



Family Life Child Development Center

20722 Suite E Timberlake Road, Lynchburg, VA 24502

Phone: (434) 832-1499 WEB: <http://www.flcci.org/cdc/>

REGISTRATION AND CURRICULUM AGREEMENT

Both registration and curriculum fees will be paid yearly. (Per child) registration fee is _____ a year. Curriculum is _____ a year for children 2 years of age to 6 years of age.

I agree to pay: Registration Fee _____

Curriculum Fee _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____



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Registration Form (Please print clearly with blue or black ink.)

Child Information:

Child's full name: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Nickname: _____

Parents Information:

Mother's full name: _____ Home Phone: _____

Address: _____ Social Security# _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Pager or cellular # _____

Business Address: _____ City: _____

Father's full name: _____ Home Phone: _____

Address: _____ Social Security # _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Pager or cellular # _____

Business Address: _____ City: _____

Parents/Guardian with legal custody: _____

Parents are: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Other Household Members:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____



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Contract

Agreement is entered into this _____ of _____, 20 ____ between
(Day) (Month)

Name: **Family Life Child Development Center**
20722 E Timberlake Rd
Lynchburg, VA 24502
(434) 832-5658

And The Family:

Name _____

Address: _____

Phone: _____

_____ Child

_____ 2nd Child

GENERAL AGREEMENTS

1. Days: Mondays through Friday
2. Hours: 5:30 am – 6:00 pm
3. It is understood that each child is to be treated equally.

FEE STRUCTURE

For the above listed hours of care we agree to pay \$_____ per week per child. We understand that this is a guaranteed rate and includes full pay for holidays with no credit for absent days.

1. Payment is made to secure and maintain the operation of the center.
2. Childcare fees are based on a five-day week – including absences.
3. Payments shall be made on Friday for the coming week.
4. A charge of \$5.00 per day will be assessed on all late fees.
5. Please notify the child development center if a child will not be coming for the day.
6. If a child is picked up after 6:00 pm, an additional charge of \$1.00 per child shall be made per- minute intervals.
7. Two week’s advance notice is required if the child is to be permanently withdraw from childcare. Center will also give two week’s notice prior to cessation of care, except in cases of gross misconduct on the part of the parent or child.
8. The first ten days of care are a probationary period for center, parent, and child. This agreement may be terminated at any time during that period. After the probationary period two week or two weeks notice is required if the child is to be permanently removed from the day care.



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Contract

(Continued)

SICK CARE

Should your child become ill during his/her day here, you will be notified and we will determine the best course of action concerning appropriate care, which may include the child being taken home.

No child will be accepted with a fever in excess of 101, or if he/she is vomiting, has excessive diarrhea, or any potentially contagious disorder, There are others besides your child to be considered during a time of illness and it is important for all of us to think of each other.

Any medication to be given must come in a clearly labeled prescription bottle with dosage information. Non-prescription medicine will not be administered.

PARENT RESPONSIBILITIES:

Parents are responsible for providing: (check what applies)

- _____ Diapers/baby wipes/special creams or ointments
- _____ A blanket for nap time
- _____ A complete change of clothes (including extra socks), labeled with child's name or initials, appropriate for the weather and maintained in child's book bag
- _____ Other items (specify) _____
- _____
- _____

ADDRESS AND PHONE CHANGES:

Any changes in personal address or phone numbers will be given to center as soon as possible. Names and phone numbers on emergency form will be kept current.

MEDICAL EMERGENCIES:

Note that your child will only be release to persons other than the parent or guardian if their name appears on your signed Emergency Form. In case of an emergency, a phone call will suffice as long as the person picking up the child shows identification.

CONTRACT CHANGES AND RENEWAL:

Two weeks notice will be given by center prior to any significant changes in this contract. This contractual agreement will be reviewed at the beginning of each year. If your have any questions, please ask them.

I have read and received a copy of the contract. By signing this agreement, I agree to comply with all the terms herein.

Parents/Guardians Signature _____	Date _____
Parents/Guardians Signature _____	Date _____
Director Signature _____	Date _____



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Health Status

What infectious diseases has your child ever suffered from? Please check boxes, (Circle yes or no and add date if yes.)

Measles	yes no	Date: _____
Rheumatic fever	yes no	Date: _____
Chicken pox	yes no	Date: _____
Pneumonia	yes no	Date: _____
Mumps	yes no	Date: _____
Meningitis	yes no	Date: _____
Whooping cough	yes no	Date: _____
Others:	_____	Date: _____

Has your child suffered any repeated infections (cold, flu, Tonsillitis, etc.)? _____

Has your child ever received treatment in a hospital emergency room? If so, why? _____

Has your child ever been admitted to a hospital as an in-patient? If so, why? _____

Does your child take any medication on a regular basis? If so, what? _____

Does your child have any known allergies? Yes No

To what? _____

Severity of reaction: _____

Does your child have problems with any of the following?

(Circle Yes or No and describe Yes.)

Asthma	yes no	Describe: _____
Hay fever	yes no	Describe: _____
Skin sensitivity	yes no	Describe: _____
Reactions to the sun	yes no	Describe: _____
Warts	yes no	Describe: _____
Dairy products	yes no	Describe: _____
Easy bruising	yes no	Describe: _____
Concentrations	yes no	Describe: _____
Mood swings	yes no	Describe: _____
Sleeps	yes no	Describe: _____
Spasms, twitches	yes no	Describe: _____
Habits	yes no	Describe: _____
Other		Describe: _____



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Emergency Release

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Family Life Christian International Church. I also give permission for my child to be transported by car, ambulance or van to an emergency center for treatment, and agree to hold _____ and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold _____ and its employees harmless.

Parent's Signature _____ Date: _____

Emergency Information

1. Child's Physician: _____ Phone: _____
2. Preferred Hospital: _____ Phone: _____
3. Insurance Company: _____ Phone: _____
4. Regular Medications: _____
5. Blood Type: _____
6. Medicine allergic to: _____
7. Food Allergies: _____
8. Any other Allergies: _____
9. Any special health conditions: _____

Field trip Permission

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature: _____ Date: _____

Persons signing contract are responsible for payment:

Parent/Guardian (Mother) _____ Parent/Guardian (Father) _____



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Emergency Contacts

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____

Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: _____

Work Phone: _____

Relationship to Child: _____

Address: _____

Person(s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____

Comment _____

Person(s) NOT authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____

Comment _____



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What you should know about me

My Name is : _____

I like to eat!

What:

When:

Allergies:

My nap schedule is:

I am happy when:

I get scared when:

My favorite toys and games are:

Other important things everyone who cares about me should know:

Special Information:



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Enrollment Agreement

I have thoroughly read the Parent Handbook of Family Life Child Development Center and am in agreement with the following polices regarding my child's enrollment in the center:

- 1) Tuition is due in Advance
- 2) Tuition is charged on a weekly basis according to the schedule which I establish for my child. I understand that I am charged full tuition even if my child is absent-unless I've made arrangements with the office for vacation credit.
- 3) Two weeks written notice is required if my child is going to leave the center permanently. If proper notice is not given I will be charged for 2 weeks beyond my child's last day of attendance. Health and academic records will not be released until account is paid in full.
- 4) There will be a \$25.00 charge on all returned checks to cover bookkeeping costs.
- 5) The center is not responsible for lost or damaged items of clothing or toys.

Parent's Signature

Date