidays.

Before and After School

After School Only

Drop In Only (2 hour minimum)

As space permits with approval of program director.

5. Choose days attending:

Monday

Tuesday

Wednesday

Thursday

Friday

> *Alternate schedules are available as space permits with permission of the Center Director.*

> *Extended Care may be available at an additional charge of \$7.50/hr. as space permits when care beyond the regular schedule is needed.*