



BARDSTOWN
CITY SCHOOLS
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Bardstown Child Care Program – 2018-2019 Registration Form

Child's Full Name: _____
(Please circle name child goes by)

Date of Birth: _____ Home Phone Number _____

Child's Home Address: _____

Child Lives With (circle one): Parents Mother Father Other _____

Mother's Name: _____ Home Phone Number: _____

Address (If different from child's): _____

Mother's Place of Employment: _____

Work Hours: _____ Work Phone #: _____ Cellular #: _____

Preferred method of communication: _____ email _____ text _____ phone _____ paper copy

Email Address: _____

Father's Name: _____ Home Phone Number: _____

Address (If different from child's) _____

Father's Place of Employment: _____

Work Hours: _____ Work Phone #: _____ Cellular # _____

Preferred method of communication _____ email _____ text _____ phone _____ paper copy

Email Address: _____

Legal Guardian's Name: _____ Home Phone Number: _____

Address (If different from child's) _____

Legal Guardian's Place of Employment: _____

Work Hours: _____ Work Phone #: _____ Cellular #: _____

Preferred method of communication: _____ email _____ text _____ phone _____ paper copy

Email Address: _____

EMERGENCY CONTACTS AND INDIVIDUALS AUTHORIZED TO PICK UP CHILD

Please give the name, phone number and relationship of 3 individuals authorized to pick up your child in the event of an emergency or otherwise: Please list individuals who can get here quickly, if necessary.

1.)Name: _____ Phone # _____ Relationship _____

2.)Name: _____ Phone # _____ Relationship _____

3.)Name: _____ Phone # _____ Relationship _____

Name any individuals who should **never** be allowed to see or pick up your child _____

PRESCHOOL ONLY

I prefer for my child to ___ NAP ___ NOT NAP. I understand that the center must work with the school to determine if my child will be in AM or PM childcare.

Parent/Guardian Signature

Date

Medical Info and Consent Form

Child's Physician _____ Phone # _____

Any Known Allergies
to Medications: _____

to Foods: _____

Any other allergies including sunscreens, sun blocks, insects, seasonal, etc:

Any Special Health/Diet Concerns: _____

Any other health problems we need to know about: _____

Does your child have health insurance: _____ Yes _____ No

Name of Insurance Carrier: _____

Policy No: _____

EMERGENCY CARE AUTHORIZATION:

In the event of illness or injury to my child, which in the judgment of the Bardstown Child Care Program Staff requires emergency treatment, I authorize the staff of the Bardstown Child Care Program to obtain any necessary emergency medical treatment for my child in the event that I cannot be reached. I understand that if the situation is life threatening, 911 will be called even if I cannot be reached. I also understand and agree that I am responsible for all medical bills associated with my child's treatment.

Name of Preferred Hospital to Use: _____

Parent/Legal Guardian Signature

Date

GENERAL CONSENT FORM

By signing below, I hereby grant permission for my child to participate in the following Bardstown Child Care Program. (Check all that apply.)

___ participation in on-campus activities of the program including but not limited to playgrounds

___ the use of my child's photograph for newspaper articles or publicity regarding the program.

___ to be in a classroom where aquatic species may be present in an aquarium.

PLEASE NOTE: A separate permission form for sunscreen must be signed by the parent!

Parent/Legal Guardian Signature

Date

Attendance Schedule and Payment Agreement 2018-2019

Child/ren's Name: _____

For scheduling and budgeting purposes, we must know in advance when your child will be here. Fees for the 2018-2019 school year are:

<u>ANNUAL REGISTRATION FEE (Due at enrollment and in August)</u>	\$30.00/child
Before-school rate	\$5/day
After-school rate	\$10.15/per day
Preschool ½ day rate (less than 5 ½ hours per day)	\$16.75/per day
Preschool Setup days	\$24.75/per day
Full day rate (breaks, snow)	\$24.75/day
\$1.00 discount for additional child	

School Employee Rates:

Preschool ½ day rate (less than 5 ½ hours per day)	\$11.17/day
After-school rate	\$6.77/day
Full day-work day	\$16.50

We do not expect drop-ins.

You will be billed bi-weekly, regardless of attendance, for the school year with the exception of breaks.

The program operates year round Monday through Friday with the exception of the following days: 4th of July, Labor Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day and Memorial Day. The center is open on all snow days unless a State of Emergency is in place.

Hours:

3- and 4-year old program school days:	6:30 a.m. – 6:00 p.m.
Before school program	6:30 a.m. – 7:30 a.m.
After school program:	2:30 p.m. – 6:00 p.m.
Full days when no school:	6:30 a.m. – 6:00 p.m.

Please indicate below the normal days and hours that your child will be here.

M Tu W Th F

_____ a.m./p.m. to _____ p.m.

Days when no school ___ Yes ___ No ___ Sometimes ___ a.m. to ___ p.m.

By signing below, I agree to pay for the days I have indicated that I need service.

Parent/Legal Guardian Signature: _____ Date: _____

*Our staff is paid for four holidays per year: July 4th, Labor Day, Thanksgiving Day, & Memorial Day. Your account will be billed for these holidays if he/she is normally scheduled to attend on the day the holiday falls on. For example, if he/she is scheduled to attend on Monday and the holiday falls on Monday, then your normal daily charge will apply. If not normally scheduled to attend on the day the holiday falls on, then no charge will apply.

Child Care is OPEN Monday thru Friday, 6:30am-6:00 p.m. 52 weeks per year. This includes breaks, intersession, and days out of school, except for the holidays listed above.

Bardstown City Schools Child Care Program

Please be sure to bring in the following items before your child's first day:

- Completed and signed enrollment form and attendance schedule
- Current immunization form
- Completed Tuition Express Electronic Funds Transfer Authorization with voided check attached if we don't already have it on file. Registration will not be considered complete without this completed form and child will be unable to start until it is returned to the center.
- Current immunization record which shows expiration date.
- (Pre-school students only) - Crib size sheet with small blanket, if attending afternoon childcare. Please no pillows or large blankets, due to storage limitations. (Sent home weekly for laundering and should be brought back the first day of the week your child attends.)
- (Pre-school and primary students only) - Extra change of clothing including underwear and socks to be left in child's backpack.
- 1 large container of wet wipes and 1 box of tissues per child per month.
- Sunscreen marked with child's name on it.

Homework Response Form
(Kindergarten and older only)

Please indicate your preference about Bardstown Child Care Program (BCCP)'s involvement in your child's homework after-school.

Homework Preferences

___ I would appreciate BCCP's help with insisting that my child start on and complete as much of his/her homework as possible, while at BCCP.

___ BCCP staff may discuss my child's homework with his/her teacher if necessary.

___ I would prefer that my child does not do his/her homework while at BCCP.

___ My child may decide whether or not he/she wants to do his his/her homework while at BCCP.

Teacher's Name: _____ Grade: _____

Parent/Legal Guardian's Signature _____ Date: _____

Please note we cannot make a child complete their homework.

Bardstown Child Care Program Sunscreen Permission Form

Child's Name _____

Brand Name of Sunscreen brought in for child: _____

I authorize the staff of Bardstown Child Care Program to apply the sunscreen I have provided to my child's exposed areas (including head, face, ears, arms, hands, backs and legs). The sunscreen must be applied prior to outdoor play lasting longer than 15 minutes or repeated according to directions on the product label during water activities from April 1 – September 30. I understand that I am to supply the sunscreen product I have indicated above labeled with my child's name.

Parent Signature: _____

Date: _____

Date _____ Staff Signature _____

Date _____ Staff Signature _____

Date _____ Staff Signature _____

Date _____ Staff Signature _____

Date _____ Staff Signature _____

Date _____ Staff Signature _____

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