



# Unity Baptist Daycare and Academy

## Registration

### Child Information

Child's Name (Last, First, Middle): \_\_\_\_\_  
Name child goes by: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Childs Birthday \_\_\_\_\_  
Last School Attended: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Principal/Director: \_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Member? \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Member? \_\_\_\_\_

## Emergency Information

Doctor's Name: \_\_\_\_\_  
Doctor's Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Information: \_\_\_\_\_  
Person to Reach in Case of Emergency (other than parent):  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Secret Code Word: \_\_\_\_\_

## Persons Authorized to Pick up Child (Other than parent):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ Phone #: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ Phone #: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Sibling Discount:

If you have 2 or more children attending Unity Baptist Daycare and Academy, then there is a 10% discount off the oldest sibling's discount.

## Authorization for Emergency Medical Treatment:

I hereby authorize Unity Baptist Daycare and Academy to obtain Medical emergency treatment for my child if the situation is such to warrant immediate transportation to a medical facility, EMS, etc. I understand that all attempts will be made to notify the parents immediately. A representative of Unity Baptist Daycare and Academy will be with my child at all times until a parent arrives. I also understand that I will be responsible for any transportation and/or medical expenses not covered by the facility's insurance.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Medication:

If your child is on medication, you will need to make sure the permission form for medication is signed in your student's application. If this is daily medication you will need to sign a daily medication sheet that will be located in the office. You will need to include the time to be given, the amount to be given, and the name of the medication. **No medication (prescription or over the counter) without a doctor's label will be administered at Unity Baptist Daycare and Academy.**

I grant permission to Unity Baptist Daycare and Academy to give my child medication at my request.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

**Sick Children:**

Fevers, aches, and pains are a part of growing up, so our policies are preventative. To assure the health of the children at the center we ask parents to keep sick children at home. A few guidelines to help make the decision to keep your child at home are listed for you. If your child becomes ill while at the center, we will contact the parent and request that the child be picked up immediately within 30 minutes. This helps protect the health of the other children in our care.

**Criteria for excluding an ill or infected child from the Academy and Daycare center are as followed:**

- Temperature of 100.5 degrees or higher. (We take auxiliary temperature readings only.)
- Diarrhea (Uncontrolled diarrhea, or increased number of stools)
- Purulent discharge (nose, eyes, ear)
- Vomiting
- Rash
- Pinworm infection, Ringworm infection
- Chicken Pox, until six days after onset of rash or until all lesions have dried and crusted
- Scabies, head lice, or other infestation (See Parent Manual for more information)

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

**Our Purpose:**

The purpose of Unity Baptist Daycare and Academy is to provide your child with a happy and safe place for the hours they are entrusted to us. They will receive a well-rounded day of activities geared to the age of each child. They are in the care of highly qualified teachers and care-givers.

**Our Curriculum**

K-2 and K-5 students will attend class from 8:30a.m. until 12:00p.m. The daily schedule for each class will be provided for the parents by the teacher of each class. The Director and/or Assistant Director will explain the routine to you upon enrollment. We teach from the Creative Curriculum and A-Beka Book Publications. This curriculum consists of Bible, Math Concepts, Phonics, Health Safety and Manners, Poems, Music, Writing (manuscript beginning in K-4) Science, History, Drama, Art, and Reading (beginning in K-2). Each child will pay an annual book fee and receive a set of books. These books will stay at school and the child will work from these books daily. Your child’s work will be sent home each week.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

**Our dress code:**

Children may wear clothing suitable to the weather. Please be aware that children will be playing outside. If we need them to be dressed in a particular way, we will send a note home in advance. All children must be dressed upon arrival at the center. Shoes must be on the child’s feet at all times. **No flip-flops** and we recommend shorts under dresses. The parent will be called if the child’s attire is not suitable for school.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Daycare Withdraw Procedures:

In order to maintain the child's enrollment, the daycare fee is due one week in advance and there are no reductions or refunds due to illness, absence, or holiday periods. A **two week written notice** is required if you plan to withdraw your child from the center for any reason. Otherwise, you will be billed for the two weeks. If you withdraw your child for a temporary period there will be a reinstatement fee to return from a temporary withdrawal.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Registration and Book Fee:

All K-2 through K-5 children have a book fee. This is for workbooks and readers your child will be using during the school year, for the A Beka program. I agree to pay the yearly registration fee of \$100 with this application before my child will be admitted to any classroom. I also agree to pay the yearly book fee for ages 2 and up, which is dependent on the age of the child. The registration and book fees are not refundable.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Payment Agreement for Daycare:

I agree the daycare fee is due one week in advance and **every Monday** thereafter, unless arrangements are approved in writing by administration. I understand that these fees are based on the amount required annually and therefore the payments remain the same. I understand that no reductions or refunds will be made because of absence, illness, or holiday periods. There will be a 20% late fee assessed to all delinquent accounts every Wednesday at 9:00 am.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Payment Agreement for Part-Time Program:

I agree to pay the first month's tuition payment on or before the first Monday of each month. I understand all other payments are due on the first Monday of each month. There will be no reduction in the tuition due to absence, illness, or holiday periods, since the cost of the school continues the same. A late charge of 20% will be assessed if not paid by the first Wednesday of the month.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Policy for collection of Daycare Delinquent Fees:

1. **Full Time Tuition** is due on Monday of each week and no later than Wednesday at 9:00am before a late fee of 20% will be added to your account. If payment hasn't been received by the Friday your account will be reviewed by the church finance board for dismissal.
2. **Part-time tuition** is due on the first Monday of the month and no later than the first Wednesday at 9:00am before a late fee of 20% will be added to your account. If payment hasn't been received by the first Friday your account will be reviewed by the church finance board for dismissal.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Late Pick Up Fees:

The daycare hours are from 7:00a.m until 6:00p.m. Our center closes promptly at 6:00p.m. Therefore, we have no staff scheduled past this hour. Picking up your child after 6:00 imposes an unnecessary hardship on our staff.

Finally, our staff works very hard each day caring for your child, and it is important for them to have time for their own lives and families. For these reasons, promptness is very important. **Parents who pick up their children after closing time will be charged a late fee of \$5.00 per minute per child.** If you are more than one hour late and we have been unable to contact anyone listed on your enrollment forms, we are required to contact Social Services and the local police department who will pick up your child for safekeeping. You will want to make sure you keep us well informed of any name or phone number changes on your emergency pick up list.

A "late pickup fee" is assessed to each child who is picked up after closing. ***This fee is \$5.00 per minute per child after 6:00p.m. and must be paid the day the fee is incurred.***

*\*\*\*An automatic fee of \$35.00 will be charged to your account for a returned check. After an account has been charged with two returned checks, all payments must be made by cash or money order.*

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

## Parent Manual:

I have read and understand the parent manual provided by Unity Baptist Daycare and Academy and do hereby agree to comply with all the statements therein.

Parent(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_