

2022

June 27-August 26



SUMMER CAMP

Registration

Packet

Centerville Baptist Children's Program

908 Centerville Turnpike South Chesapeake, VA 23322

757-482-7595 cbcps757@outlook.com

Dorian Medeiros, Director

SUMMER CAMP REGISTRATION CONTRACT

SUMMER CAMP HOURS 9:00-4:00 Childcare (CC) Hours 6:30am-6pm

CHECK ALL THAT APPLY: (based on the class your child just completed or is currently enrolled)

____ Infant ____ 2 year old ____ 3 year old ____ 4 year old ____ Kindergarten
____ 1st grade ____ 2nd grade ____ 3rd grade ____ 4th grade ____ 5th grade

Children enrolled in 3 year old classes and above must be completely potty trained.

(Please print legibly)

Child's Full Name: _____ Nickname: _____

Telephone Number: _____ Gender: M F

Age (by 09/30/21): ____ Date of Birth: ____ / ____ / ____ Premature @ ____ weeks ____ Adopted

Child's Complete Address: _____

Family email: _____

Office Use Only	Identity Verification
The Commonwealth of Virginia requires parents/guardians to provide proof of a child's age and identity. Proof of the child's identity and age may include an original or certified copy of the child's birth certificate, passport, copy of placement agreement from a child placing agency, or records from a public school, i.e., certified by a principal of a public school in the United States. Failure to provide the proper documentation must be reported to local law enforcement agencies according to statute.	
Place of birth: _____	DOB: ____/____/____ Date of Issue: ____/____/____
Birth Certificate Number: _____	Birth Certificate Social Security Card
Other: _____	Date viewed: ____/____/____

Family information: Married Separated Divorced Single Parent Unmarried, living together
Contact information must be provided for Non Custodial Parent, if the parent has visitation. Custody documentation is needed.

Father/Guardian/Non-custodial Parent/Other: Mother/Guardian/Non-custodial Parent/Other:

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

E-mail Address: _____ E-mail Address: _____

Business Number: _____ Business Number: _____

Cell Number: _____ Cell Number: _____

FAMILY INFORMATION AND TRANSPORTATION

Please list the names, ages, schools, and genders of siblings:

Previous childcare/preschools attended:

The Code of Virginia requires parents/guardians to disclose the names, locations and terms of previous enrollment.

Name: _____ Term of enrollment: _____

Location: _____

Cultural traditions teachers should be aware of:

Transportation Providers: (2 names required)

Please designate persons other than the parent/guardian able to provide transportation for your child. (including proper child seats)

1. _____ Phone: _____

2. _____ Phone: _____

Emergency Transportation Providers:

Please designate persons other than the parent/guardian to provide transportation in an emergency for your child.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Person NOT authorized to pick up your child:

Name: _____ Relationship to child: _____

If the child resides with an adult other than parent, (step-parent, parent's partner, grandparent etc.) please provide information.

Name: _____ Name child calls adult: _____

Occupation: _____ Employer: _____

Work Address: _____ Email: _____

Business: _____ Cell Number: _____

FINANCIAL ARRANGEMENTS

Child's Name: _____ Class/Grade _____

Party Responsible for Payment: _____

Relationship to Child: _____

Centerville Baptist Church has made provision for the payment of Centerville Baptist Children's Program fees and tuition to be paid in installments as outlined in the "Federal Truth in Lending Disclosure Statement".

The following procedures have been developed to manage your financial obligations effectively.

The "Federal Truth in Lending Disclosure Statement," as required by Federal Law, must be signed by the Party Responsible for Payment at the time of enrollment.

Payment is the responsibility of the Designated Party in this Financial Agreement Form.

The Party Responsible for Payment agrees to create a FACTS payment account for remitting tuition, annual fees, and incidental fees to Centerville Baptist Children's Program. (FACTS information will be emailed following receipt of completed enrollment paperwork)

Additional fees may be billed to your FACTS account for declined or expired credit cards, late payments, insufficient funds, and/or excessive or repeated late pick up from the program. Childcare services and/or classroom instruction may be suspended until such time as payment has been rendered.

Payments will continue through closures including holidays, scheduled school closures, quarantines, health related shutdowns, weather delays/closures, acts of God, etc.
NOTE: Families will be allowed one preplanned week of vacation for summer camp

In the event that collection or other legal procedures are instituted, the Party Responsible for Payment agrees to pay all expenses of collection, including court and responsible attorney fees, if such rendered.

If at any time you feel that our records are in error, or you would like to discuss the status of your account, please contact the program office.

Students enrolled in the Summer Camp Childcare Program are required to register for the full 9 weeks of the summer schedule. Families may preschedule 1 week of vacation tuition free. Drop-in and partial week registration will not be permitted. Payment will be required regardless of attendance.

Documents not completed in full will be considered invalid and the child will not be permitted to attend the program until documents are complete.

NOTE: To secure enrollment in Summer Camp 2022, a FACTS account must be established, registration payment made, and completed paperwork returned to the office by May 30, 2022.

I have read the above information and understand the administrative policies concerning financial arrangements for the 2022 Summer Camp at Centerville Baptist Children's Program..

Signature of Party Responsible for Payment

Date



CBCPS757@OUTLOOK.COM

PARENT/GUARDIAN: _____
PRINT SIGN

STUDENT 3	AGE	CURRENT GRADE
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cbcps757@outlook.com

Federal Truth in Lending Disclosure Statement for Services Rendered

Child's Name: _____ Class/Grade _____

Party Responsible for Payment: _____

Relationship to Child: _____

Telephone Number: _____ Email: _____

Address: _____

Registration is non-refundable* Tuition is divided into 9 weekly payments, but may be paid in full. No tuition adjustments are made for holidays, scheduled school closures, weather delays/closures, quarantines, acts of God, etc.

Exception: Summer Camp families may schedule one week for vacation, tuition free..

NOTE: Should you choose to withdraw your child from the program, a **withdrawal fee, equal to 2 weeks tuition, will be due.**

Exceptions: Military relocation, proof of job transfer, financial hardship, and IEP services.
 _____(Initial)

I HEREBY CERTIFY that I have read, understand and have received a copy of this disclosure statement and agree to these terms.

 Signature of Party Responsible for Payment

Relationship to Student

Date

NOTE:

Payment account, registration payment, and completed paperwork are due to secure enrollment in the program.

Parent Authorizations, Medical History & Medical Release

I hereby give permission for _____ to participate in events, activities and field trips with Centerville Baptist Children's Program Summer Camp 2022.

- I understand that risks of accidental injury are incidental to the conduct of normal classroom participation, playground activities, activities in the gym, and elective extra-curricular activities. I assume all risks and hazards incidental to the conduct of events, activities, and normal classroom participation and hereby acknowledge and give our informed consent for participation.
- I grant permission for my child to be transported in case of a situation that may require evacuation from the church, use of the church's buses or privately-owned vehicles which are owned and operated by Centerville Baptist Children's Program, and/or Church staff.
- In the event of an accident, illness, or injury, I hereby grant permission to Emergency Medical Personnel, Attending Physicians, and hospital Personnel to perform whatsoever care is necessary for the welfare of my child, until I can be in attendance.
- I give permission for Centerville Baptist Children's Program to photograph/video and publish my child's image for promotional and/or advertising materials on the school Facebook page and website.
- Facebook: • Yes • No Website: • Yes • No
- I give permission for our names, telephone numbers, and email addresses to be released for the classroom directory. • Yes • No

Medical History:

Date of last physical examination: ____/____/____ Date of last immunizations: ____/____/____

Date of last dental examination: ____/____/____ Date of last visual exam: ____/____/____

Date of last speech examination: ____/____/____ Developmental assessment: ____/____/____

If your child has experienced any serious illnesses, injuries, hospitalizations, minor/major surgery, please provide the approximate dates and nature of the event:

Primary Care Provider: _____ Telephone Number: _____

Dentist: _____ Telephone Number: _____

Allergies: _____ • EpiPen • Inhaler

Medical Issues: _____ Explain: _____

Medication to be administered MUST be accompanied with proper forms (form is located on website)

Medications: _____ Explain: _____

Insurance Company: _____ Provider Phone: _____

Group Number: _____ ID Number: _____

Parent/Guardian Signature

Date

POLICIES AND PROCEDURES

ENROLLMENT REQUIREMENTS

School Based Classes

Children are placed in Summer Camp classes based on the class in which they are currently enrolled in school.

Registration and Tuition

Centerville Baptist Children's Program registration fee covers some of our administrative costs as well as the costs of insurance premiums, facilities, supplies, etc. Also, these fees cover the costs of hands-on materials, art, and craft supplies, and general classroom supplies. Financial Agreements and Parent/Program agreements are issued to the party responsible for the payment of the weekly tuition. Penalties for withdrawal of a child from the program are the responsibility of the parents or guardians and are detailed in the Parent/Program Agreement and Financial documents.

Proof of Identity/Proof of Date of Birth

We are required to view and record information from the child's certified birth certificate or passport at the time of enrollment. Failure to provide the documentation by the first full week of camp must be reported to the local law enforcement agency.

Legal Authorization

Centerville Baptist Children's Program requires legal authorization for the transport of a child. This authorization includes transportation by emergency medical personnel or church staff. Transportation will not be provided if verbal or written authorization is not provided.

Transportation Providers

Parents/guardians are required to register the names of individuals authorized and able to transport children when parents/guardians are unavailable or unable to pick up a sick child within 30 minutes or pick up at the designated time.

School Physical and Immunizations

Parents/guardians of children entering Centerville Baptist Children's Program for the first time are required to submit a school physical report, including the physician's development assessment. This will include a record of the child's immunization history. Immunizations must be current on the first day of camp. New immunization histories/records are required every 6 months for children younger than 36 months. Parents of children with delayed immunization schedules or religious exemption waivers are required to submit the school physical reports and must submit documentation regarding the child's immunization history.

Medication

If the child needs medication during the day, such as over the counter and prescribed medications that need to be given for less than 10 days, the parents must complete a
(Continued next page. Signature required.)

POLICIES AND PROCEDURES (continued)

"Medication Authorization Form" for the child. This may be picked up from the office or found on the website. Medication that is given for more than 10 days or EpiPen/Inhaler, the parent and physician must complete the Medication Authorization Form. All medication must be in the original box, and include instructions and label. An action plan created by the doctor must be turned in with the medication form as well.

Sick Child Policy

The Directors and teachers will screen children daily for symptoms of illnesses. For children that show signs of illnesses, the parents/guardians will be contacted and the child will need to leave the facility within 30 minutes.

If a child becomes ill during Summer Camp, parents will be notified and the child will remain with a school administrator until the guardian arrives. In the event of a viral illness where a fever, vomiting, etc. is present, the child cannot return to either program until signs and symptoms are gone for 24 hours without medication.

In the event of a contagious illness, the parents/guardians are asked to notify the programs. The child will not be allowed to return to school until all danger of the contagion is gone and a written letter from a physician is provided.

Security Precautions

All exterior doors remain locked during business hours. The main doors to the facility are monitored during school hours.

Summer Closures June 27 - September 2:

Child Care will be closed on the following days:

- July 4, Monday
- August 29-September 2.

I verify by signing that I have read and understand all Requirements for Enrollment as well as Policies and Procedures for Summer Camp established by Centerville Baptist Children's Program as stated in this package.

Parent/Guardian Signature

Date