

Peaceful Beginnings Early Childhood Center Registration Form



Please complete and include:

- Current copy of each child's immunizations (if not already on file)
- All required forms for the summer

| Name of Child(ren): | Gender | Age | Birth Date |
|---------------------|--------|-------|------------|
| _____ | M or F | _____ | _____ |
| _____ | M or F | _____ | _____ |
| _____ | M or F | _____ | _____ |

Parents/Guardians: _____

Address: _____

Email address for Statements: _____

Phone: Home: _____

Mother's work place & address:

Work #: _____ Cell # _____

Driver's License # _____

Father's work place & address:

Work #: _____ Cell # _____

Driver's License # _____

Home Church: _____

Childcare is available form 6:30 AM to 6:00 PM Monday through Friday ages 6 weeks-13 years.

- Full-Time (5 days per week)
- Part-Time (M, W, F) if spot available
- Part-Time (T &TH) if spot available

Authorized People for Pick-up and Emergencies

Please list those people, with a contact number, who have your permission to pick up your child(ren).

Name _____ Phone _____

Name _____ Phone _____

Please list any people who are prohibited from picking up your child(ren).

Please list at least 2 emergency contacts we may call in the event you cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Authorization for Treatment

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Peaceful Beginnings director or director’s designee in the director’s absence to secure and administer treatment, including transportation and hospitalization, for my child(ren) named: _____

I understand that my child(ren) will be under proper supervision, and that all reasonable caution will be taken by those in charge of the program in order to prevent injuries. However, I will hold responsible neither the early childhood center, its personnel, nor Peace Lutheran Church in case of an accident.

Signature _____ **Date** _____

Medication Competency Statement

I, _____ have determined
(Parent/Guardian Name)

PBECC Directors or Staff are competent to give or apply medication to my child (ren) as long as a signed Medication form is on file.

Signature of Parent or Guardian **Date**

Health and In Case of an Emergency (ICE) Information

Should my child need local hospitalization, I prefer the following hospital:

Name of Family Physician: _____ Phone _____

Name of Family Dentist: _____ Phone _____

Health Insurance Carrier: _____ Phone _____

Please list any chronic or recurring illnesses, medical conditions, etc. _____

Does your child take any medications that will need to be administered while at Peaceful Beginnings? If yes, what medications, what dosage, and for what medical reason? _____

(Please complete a medication form so we can record the time and dosage for each medication)

Please list any dietary restrictions: _____

Please list any known allergies/reactions: _____

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities except as noted above.

Parent/Guardian Signature: _____ **Date** _____

Parental Permissions

I give my permission for Peaceful Beginnings to transport my child(ren) on field trips.

Yes | No

My child(ren)'s picture may be used for Peaceful Beginnings' promotion and publicity efforts. **Yes | No**

Signature _____ **Date** _____

DHHS State Brochure

I have received the DHHS Parent Information Brochure:

Signature _____ **Date** _____

Tuition, Fees, and Attendance Policies

Peaceful Beginnings strives to provide the best education, enrichment, and childcare to the children entrusted to our care. As a ministry of Peace Lutheran Church, we are a non-profit childhood center. However, we do incur expenses which are covered by the tuition each family pays. So that all expenses related to this ministry are covered, including appropriate staffing, food service, a portion of the utilities, and educational reinvestment and maintenance, the Officers' Board of Peace Lutheran Church approved the following tuition and fees rates and attendance policies for 2016-2017.

School Year Sick/Vacation Days

Each child will receive five sick/vacation days to be used during the school year. They do not have to be used consecutively. Please note that Christmas and school breaks are not separate, this policy change still applies.

Changes in schedule (to allow sufficient time for staffing and planning):

Any changes in childcare schedules will be coordinated with the director at least **2 weeks in advance** of the change.

Payment Policy

Late pick up fees: \$5 per minute after 6:00 p.m. All ages in attendance. T

Weekly tuition is required to be paid in advance for care. All weekly tuition will be paid by Friday for the following week. If tuition is not paid by Monday at 5:00 p.m., a \$10.00 late fee will be assessed and your child's code will be inactivated. Your child(ren) will not be able to attend until all tuition and fees are paid.

Peaceful Beginnings reserves the right to submit overdue accounts to collections. If extenuating circumstances prevent timely payment, please speak with the director to set up a payment plan

Inclement Weather Schedule

Peaceful Beginnings closes only when absolutely necessary due to inclement weather. As such, Peaceful Beginnings may be open when classes for District 145 schools have been cancelled due to weather. Please indicate whether or not you wish your child(ren) to will attend Peaceful Beginnings on inclement weather days. Beginning 2016-2017, if your child is scheduled to be here, but does not attend, you will still have the same weekly charge.

_____ Yes, my child(ren) will attend Peaceful Beginnings on District 145 "Snow Days."

_____ No, my child(ren) will not attend Peaceful Beginnings on District 145 "Snow Day."

Tuition & Fees

\$100.00 Annual Enrollment Fee: Due August 1st

Infant Tuition:

- **\$180.00 per week (Full-Time Only)**
- Unless your child uses one of his/her five days of sick/vacation days for the school year, regular charges will apply.

Toddler & 3's Tuition:

- **Full-Time (5/days per week): \$175.00**
- **Part-Time (M,W, F) \$105.00**
- **Part-Time (T & Th) \$70.00**
- Unless your child uses one of his/her five days of sick/vacation days for the school year, regular charges will apply.

Pre-Kindergarten 4's and 5's Tuition:

- **Full-Time (5/days per week): \$170.00**
- **Part-Time (M,W & F) \$102.00**
- **Part-Time (T & Th) \$68.00**
- Unless your child uses one of his/her five days of sick/vacation days for the school year, regular charges will apply.

I have reviewed the Tuition, Fees, and Attendance Policies for 2016-2017, and I have been given and have reviewed PBECC's Parent Handbook.

Signature _____ Date _____

**We look forward to the opportunity to serve
you by caring for your children.
Thank you for entrusting them to our care.**

The Peaceful Beginnings ECC Staff

Child Information Sheet

The more we know about your child(ren), the better we can serve them. Please provide us with the following information. If you wish not to share any information, please mark as such.

Whom does the child live with and what is their relationship to the child (siblings, parents, etc.)? _____

Child's parents are: (circle one) Married | Single | Divorced | Widowed

If divorced or separated, who has custody of the child and whom does the child live with the majority of the time? _____

Is your child adopted or in custody of someone other than the biological parents? If so, is the child aware of the situation?

Special Interests:

Does your child prefer to play alone or in groups?

Does your child have any special or strong fears? Please explain.

How would you describe your child's personality?

Do you have any concerns in your child's development?

Is your child fully toilet-trained? _____

If not, what are his/her needs? _____

What do you hope your child will gain from our program?

Does your child have any special needs? _____

Are there any special modifications/considerations to the curriculum or environment needed for your child?

Is there anything else you would like us to know about your child?

I learned about PBECC from:

- Word-of-mouth
- Peaceful Beginnings website
- Peace Lutheran church website
- Homepages ad
- July 4th parade
- Ad in The News (Waverly newspaper)
- Sign along Amberly Road
- Other: _____

Registration Checklist:

- Registration completed and signed
- Child Information Sheet for each child included
- Immunization Records are included or are currently on file
- Curriculum/Activity Fee attached.
- Nebraska Department of Health and Human Services State Brochure completed.
- Food Program Completed