



UNDER THE SON

Christian Daycare & Learning Center

Registration Instructions

1. Complete all sections of the registration packet.
2. Be prepared to make check payable to Under The Son CDC or you may pay by cash for the appropriate registration fee and tuition.
3. If we do not have space available in the program you request, we will put you on our waiting list and call you as soon as space becomes available. No registration fee is required for the wait list.
4. Bring your child's shot records, and original birth certificate or other proof of identity (birth registration card, passport, hospital notification of birth) to the school office **on or before** the first day of school. We will not be able to complete your packet until we see your child's original birth certificate.
5. The school calendar will be provided the first week of school.



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A Unique Program That Offers Creative Learning While Instilling Christian Values

REGISTRATION FORM 2017-2018

(Please Print)

A. CHILD/FAMILY INFORMATION

Date of Application:		First Date of Attendance:		Birth Date:	
Child's Last Name:		First Name:		M. I.	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Phone :	Mom Cell:	Dad Cell:	Parent/Guardian Email:		
Street address, City, State, Zip Code:					
Father's Name/address if different from above:			Employer:	Work Phone:	
Mother's Name/address if different from above:			Employer:	Work Phone:	
Custodial Step-Parent/Guardian Name:			Employer:	Work Phone:	

B. HEALTH INFORMATION

Insurance Carrier:	Allergies (food or otherwise) and/or physical, visual or speech impairments of which we should be aware:
Policy Number:	
Physician's Name & Number:	
Names/Dosage of Medications Your Child is Taking:	
Do You Give Consent For Emergency Treatment of Your Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. EMERGENCY CONTACTS

Please list the numbers you would like us to call, in the order you would like us to call them, in the event of an emergency, illness, or school closing:

Name & Relationship to Student	Home Phone:	Cell Phone:	Work Phone:
1.			
2.			
3.			
4.			
5.			

D. CHILD PICK-UP PERMISSION

The following individuals may pick my child up:	Home Phone:	Cell Phone:	Work Phone:
1.			
2.			
3.			
4.			
5.			



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E. ADDITIONAL INFORMATION

Has the child been diagnosed with a learning disability, discipline issues, or other medial and or psychological conditions that may effect his/her ability to participate in activities? If yes, please explain.

Please list any school/family situations of which we should be aware (including custody arrangements, death or serious illness of family member, etc.)

F. PHOTO PERMISSION

During the year, we may take pictures of activities and events. Occasionally, we would like to use these pictures in advertising brochures, newsletters, web pages, and other promotional materials. Enrollment in our program is made with the understanding that parents give their consent for the child's likeness to be used by the school.

I/we understand that my/our child's likeness may be photographed in the course of program activities. I/we hereby have enrolled my/our child with this understanding and consent.

G. PUBLIC DISCLOSURE STATEMENT

The Code of Virginia, Section 63.1-196.3, allows child day centers operated by religious institutions the opportunity to file for an exemption from licensure by meeting documentation and other requirements specified within the exemption law. In compliance with the Code of Virginia, this center is exempt from licensure and is classified as an "Exempt" child day center.

This center is not equipped to provide food services. Parents/guardians are responsible for providing healthy and nutritious snacks and meals for their children. We serve all families in the community, regardless of race, culture, or religious background.

THE FINE PRINT

The information contained herein is true, complete, and accurate to the best of my knowledge, and I understand that any intentional omission or misrepresentation on my part may result in the immediate dismissal of my child from the program. I further understand that all information provided will be used to ensure the safety and well-being of my child, including notifying me in case of an emergency, and that it is imperative that I contact the office immediately should any of this information change.

By affixing my signature hereto, I also grant permission for my child to attend all supervised field trips and sporting events while enrolled. Further, I hereby release this program of any responsibility for any accident or injury that may occur while on school premises, en-route to and from school, or while involved in any school activity.

The student's complete and current immunization record, physical, and birth certificate must accompany this completed and signed application. No child will be admitted without all documents attached at the time of enrollment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



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ENROLLMENT CONTRACT 2017-2018

My child, _____, will be enrolling in the following program(s):

FULL DAY PROGRAM

6:30 a.m. - 6:30 p.m. September 1 - August 31

Infants (6 weeks - 18 months)	___ 5 Days \$850.00 per month	___ 3 Days \$525.00 per month
Toddlers (18 months - 3½ yrs)	___ 5 Days \$820.00 per month	___ 3 Days \$494.00 per month
Preschool (3½ - 5 potty-trained)	___ 5 Days \$695.00 per month	___ 3 Days \$420.00 per month

- Registration Fee \$150.00 per school year**
Non-refundable for full time students including ½ day kindergarten
- Activity Fee \$60.00 per school year**
Non-refundable for preschoolers 3 (potty-trained) – 5

BEFORE/AFTER CARE and HALF DAY KINDERGARTEN

September (1st day of school) – June (last day of school) dates will vary

Before School Care Only	___ 5 Days \$162.00 per month	___ 3 days \$102.00 per month
After School Care Only	___ 5 Days \$242.00 per month	___ 3 days \$152.00 per month
Before & After School	___ 5 Days \$403.00 per month	___ 3 days \$254.00 per month

- Registration Fee \$60.00 per school year**
Non-refundable for before/after school care

SCHOOL AGE SUMMER PROGRAM

Program runs from June (Monday following last day of school) through September (first day of school) dates will vary. (Ages 6-12)

___ **5 Days** \$550.00 per month ___ \$50.00 Registration Fee

Monthly tuition for each age group is based on an **annual fee** that covers all weeks of the school year **center closure dates** are considered when determining this amount.

Under the Son offers families the following discounts 5% multiple child discount for students that are **full time**, this discount is to be applied to the tuition of the lesser amount.

The center hours are 6:30 a.m.-6:30 p.m. Monday-Friday. Children remaining after the end of the program will incur a fee equal to \$15 per 15 minutes or portion thereof.

PAYMENT OPTIONS

Tuition is due on the first of every month. Cash and check are accepted, we do not accept credit cards as payment. There is a \$35.00 return check charge, if more than 2 checks are returned payment will be required in cash.

All fees, to include the registration fee and book fee, must be paid before September 1st and are not refundable. Students may not begin school until all fees have been paid in full.

All late payments will be assessed a fee and could result in the child being unable to attend the program.

STAFF HEALTH REQUIREMENTS

All teachers are certified by a practicing physician to be free from any disability which would prevent them from caring for children, and documentation is on file in the office.

PUBLIC LIABILITY INSURANCE

The program is covered by public liability insurance which provides coverage for the program in the event someone brings suit against the program for personal or bodily harm suffered during the operation of the center as a result of negligence. Students are expected to be covered by their own health insurance policies.

QUALIFICATIONS OF PERSONNEL

All caregivers must be certified in CPR, undergo a criminal history record check, and understand necessary procedures to ensure the health and safety of children, i.e. proper hand washing, recognizing and reporting child abuse, health screening, etc.

ILL CHILD POLICY

Any child who has any of the following conditions will be considered sick, and the appropriate contact person will be notified (fever above 100 degrees, vomiting, diarrhea, or visible head lice). If your child is suffering from any condition listed above, please do not send him or her to school. Child must be fever free without medication for a full 24 hours before returning to class.

WITHDRAWAL POLICY

I understand that the operating expenses of a school like Under the Son are fixed, and a loss is realized if a vacancy occurs during the school year. **In support of the school's obligation to its staff, I agree to enroll my child for the entire year. No deductions can be made for vacations, holidays, or any other absences regardless of cause.**

This Statement will be in effect for as long as my child(ren) attend Under the Son.

After the first day of the program, if the family withdraws voluntarily a minimum of 2 months' notice is required. Under the Son Christian Daycare and Learning Center reserves the right to disenroll any student at any time for any reason.

AGREEMENTS

I understand that Under the Son CDC's school year runs from Sept. 1st-August 31st for all Infant, Toddler, and Preschool programs. For all school age programs, the school year will coincide with Virginia Beach Public Schools calendar. _____

I hereby give my permission for the above-named child to participate in field trips with the school. I hereby release Under the Son CDC, its employees and agents from any liability for injuries sustained by my child while preparing for, going to, or returning from said field trips. _____

I hereby give my consent for Under the Son CDC to use photographs and or interviews with me or my child and or my child(ren)_____

In the event my child or anyone in my household comes down with a communicable disease I agree to notify staff within 24 hours so that they can notify other parents and health department if necessary. (all names will remain confidential) _____

An emergency preparedness plan is in place to help staff be prepared in the event of an emergency. This is posted in all classrooms and is available for review. _____

I agree to provide up to date vaccination records and proof of ID (birth certificate passport, hospital record of birth) prior to the first day of attendance. _____

Tuition is due prior to attendance and I am aware of all fees and deadlines for the registered program. _____

I have read and agree to the above terms of this contract.

Mother/Guardian Signature _____ **Date** _____

Father/Guardian Signature _____ **Date** _____

Under the Son Christian Daycare & Learning Center
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Revised: 9/28/2017