



# BAINBRIDGE CHILDREN'S CENTER

**2023/2024**

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 ½ of one months' tuition to be applied to the last months' tuition.

Returning Students: Please include a **\$50.00** non-refundable annual enrollment fee for returning students. (The previous ½ months deposit is held, to be applied to the last months' 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 first 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 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.
9. 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 2024?

**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 \$6.00/hr as space permits when care beyond the regular schedule is needed.*