

BFIC CHILD CARE APPLICATION

Date Application Completed _____ Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

CHILD INFORMATION:

Date of Birth: _____

Full Name:

Last	First	Middle	Nickname
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Child's Physical Address:

FAMILY INFORMATION: Child lives with:

Father/Guardian's Name _____

Home Phone _____

Address (if different from child) _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____

Home Phone _____

Address (if different from child's) _____

Work Phone _____ Cell Phone _____

CONTACTS: Please list the names of individuals to whom the center may release the child, as authorized by the person who signs the application. The operator, administrator, and staff shall release a child only to an individual(s) listed on the application.

HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has _____

List any chronic illness the individual has and any medication taken for that illness _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION: Emergency medical care information must be on file for each individual child. This information must include the name, address, and telephone number of the parent or other person to be contacted in case of an emergency.

Name, Address, Phone Number of Emergency Contact

Name, Address of health care professional

Doctor's Office Phone _____

Hospital preference _____

Hospital Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____



BFIC CHILD CARE

5609 LOOKOUT PLACE

MCLEANSVILLE, NC 27301

Office: 336-757-8792/Text: 336-587-0456

LATE PICK UP FEE

Daily rates given are for **8 ½ hours** of care per day. Any care provided over **8 ½ hours**, you will be charged **\$10.00 per hour per child or \$5 per child every 30 minutes starting 1 minute** over the allotted time. You must provide your child's days and hours he/she will attend to **Mrs.**

Annette. Once you give us your days and hours and those hours extend over **8 ½ hours**, late pick up fees will be added in with your payment. If fees were not added in your payment and you pick your child up late, the late fee is due **that day or must be paid the following day at drop off** in order for you to receive care.

HOLIDAY AND TEACHER WORKDAY HOURS AND RATES

When open during one of our major holidays AND teacher workdays our hours of operation are from 7am-6pm. Holiday rates are \$30 and teacher workday rates are \$22(1 child), \$42(2 children), and \$30(potty trained drop in)\$35(Drop-in teacher workday/not potty trained). Rates are per day based on 8 ½ hours per child. Rates and hours are subject to change at any given time. Early release \$17 up to 8 ½ hours.

MAJOR HOLIDAYS:

VETERANS DAY

MEMORIAL DAY

INDEPENDENCE DAY

LABOR DAY

THANKSGIVING DAY

CHRISTMAS EVE/CHRISTMAS DAY

NEW YEARS EVE/NEW YEARS DAY

LATE PAYMENT FEES

ALL payments are due every **Friday** or a **\$15 late payment fee will apply**. Payments will be due the following day along with the late payment fee. All payments and fees must be paid in order to receive care. **NO EXCEPTIONS!!! NO CREDITS** will be given for the days you have paid for **unless** it's in the **same week** you made payment for **(example: Payment was made for Monday-Thursday and your child didn't come on Monday, then your child can come on that Friday).** **NO EXCEPTIONS!!!**

AFTER HOUR FEES

Our after hour fee is **\$10 per hour**. We close promptly at 7pm! At **7:01pm**, you will be charged \$10 per hour.

WEEKEND RATES

We do open on the weekend if needed. Rate is **\$30 per** hour per child based on 8 ½ hours.

SIGNATURE_____

DATE_____

SIGNATURE_____

DATE_____

CHILD(REN) NAME_____

BFIC
Transportation Form
Year _____

Parents: Please complete an before and after-school Transportation Form for **each** child registering at **BFIC** before and after school. Please return this form along with the completed application materials to the center's director. Notify the director immediately if there are any changes to the information you have provided on this form.

Student's Full Name: _____

Grade: _____

Home Address: _____

Street Number

Street Name

Apt./Lot#

City

State

Zip Code

Parent/Guardian Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I, _____, do hereby give permission for my child to be transported by **BFIC's** before and after school center to/from school. I am aware that proper restraints will be used while the child is transported in the car/van.

To: Parents

From: BFIC Child Care

SUBJECT: Drop In Care

All children that do not come to the center M-F are considered as drop-in. Effective, 7/3/2014, if your child is considered drop-in, you must call the center in **ADVANCE 1 to 2 days prior to needed care.**

When you call, you must provide the following:

- 1.) The date your child will be dropped off.**
- 2.) The time your child will be dropped off.**
- 3.) The time your child will be picked up.**

This information is needed to better accommodate our staff and other parents who wish to use our drop-in care services. All the above information must be provided or your **child will** not be guaranteed childcare services. If you call and tell us a specific drop off time and don't show up, then you will be charged for that day, **whatever fee you are usually required to pay.** We will give you up to 30 minutes from the time of your scheduled drop off before it is considered as a **NO SHOW.** Please make sure your child is picked up at his/her scheduled pick up time. We know situations may arise, but please call and let us know, or **\$5 will be charged every 30 minutes after scheduled pick up time.** We encourage you to call and let us know if you have changed your mind about the date and time your child was initially suppose to come. We will continue to try and provide affordable childcare as long as parents work with us on this matter. Please let us know if you have any questions or concerns.

**Center Information:
336-587-0456**

Please sign and date and return bottom portion

Signature _____ **Date** _____

Signature _____ **Date** _____

Child's Name _____

Dear Parents,

Due to the increasing number of missed payments, effective **7/11/2014, ALL PAYMENTS** must be made **1 WEEK in ADVANCE AND WILL ONLY BE ACCEPTED ON FRIDAYS**. The only exception to this rule is if your child is under our drop-in service. Drop-In status is considered as your child only being dropped off no more than 3 days out of the week (M-F). If you are receiving drop-in care, then payment is due when your child is **DROPPED OFF**. We will **NO LONGER** accept payments when you pick your child up. **NO EXCEPTIONS!!** If you have not made your payment according to our new policy, then your child **CAN NOT BE DROPPED OFF** and on the return of your child, full payment **PLUS** a late fee of **\$5**.

Our normal business hours for school season are M-F 6:30am-7pm and during the summer M-F 7am-6pm. We will work around parent's schedules, outside of our normal business hours and days for an additional fee. This fee is based on the hours and also days you may need. Please be aware that prices, days, and hours of operation may change, but you will be notified when this happens. By signing below, you agree to these rules and will comply at all times. If you **DO NOT** agree then services cannot be rendered. Please let us know if you have any questions or concerns about this matter.

~BFIC CHILD CARE~

Signature: _____

Date: _____

Signature: _____

Date: _____

Child(ren) Name(s): _____

Permission to Photograph

We would like permission to take pictures of your child while they are at the center. The photographs will be used to post on our website, used for different art activities, and to hang on the walls at the center. These photos WILL NOT be used for any other purposes.

Please sign and date below. Retain top part for your records.

_____ I GIVE BFIC CHILD CARE permission to take pictures of my child(ren) and use them for different art activities, to post on their website, and to hang on the walls of the center.

_____ I DO NOT give BFIC CHILD CARE permission to take pictures of my child(ren) and use them for different art activities, to post on their website, and to hang on the walls of the center.

Signature: _____

Date: _____

Signature: _____

Date: _____

Child(ren) Names: _____

Name of Facility: BFIC Child Care

Discipline and Behavior

Management Policy Date Adopted August 26, 2013

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of time-out sparingly.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____

Date _____

Distribution: one copy to parent(s) signed copy in child's facility record