

App. Date _____
Enr. Date _____
DOB _____
Term. Date _____

PP/Amount _____
DSS/Copay _____
Bus (Y,N) _____
USDA F R P _____

OFFICE USE

434-847-4221

Mary Bethune Academy

FAX 434-847-0441

Application/Enrollment Form

Child Information

Child's Full Name _____ Date of Birth _____ Soc. Sec. No. _____
Nickname _____ Address: (Street, City, Zip) _____
Child Lives With _____ Siblings: (Ages/Male/Female) _____
Known Childhood Diseases/Illnesses: (measles/mumps/chicken pox, etc.) _____
Allergies (food, drug, insect, etc.) _____
Special Needs, other medical information: _____
Other Child Care Programs Attended: _____
Child's Physician _____ Telephone _____
Child's Dentist _____ Telephone _____
Insurance Information: Company _____ Policy # _____
If Medicaid, please indicate and give number from card.

Parent/Guardian Information

Mother: _____ Soc. Sec. No. _____
Address: _____ Employer: _____
Phone: (H) _____ (W) _____ (C) _____

Father _____ Soc. Sec. No. _____
Address: _____ Employer: _____
Phone: (H) _____ (W) _____ (C) _____

Legal/Other Guardian: _____ Relationship _____
Address: _____ Employer: _____
Phone: (H) _____ (W) _____ (C) _____

Emergency Contacts

List contact people other than parents/guardians who can be reached in an emergency.

1. Name: _____ Phone: H) _____ (W) _____ (C) _____
Address: _____ Relationship to Child _____
2. Name: _____ Phone: H) _____ (W) _____ (C) _____
Address: _____ Relationship to Child _____
3. Name: _____ Phone: H) _____ (W) _____ (C) _____
Address: _____ Relationship to Child _____

Pick Up Authorization

I authorize the following people to drop off/pick up my child from Mary Bethune Academy. I understand these individuals will be asked for identification before my child is released to them.

<u>Name</u>	<u>Relationship to Child</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Person **NOT** authorized to pick up child _____
Reason: _____

Field Trip/Activities Authorization

I give permission for my child, _____, to participate in neighborhood walks or field trips in authorized vehicles. I understand that I will be informed of all planned field trips in advance and that I may withdraw my permission for a specific trip if I so desire. I understand that I may make alternate care arrangements if my child does not participate in the planned field trip or activity.

X _____
Signature of Parent or Guardian Date

Emergency Medical Treatment

1. Mary Bethune Academy agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to have the child picked up as soon as possible thereafter.
2. The parent/guardian authorizes MBA Program Staff to administer first aid/CPR and/or obtain immediate medical care and consents to the emergency transport of, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child if an emergency occurs when the parent/guardian cannot be located immediately. It is also understood that this agreement covers only those situations which, in the judgement of MBA staff are true emergencies.
3. I understand that we (parents/guardians) will be responsible for payment of any medical care expenses incurred as a result of emergency treatment.

X _____
Signature/Parent/Guardian Date

Enrollment Agreement

I have completed the requested information for my child/children and guarantee its accuracy. If any information changes, I agree to notify MBA of changes, such as telephone numbers, addresses and employment. I understand this is critical in the event of an emergency.

I agree to notify MBA *within 24 hours* if my child or anyone in our household contracts or comes in contact with a contagious, communicable and/or reported disease,

Further, I have read, understand and agree to the terms of the Parent Handbook.

X _____
Signature Parent/Guardian Date

Staff Signature: X _____ (person enrolling child) Teacher's Initials X _____

Additional Required Paperwork: *(please check off each item)*

- Copy of Birth Certificate/Social Security Card for child (Required by Sate of Virginia)
- Commonwealth of Virginia School Entrance Health Form *(Physical/Immunizations)*
- USDA Income Eligibility Statement ***(must be completely filled in!)***
- Transportation Agreement
- Fee Agreement
- Photo Release Form
- Signed Confirmation Page from Parent Handbook (last page)
- Custody Papers if applies

Parents/Guardians need to supply:

- Complete change of clothes, labeled,(including underwear/socks). For 2 year old's, 2-3 pairs of underwear
- Two Boxes of tissues
- For children in diapers/pull-ups, be sure the Center has an ample supply
- Two boxes of wipes.

Do Not Send: Book Bags, Toys, Gum, Candy. NO Sandals or Open Toes/Open Heels shoes!
-MBA is not responsible for lost/broken jewelry, hair accessories, etc.

Permission to Photograph:

I, _____ the parent/legal guardian of the child named below agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named child for and on behalf of Mary Bethune Academy and/or The United Way of Central Virginia.

I acknowledge and agree that the ownership of any recording referred to above for any reasonable purpose within the discretion of Mary Bethune Academy/The United Way may be used without acknowledgement and without entitlement to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform Mary Bethune Academy in writing.

X _____
CHILD'S NAME PARENT/GUARDIAN SIGNATURE DATE

Transportation Agreement

Mary Bethune Academy provides bus transportation to those requesting it within the city limits of Lynchburg. The weekly fee for this service is \$5.00 per week. For a.m. or p.m. service only, the fee is \$3.00 per week. These fees are **due and payable to the bus attendant weekly on Monday** in order to continue bus transportation.

Child's Name _____

_____ I will provide transportation for my child to and from Mary Bethune Academy

_____ I am requesting that the MBA Bus transport my child in the a.m. **AND** p.m.

_____ I am requesting that the MBA Bus transport my child in the **a.m. ONLY.**

_____ I am requesting that the MBA Bus transport my child in the **p.m. ONLY.**

IF REQUESTING BUS TRANSPORTATION:

Directions to home: _____

-For Information about pick up/drop off times, etc. call 841-1393.

-Notification of changes in transportation requests must be received 24 hours in advance to guarantee service.

-Children must be ready to board the bus when it arrives. The driver cannot hold up traffic and will not be able to wait, or make return trips for children who miss the bus.

FEE AGREEMENT/PAYMENT CONTRACT

Child's Name _____ Date of Birth _____

Parent/Legal Guardian _____

I agree to pay the registration (**\$35.00**) and supply (**\$50.00**) fee totaling \$ 85.00, the weekly tuition fee of \$ _____, and the bus fee (**if applicable**) of \$ _____. I understand that I will be billed annually for a supply fee of **\$25.00**.

I understand that I will have to pay a **late fee of \$3.00** for every 5 minutes after the closing time of 5:30 that my child is picked up.

Weekly fees are due on the Monday of the week of service unless other arrangements have been agreed upon in writing.

No reduction in fees will be allowed for absences for any reason, including sickness.

I understand the terms of the fee agreement and agree to abide by those terms. I agree to pay the weekly child care AND bus fees that apply in a timely manner

I further understand that failure to pay my child's fees as agreed will result in termination of child care services.

Department of Social Services:

_____ I have been approved by DSS for my child care fees. Documentation presented _____

_____ I applied to DSS for assistance with my child care fees on _____ (date). I understand that I must pay my own fees until I have documentation that my fees will be covered by DSS.

_____ I agree to pay the predetermined co-payment amount of _____ to Mary Bethune Academy by the 15th of each month, since this amount must be paid in order for my child's monthly bill to be submitted to DSS.

_____ I agree that any fee amounts not covered or paid by DSS (i.e. unexcused absences, early termination of DSS contract, etc.) will be my responsibility and collectible from me.

NOTE: DSS DOES NOT PAY THE BUS FEE.

FEE AGREEMENT

I, _____, accept responsibility for fees as outlined above, incurred for child care services for my child, _____.

I understand that I will be responsible for any/all attorney or collection fees, court costs, and interest at a rate of 9% for any unpaid balance.

X _____ **Signature, Parent/Guardian**

X _____ **Signature, Authorized Rep. MBA**

Date: _____

Notes: _____
