Emory & Henry College Child Development Center + P. O. Box 947 + Emory, VA 24327 + 276-944-7391

Welcome to the Emory & Henry Busy Little Bees Child Development Center!

This program was established to demonstrate Emory & Henry's continuing commitment to college employees, as well as the surrounding community. We are excited about the opportunity to provide a joyful, encouraging, and loving environment for children ages 24 months to six years. The Center offers a two- (Tuesdays and Thursdays), three- (Monday, Wednesday, and Friday), or five-day-week (Monday through Friday) program. The hours of operation are 7:30 a.m. to 5:00 p.m.

Please note the following information which should be submitted to initiate the admission process for your child, based on availability. ***Items 1 and 2 MUST be submitted for admission consideration.*** Your child will not be placed on the registration or waiting list until these items are received.

1. Completed registration form
2. Registration fee of $100

If upon submission it is determined that no spaces are available, then the registration fee of $100 will be returned to you.

Items 3 – 7 must be submitted prior to the first day of programming.

3. Health Information Form (including physical exam and immunization record provided by physician)
4. Copy of birth certificate or other proof of identity (refer to registration form)
5. Copy of health insurance card (front and back)
6. Child Information Form (interests, fears, etc.)
7. Release of Information Form.

We are always available to answer any questions or concerns that you might have. Please feel free to contact me at 944-7391 or by email at lgreen@ehc.edu.

Sincerely,

Lisa Green
Program Director

04/03/14

Emory & Henry College Child Development Center + P. O. Box 947 + Emory, VA 24327 + 276-944-7391

Registration Form

Name of Child: _____ Nickname: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Address: _____

_____

Chronic physical problems / pertinent developmental information / special accommodations needed:___

_____

Previous child day care programs and schools attended: _____

_____

If child attends this center and another school / program, give name of school / program: _____

_____

Parent(s) / Guardian(s)

Father: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Home Address: _____

Cell Phone: _____ Email: _____

Mother: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Home Address: _____

Cell Phone: _____ Email: _____

Emergency Information

Allergies or intolerance to food, medication, etc., and action to take in an emergency: _____

_____

_____

Medical concerns or medications: _____

_____

Child's physician: _____ Phone: _____

Insurance company and policy number (copy of front and back of card must be attached): _____

_____

Two people to contact if parent(s) / guardian(s) cannot be reached:

1. Name: _____ Home phone: _____

Physical Address: _____ Cell phone: _____

Relationship to child: _____

2. Name: _____ Home phone: _____

Physical Address: _____ Cell phone: _____

Relationship to child: _____

Person(s) authorized to pick up child other than parent(s) / guardian(s): _____

_____

Person(s) **NOT** authorized to pick up child:* _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child.

AGREEMENT

1. I understand that the Busy Little Bees Child Development Center (Center) will notify me whenever my child becomes ill and that I must have the child picked up as soon as possible if so requested by the Center.

2. I authorize the Center to take whatever steps may be necessary to obtain immediate medical care for my child should any emergency arise, including calling a registered nurse, physician, or ambulance and/or having my child taken to a hospital. Unless the emergency warrants otherwise. I understand that before any action is taken, a conscientious effort will be taken to locate me or my spouse, and/or emergency contact, and that any expenses incurred will be accepted and paid by us.**

3. I agree to submit with this application a registration fee of $100.00, refundable if the child is not admitted to the program.

4. I agree to pay Emory & Henry College $_____ per month for tuition for the above named child for the month starting _____, regardless of my child's absence, according to the following payment schedule. I understand that tuition is not prorated for months in which the school has scheduled closings, nor is it prorated for closings beyond the daycare's control, including but not limited to inclement weather, lack of heat or water, or other events that might cause unplanned closings:

2 Full-day Programming	$180 / month (Tuesday and Thursday)
3 Full-day Programming	$265 / month (Monday, Wednesday, and Friday)
5 Full-day Programming	$435 / month (Monday through Friday)

5. I understand that tuition is due by the first day of each month, and that all payments must be processed by automatic withdrawal. If I am an employee of the college, my monthly net pay will be automatically reduced by the monthly fee for my enrolled child. If I am a community member, I understand that I am required to enroll in Emory & Henry College's Payment Plan, through Advanced Education Services, Inc. (AES). I must be enrolled in the AES Plan by June 1 of each academic year, or my child will be withdrawn from the program. I am being provided an AES Brochure for enrollment (attached to this application). If I am an employee, I have access to my account through WebAdvisor, and may view the status of my account at any time. If I am a community member, and do not have access to my account, I may contact Iris Worley at iworley@ehc.edu, and she will provide such access. I understand that on August 1 of each academic year, my account will be billed for the entire year's balance, and ten monthly payments will be applied over the course of the academic year, so that by May1, my account will reflect a balance of $0.

6. I understand that for my child to be eligible for enrollment, documentation of all immunizations and a physical exam must be provided. I understand that if my child is between the ages of 16 months and two years, I will

need to provide documentation of additional immunizations once every six months. I will need to provide documentation of additional immunization once between my child's 4th and 6th birthday. I agree to submit a completed Health Form / Immunization Form prior to admission of my child in the program. Immunization records and physical exams must be completed on forms provided by the Center.

7. I agree to provide proof of my child's identity and age. This includes providing the Center with a copy of one of the following: child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, or copy of the placement agreement or other proof of the child's identity from a child's placing agency (foster care and adoption agencies).

8. I agree to release Emory & Henry College from responsibility for any accidental injury to my child while he/she is in the care of the Center.

9. I agree to give Emory & Henry College written notice one month in advance if I plan to withdraw my child according to #10 below.

10. I understand that changes to my child's enrollment in the daycare will only occur on the first or last business day of the month. I understand that if I intend to withdraw my child from the program that I will need to give at least one month's prior written notice to the Director before the first day of the last month in which my child will attend. (For example, if the child's last day of attendance will be April 15, notice must be given by the end of February.) Failure to give written notice one month in advance, as demonstrated, will result in my paying one month's tuition after my child is withdrawn (the month of May, in the example given). I understand that if I withdraw my child during the month, tuition will not be prorated, and no refunds will be given for that month.

11. I agree to read and comply with the information contained in the Parent Handbook, including the calendar, emergency procedures and evacuation plan.

12. I agree to be at the center to leave with my child by 5:00 p.m. Late fees may apply, and my child will be subject to withdrawal if compliance with this schedule is not observed.

13. I agree to provide changes in address, telephone numbers at home and work, emergency telephone numbers and numbers at doctor's offices, etc. as soon as changes occur.

14. I agree to inform the Center within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. (See communicable disease list in the Parent Handbook.)

15. I agree that I have read and completed this contract thoroughly and that this contract overrides all previous contracts with Busy Little Bees.

** If there is an objection to seeking emergency medical care, a statement should be attached from the parent(s) / guardian(s) that states the objection and the reason for the objection.

Signatures

_____	_____
Parent(s) or Guardian(s) Printed Name	Date
_____	_____
Parent(s) or Guardian(s) Signature	Date

Name of child: _____

Age of child: _____

Birth date of child: _____

PLEASE KEEP A COPY FOR YOUR RECORDS

FOR OFFICE USE ONLY

Date registration / registration fee received: _____

Date birth certificate copy received: _____

Date health information form received: _____
(Information completed by parents, physical exam by physician, and immunizations by physician.)

Anticipated date of admission: _____

Date of admission: _____

Date child left care: _____

Reason: _____

_____

EMORY & HENRY
COLLEGE