

Lake Shore Baptist Children's Center – Application for Enrollment
5801 Bishop Drive Waco, TX 76710 • tel 254-772-6459 • fax 254-772-2914 • lsbcc1@hotmail.com
Open Monday-Friday 7:15-5:30pm

Date of Application: ___/___/_____

Desired Start Date: ___/___/_____

Child's Information:

Name: _____
Last First Middle Nickname

Gender: _____ Date of Birth: ___/___/_____ Current Age: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Child lives with: ___ Mother & Father ___ Mother ___ Father ___ Legal Guardian

Has child previously attended preschool or childcare? ___ If so, where? _____

Parent's Information:

Parents are: ___ Married ___ Living Together ___ Divorced ___ Separated ___ Widowed

If divorced, who has legal custody? ___ Mother ___ Father ___ Both

May the non-custodial parent pick up the child? ___ Yes ___ No *If no, you must provide legal documentation.

Mother's Full Name: _____
Last First Middle Initial

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email: _____

Father's Full Name: _____
Last First Middle Initial

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email: _____

Legal Guardian's Full Name: _____
Last First Middle Initial

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email: _____

Parent/Legal Guardian's Signature: _____ **Date:** ___/___/_____

Emergency Contacts:

Name three people who would assume responsibility for your child if you cannot be reached.

Full name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to Child: _____ Alternate Phone: _____

Full name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to Child: _____ Alternate Phone: _____

Full name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to Child: _____ Alternate Phone: _____

Authorized Pickups:

I hereby authorize Lake Shore Baptist Children's Center to allow my child to leave the facility with ONLY the following persons (these are in addition to the Emergency Contacts):

Full name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to Child: _____ Alternate Phone: _____

Full name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to Child: _____ Alternate Phone: _____

Full name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to Child: _____ Alternate Phone: _____

I understand that my child will only be released from the center to me or a person on this list. If someone who is not on this pick up list comes for my child, I will notify the Center in advance by phone or in person, and the person must have picture identification. I also understand that any person delivering or picking up my child must sign in or out and make staff members aware of my child's arrival and/or departure.

Parent/Legal Guardian's Signature: _____ Date: ___/___/___

Please read the following and check “I give consent” or “I do not give consent.”

Emergency Transportation:

I give Lake Shore Baptist Children’s Center permission to transport my child to a safe location in the event of a medical emergency or an emergency evacuation. I understand that I may or may not be notified in advance of such transportation.

_____ I give consent

_____ I do not give consent

Water Activities:

I give permission for my child to participate in supervised water activities while at Lake Shore Baptist Children’s Center. Such activities may include sprinkler play, or water table play.

_____ I give consent

_____ I do not give consent

Field Trips:

I give Lake Shore Baptist Children’s Center permission for my child to participate in excursions or other planned trips away from the Center, so long as the Center has provided advance notice of the activity.

_____ I give consent

_____ I do not give consent

Parent/Legal Guardian’s Signature: _____ **Date:** ____/____/____

Hearing and Vision Screening:

According to Texas Health and Safety Standards all children must have vision and hearing screening between the ages of four and five years. Lake shore Baptist Children’s Center will provide screening on the premises at no cost to the parents every year. If the screening was done at your child’s well check up, the Center will need a physician’s copy to keep on file. The only exclusion to this policy is if this conflicts with the family’s practices of a church or religious denomination. In this case an affidavit will need to be produced by the family for the Center to keep on file in compliance with state minimum standards.

Parent/Legal Guardian’s Signature: _____ **Date:** ____/____/____

Acknowledgement of Policies and Procedures:

I have read and understand the Lake Shore Baptist Children’s Center PARENT HANDBOOK (available in print from the office or online at <http://lakeshorebcwaco.org/LSBCC.htm>). In order to keep my child enrolled at Lake Shore Baptist Children’s Center, I agree to abide by these policies.

Parent/Legal Guardian’s Signature: _____ **Date:** ____/____/____

Photography Release:



I hereby authorize Lake Shore Baptist Children's Center to publish photographs taken of the minor child or children listed below, and their names and likenesses, for use in the Center's print and online marketing materials, as well as other Center publications.

I hereby release and hold harmless LSBCC from any reasonable expectation of privacy or confidentiality for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize LSBCC to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other LSBCC publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release LSBCC, its contractors, its employees and any third parties involved in the creation or publication of LSBCC publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Parent/Legal Guardian's Signature: _____ Date: ____/____/____

Street Address: _____ City: _____ Zip: _____

Relationship to Child/Children: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

-or-

I do not authorize Lake Shore Baptist Children's Center to publish photographs taken of the minor child or children listed above, and their names and likenesses, for use in the Center's print and online marketing materials, as well as other Center publications.

Parent/Legal Guardian's Signature: _____ Date: ____/____/____

Financial Agreement:

I agree to pay my child's tuition prior to care: ____Semi-monthly ____Monthly

Late Fees:

- **Late Pick Up:** \$1.00 for every minute families are still in the building after closing (5:30 pm). This means you must be out of the building by 5:30 pm, not arriving at 5:30 pm.
- **If you are contacted** to pick up your child due to illness, etc., you have 30 minutes to arrive. A fee of \$10.00 will be charged after 30 minutes.
- **Late Lunch:** If your child does not have lunch by 11:15 am, you will be charged a fee of \$5.00.
- **Semi-monthly payments:** A \$20.00 late fee will be added on the 10th if half of that month's tuition has not been paid by that time. A second \$20.00 late fee will be added on the 25th if that month's tuition has not been paid in full by that time. The late fee will increase by \$10.00 for each consecutive month you are behind.
- **Monthly Payments:** A \$20.00 late fee will be added on the 10th if your tuition is not paid in full by that time. The late fee will increase by \$10.00 for each consecutive month you are behind.

Registration fees, tuition fees, and supply fees reserve your child's place at Lake Shore Baptist Children's Center, and are **NOT REFUNDABLE** at any time.

End of the year Tax Statements will be given only to accounts with a zero balance.

I understand that I am responsible for payment for all 52 weeks of the year, and there will be no reduction in tuition due to holidays, vacations, illness, or bad weather closings. I will abide by the above agreement and notify the Director immediately if there becomes a problem with payment.

I understand that if my tuition becomes delinquent, Lake Shore Baptist Children's center reserves the right to refuse admission of my child.

I also agree to notify the school in writing two weeks in advance of withdrawal. I understand that without notification, I am obligated to pay two weeks of tuition after withdrawal.

Signature of All parties Responsible:

_____/_____Date:___/___/_____

I expressly agree to provide Lake Shore Baptist Children's Center and all employees with complete medical information concerning both physical and psychological development regarding my child as diagnosed by a physician. I acknowledge that failure to do so may result in termination of my child's enrollment. Although Lake Shore Baptist Children's Center strives to fit the needs of all children, there may be circumstances in which we have exhausted all resources and are unable to meet your child's special needs.

Lake Shore Baptist Children's Center has the right to refuse admission to anyone.

Parent/Legal Guardian's Signature:_____ **Date:**___/___/_____

Medical Information:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge at Lake Shore Baptist Children's Center to take my child to:

Name of Physician: _____ Clinic: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Name of Preferred Hospital/Clinic: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Insurance Company Name: _____ Policy #: _____

Phone: _____

I give consent for this facility to secure any and all necessary emergency medical care when my child is in the care of this physician and/or hospital or clinic.

Parent/Legal Guardian's Signature: _____ **Date:** ___/___/___

Medical History:

Please list any special needs or problems that your child has including allergies (food, medication, etc.), existing illnesses, previous serious illnesses, or serious injuries that we should be made aware of. Also include any hospitalizations during the past 12 months, and any medication prescribed for continuous, long-term use. Please write N/A if inapplicable.

Parent/Legal Guardian's Signature: _____ **Date:** ___/___/___

Required Medical Form

In accordance with Minimum Standards for child care centers, a health statement is required to be on file at the Center within one week of the date of admission for each child.

In order for your child to be admitted to the Center, you must have your child's doctor fill out and sign this form. We must also have a copy of your child's **current immunization record**.

Child's Name: _____

Date of Birth: _____

Physician's Statement:

I have examined this child within the past year and find that the child is physically able to take part in the child care program.

Name of physician: _____ Clinic: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Physician's Signature: _____ Date: ____/____/____

Parent/Legal Guardian's Signature: _____ Date: ____/____/____

Get Acquainted Record

Child's Full Name: _____

My nickname is: _____

I have _____ brothers & _____ sisters, their names and ages are: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

My favorite toy is: _____

I am afraid of: _____

I can do all these things by myself: _____

Why are you looking for a new childcare arrangement? _____

Has your child had previous day care experience? _____

Please list prior caregivers and/or childcare centers: _____

Describe these experiences: _____

What type of discipline is used at home? _____

Does your child eat unaided? _____ Does he/she enjoy eating? _____

Does your child have a special diet? _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods which should not be served to your child? _____

How does your child go to sleep? _____

Are there any special dolls or toys he/she needs in order to go to sleep? _____

What is the usual time and length of naps taken each day? _____

How long does he/she usually sleep at night? _____

Please list any personal habits, such as thumb sucking, nail biting, etc., and/or specific words used to describe bodily functions or objects: _____

What are your main expectations of this program? _____