

All the Little Children: Calvary Chapel Buhl Preschool & Daycare

Calvary Chapel Buhl
1004 Burley Ave.
Buhl, Idaho
83316

Phone: 208-543-9959

2016-2017 School Year

Daycare/Preschool Application

Student Information:

Name: _____ Grade Level: _____
 First M.I. Last

Birth Date: _____ Social Security No.: _____ Sex: Male Female

Ethnicity: Caucasian Hispanic African American Asian Other _____

Student lives with: Both Parents Mother Father Other _____

Parent/Guardian Information

(Parents living at different addresses must each complete an application.)

Father's Name: _____ Mother's Name: _____

Home Address: _____ City/State: _____ Zip: _____

Mailing Address: _____ City/State: _____ Zip: _____

Father's Email Address: _____ Home Phone _____

Mother's Email Address: _____

Father's Employer: _____ Work Phone: _____ Cell: _____

Mother's Employer: _____ Work Phone: _____ Cell: _____

Schedule: Please list the days and times your child will be attending class or needing care:

Monday: from _____ to _____ Thursday: from _____ to _____

Tuesday: from _____ to _____ Friday: from _____ to _____

Wednesday: from _____ to _____

Names of persons authorized to take your child from facility:

Child will not be allowed to leave with any other person without written authorization from parent or guardian. I.D. Will be required until staff easily recognizes persons listed below.

Name:

Relationship & Phone Number:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The \$50.00 registration fee must accompany this form. The registration fee is none refundable. No child will be admitted without completed registration forms and up to date immunizations.

I hereby consent to allow my child to take part in all activities, including field trips, activities on the premises of Calvary Chapel Buhl, and school sponsored trips away from the school premises. If my child is injured at school or during school activities, I absolve All the Little Children: Preschool and Daycare and Calvary Chapel Buhl from any and all liability.

All the Little Children: Preschool & Daycare admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. All the Little Children: Preschool & Daycare does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational or admissions policies.

My signature below indicates that I am the parent or legal guardian of the above named child, and I have read and agree with all the policies of the All the Little Children– Preschool & Daycare at Calvary Chapel Buhl.

Parent/ Legal Guardian Signature

Date

Parent/ Legal Guardian Signature

Date

Health Information

Child's Name: _____

Date of last physical examination: _____

Has your child been under regular supervision of a physician? If yes, please explain:

No medicines or drugs will be administered to any child except with written permission from the parent(s) or legal guardian(s).

Past Illnesses: Check those that your child has, or has had:

Chicken Pox ____ Diabetes ____ Poliomyelitis ____ Asthma ____

Epilepsy ____ Mumps ____ Whooping Cough ____ Hay Fever ____

Rheumatic Ten-Day Three-Day (Rubella)
Fever ____ Measles ____ Measles ____

How many colds has your child had in the past year? ____ Does he/she catch colds easily? ____

Has your child ever been the victim of a serious accident or undergone a surgical operation? If yes, please explain below:

Has your child been examined for vision, hearing, or developmental problems? _____

Does your child have any allergies? If yes, please explain.

Does your child have any eating issues? _____

Are bowel movements regular? _____ What is the usual time?

What words do you use for bowel movements? _____ Urination? _____

What is your evaluation of your child's overall health? _____

What is your evaluation of your child's personality?

How does your child get along with parents, siblings, and other children?

Please list your child's sibling's names and age: (This will help when speaking to your children):

Has your child had group play experiences?

Does your child have any behavioral struggles?

Does your child have any fears (animals, objects, etc.)?

What is your plan for care when your child is ill?

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**Preschool/Child
Care Agreement**
2016-2017

Name of person(s) responsible for payment: _____

Billing address: _____ City/St: _____

Relationship to child registering: _____ Phone #'s: _____

Child's Name: _____ Grade: _____

Registration Fee: Please note that the registration fee is non-refundable. It is due at the time of enrollment. Your student is eligible to start school when this fee is paid. Also, this paid fee will hold your student's space. This registration fee will be paid every fall as re-enrollment (if child(ren) did not attend throughout summer) by August 26, 2016.

Monthly Billing: Pre-payment is due on the 1st or the 1st & 15th of each month and is to be paid in full. Your bill will remain the same prepayment as according to your attendance contract. If a financial hardship arises, it is your responsibility to contact the director if you are unable to pay your monthly bill. If your bill is not paid by the 5th, your student will not be eligible to attend class or day care until the account is brought to current standing.

Child Care/Preschool
Payment Plans Per Month

\$50.00 Registration Fee (Non-refundable) is due at time of enrollment.
(Not applicable if attendance has continued throughout the year)

Preschool:

____ 3 & 4 year olds M-F from 8:30-11:30 am
(\$200.00 per month)(\$75 reg fee)

Daycare:

____ Preschooler (3-4 years of age) \$20.00 per day
____ Toddler (2 years of age) \$23.00 per day
____ Infants (1 year of age) \$28.00 per day
____ Baby (Under 1 year) \$30.00 per day
unless other contract has been made

Please read through our Parent Handbook and return the last few pages that include field trip release information, Emergency Consent, Emergency Contacts, Photo and Video Release, and IRIS records for vaccinations.

Fill out the contract on the next page and return to the Director to discuss your pre-payment plan.

Signature of person(s) responsible for account:

I agree to pay All the Little Children: CCB Preschool & Daycare according to the terms above.

_____ Date: _____

_____ Date: _____

All the Little Children Parent Payment Contract 2015

Child(ren)'s name:

DOB:

Monthly fee:

Total each month: _____

My child will come on the following days:

Monday: _____

Wednesday: _____

Friday: _____

Tuesday: _____ **Thursday:** _____

If your schedule is always changing, a one month advance calendar worth of days of attendance is required for the next month by the 1st of every month.

Prepayment is required each month for your child to continue enrollment by the agreed dates, monthly (by the 1st of each month) or bi-weekly (on the 1st and 15th). Your child will not be allowed to continue daycare services if your bill has not been paid by the agreement.

I agree to pay a non-refundable \$50 registration fee (daycare only) or \$75 (preschool only) in advance to my prepayment prior to my child beginning: _____

I agree to make my prepayment before my child begins: _____

I understand if my payment is not made by the agreed time, my child will not be able to return until my payment is made in full: _____

I agree to pay the \$15 late fee when my payment is not made by the agreed dates: _____

I agree to pay my full bill monthly by the 1st of each month: _____ OR:

I agree to pay my half my bill bi-weekly by the 1st and 15th of each month: _____

Parent's Signature: _____ Date: _____

Director/ Assistant Director Signature: _____

GETTING TO KNOW YOUR INFANT

Please fill out this form for your child ages 0 to 18 months. It will help me get to know your child better. Thank you ☺

Child's Name: _____ Child's Date of Birth: _____

Child's General Mood: Are they mostly Happy, fussy, colicky, etc. _____

Has child stayed with anyone else besides parents? _____ If so who? _____

Does your baby sit up, crawl, roll over, etc? _____

Breast milk or Formula? _____ How many hours between each feeding? _____

How many ounces? _____

Bottle Preparation- room temp, warmed, cold? _____

Does your baby hold his or her own bottle? _____

What kind of milk or formula do you use? _____

Is child on baby cereal? _____ List the kinds you use: _____

List foods you have given your baby:

Food Dislikes:

Finger foods? _____ Can he or she feed themselves? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____.

What is it? _____

Is your baby rocked to sleep or self-soothed? _____

What position does he or she sleep in? _____

When does your child nap? Morning: _____ Afternoon: _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____
Date _____