

Fairmount Christian Child Care | 2018-2019 REGISTRATION FORM

NOTE: by signing the registration form, you are indicating you have read the Parent Handbook.

CHILD/CHILDREN'S INFORMATION

| | | | | | | |
|----------------------------------|--------|--------------------|---|------|----------------------------|----------------------------|
| First Child's last name: | First: | Middle: | School & Grade (as of September 2018): | | | |
| Allergies/Medical Information: | | Birth date: / / | | Age: | Sex: | T-shirt size: |
| | | | | | <input type="checkbox"/> M | <input type="checkbox"/> F |
| Second Child's last name: | First: | Middle: | School & Grade (as of September 2018): | | | |
| Allergies/Medical Information: | | Birth date: / / | | Age: | Sex: | T-shirt size: |
| | | | | | <input type="checkbox"/> M | <input type="checkbox"/> F |
| Third Child's last name: | First: | Middle: | School & Grade (as of September 2018): | | | |
| Allergies/Medical Information: | | Birth date: / / | | Age: | Sex: | T-shirt size: |
| | | | | | <input type="checkbox"/> M | <input type="checkbox"/> F |

Child's Home Address:

PARENTS'/GUARDIANS' INFORMATION

Include names of parents or guardians legally responsible for your child and their account with Fairmount Child Care. Please also mark which phone number we should use first to contact you.

| | | | | | | | |
|-----------------|-------------------------------------|-----------------|-------------------------------------|---|-------------------------------------|--------|--|
| Mother: | | | | Address (if different than child's): | | | |
| Home phone no.: | <input type="checkbox"/> call first | Work phone no.: | <input type="checkbox"/> call first | Cell phone no.: | <input type="checkbox"/> call first | Email: | |
| () | | () | | () | | | |
| Father: | | | | Address (if different than child's): | | | |
| Home phone no.: | <input type="checkbox"/> call first | Work phone no.: | <input type="checkbox"/> call first | Cell phone no.: | <input type="checkbox"/> call first | Email: | |
| () | | () | | () | | | |

SECURITY PASSWORD

This word is to be used to confirm authorization for pickup. Do not share it with those with whom you do not give permission to pick up your child. All persons on the Authorized Pick Up List must know the security password and be prepared to give it when asked.

SECURITY PASSWORD:

PERSON(S) AUTHORIZED TO PICK UP CHILD

This list includes those who are authorized to pick up your child without prior notification by the parent or guardian. Also mark if any person listed below can be used as an emergency contact if a parent or guardian is not able to be reached.

| | | |
|-------|--------------------|------------------------------|
| Name: | Contact phone no.: | Emergency Contact? |
| | () | <input type="checkbox"/> Yes |
| Name: | Contact phone no.: | Emergency Contact? |
| | () | <input type="checkbox"/> Yes |
| Name: | Contact phone no.: | Emergency Contact? |
| | () | <input type="checkbox"/> Yes |
| Name: | Contact phone no.: | Emergency Contact? |
| | () | <input type="checkbox"/> Yes |

By signing below the parent/guardian states that:

- The above information is true and current to the best of their knowledge.
- **The parent/guardian has read and understands the policy and procedures listed in the Parent Handbook.**
- The parent/guardian authorizes the staff or director, representing the Fairmount Christian Child Care to give consent for any and all necessary emergency medical and first aid care for their child(ren).
- The parent/guardian gives permission for their child to participate in field trips.
- The parent/guardian authorizes the Fairmount Christian Child Care to include their child(ren) in school pictures and for the pictures to be used by the Child Care.

Privacy Policy: Names, addresses, emails or any other personal information will not be given out without the expressed written consent of parents/guardians.

Child(ren)'s Starting date (required):

Signature – Only those who have signed may inquire about and/or discuss accounts.

Parent/Guardian name:

Parent/Guardian signature:

Parent/Guardian name:

Parent/Guardian signature:

Date:

TUITION & FEE INFORMATION
(MORE INFORMATION REGARDING TUITION & FEES ON PAGES 6 & 7 OF HANDBOOK)

Activity Fee:
Before May 1, 2018: \$70 per child
After May 1, 2018: \$85 per child

Tuition Plans (check one)

Summer 2018

- Full Time (due weekly):
\$115 one child / \$184 two children / \$250 three or more children.
- Part time/drop in (per day):
\$38 one child / \$50 two children / \$66 three or more children.

2018-2019 School Year

Hanover County Schools:

- Before & After School Care (due weekly):
\$95 one child / \$146 two children / \$170 three or more children.
- Before School Care only (due weekly):
\$40 one child / \$50 two children / \$60 three or more children.
- After School Care only (due weekly):
\$85 one child / \$136 two children / \$165 three or more children.
- Part Time/drop in Rate (per day):
\$27 one child | \$44 two children | \$55 three or more children
- Part Time/drop in Rate for morning only (per day):
\$10 one child | \$15 two children | \$20 three or more children
- 6th grade tuition (due weekly):
\$45 for before OR after school only | \$60 for before & after school

Henrico County Schools:

- After School Care only (due weekly):
\$85 one child / \$136 two children / \$165 three or more children.
- Part Time/drop in Rate (per day):
\$27 one child | \$44 two children | \$55 three or more children

Office Use Only:

Activity Fee paid on date:

Will be attending after school: Yes No

Referred to us by:

Automatic Billing Authorization Form

Company Name: Fairmount Christian Child Care, Inc.

ID Number: _____

From Credit Card:

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing address for credit card (Street, Apt #)

Billing address for credit card (Street, Apt #)

City, State, Zip

City, State, Zip

Credit Card Number Expiration Date

Credit Card Number Expiration Date

Signature Today's Date

Signature Today's Date

- Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.
- This authorization is valid until I provide you with written cancellation.