



BAINBRIDGE CHILDREN'S CENTER

2018/2019

Bainbridge Island Child Care Centers

Since 1974

Non-Profit Organization

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 Fees: NEW Students: Include a **\$50.00** non-refundable enrollment fee & a non-refundable deposit equal to 1/2 of one month's tuition to be applied to the last month's tuition.

Returning Students: Please include a **\$50.00** non-refundable annual enrollment fee for returning students. (The previous 1/2 month's deposit is held, to be applied to the last month's tuition.)

\$50.00 + Deposit \$ _____ = Total \$

ONE FULL MONTHS' advance notice is required for cancellation.

Space is reserved upon receipt of payment. 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.
2. I grant permission for my child to leave the center premises under staff supervision for neighborhood walks/ trips. I will be notified in advance with details regarding field trips or if van/vehicle transportation is used.
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, projects connected with the Center's program;
 - Center-related electronic images, photographs, or videos used for staff training/workshops, advertising, electronic presence and public relations (Facebook, BICCC website, etc.); 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 BI-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 a current Emergency & Health Form and updated the Immunization Form for my child.
6. I agree to pay monthly tuition and fees **due on the eleventh of the month** in which services are provided.
7. I agree to wash laundry two (2) times during the year & receive credit (2x\$10) toward my Maintenance Fee.
8. I agree to perform four (4) hours of volunteer maintenance work for the Center. I will sign up using the Parent Volunteer Coupons due by September 30th for a minimum of four hours of work.
9. I agree to provide a change of clothing, rest blanket & appropriate seasonal clothing for my child.
I understand that I may be liable for reimbursement for use of the center's clothing & bedding.
10. 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.

Parent/Guardian 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* Re-Start Date: _____

New Enrollment Start Date: _____

2. Check the days your child will attend:

Monday Tuesday Wednesday Thursday Friday

Approximate time of attendance: _____ a.m. to _____ p.m.

4. Choose a Schedule:

Full Time Plus (Over 10 Hours per Day)

Full Time (7-10 Hours per Day)

Three-Quarter (5-7 Hours per Day)

Part Time (Starts at 8:30 am. & Ends by 12:30 pm.)

5. Will your child attend Kindergarten in September 2019?

Yes or **No**

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.