

Growing Station Day Care

730 Canal Drive
Chesapeake, Va. 23323
(757) 487-5513

Enrollment Contract

Child's Information

Full Name: _____ Date: _____

Nickname: _____ Sex: _____

Date of Birth: _____ Home Phone: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Mother's Information

Maiden Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone/ Pager: _____

Birthplace: _____ Do you work outside your home? _____

Occupation: _____ Work Place: _____

Work Place Address: _____ Work Phone: _____

Hours worked (circle one) Full time/ Part time: _____

Education: (Circle Highest Completed) High School, Trade School, College

Father's Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone/ Pager: _____

Birthplace: _____ Do you work outside your home? _____

Occupation: _____ Work Place: _____

Work Place Address: _____ Work Phone: _____

Hours worked (circle one) Full time/ Part time: _____

Education: (Circle Highest Completed) High School, Trade School, College

Brothers and Sisters

Name	Date of Birth
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_____	_____
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_____	_____
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_____	_____
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List members of your household not listed above (other relatives, roomers, maid, etc.)

Does your child enjoy outdoor play? _____

Does your child have any allergies? _____

If yes, how does it affect him/ her? _____

Name, address and phone number of person who would assume responsibility for your child in an emergency when day care would be unable to contact parents:

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip code: _____ Relation: _____

Cellular Phone/ Pager: _____

What are the ages and sexes of the children with whom your child has played most during the past year?

What type of play do they engage in and how does your child get along with others?

What serious illness if any has your child had? _____

What about the following?

Sleep and nap habits: _____

Eating habits and difficulties: _____

Fears: _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

How do you correct your child? _____

Favorite play activities. _____

Favorite books and stories: _____

Does your child attend Sunday school or any other children bible study? _____

List other organizations of the church he/she attends. _____

Is family affiliated with a church in this community? (Please circle one) YES/ NO

If so which, _____

Has your child attended any other childcare centers? (Please circle one) YES / NO

Name the center. _____

Growing Station Day Care

EMERGENCY TREATMENT PERMISSION FORM

(Must be signed and returned to Growing Station Day Care Immediately)

Child's Name: _____

In the event reasonable attempts to contact me at (Phone Number) _____
or _____ (other parent or guardian) have been unsuccessful, I hereby give my
consent for the administration of any treatment deemed necessary by Dr. _____
(Preferred Physician) or in the event the designated preferred practitioner is not available, by
another licensed physician, and the transfer of the child to _____
(Preferred Hospital) or any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed
physicians, concurring in the necessity for such surgery are obtained prior to the performance or
such surgery:

Signature: _____
(Parent or Guardian)

I do not give my consent for emergency medical treatment of my child. In the event of illness or
injury requiring emergency treatment, I wish day care authorities to take no action or to

(Specify Action)

Signature: _____
(Parent or Guardian)

***In order to help Growing Station Day Care personnel in notifying you and the Family
Doctor, please give the following Information:***

Name of Doctor: _____ Phone Number: _____

Mother's Home Phone: _____ Mother's Cellular/Pager: _____

Mother's Business Phone: _____ Other #: _____

Father's Home Phone: _____ Father's Cellular/ Pager: _____

Father's Business Phone: _____ Other #: _____

Person authorized to act in behalf of the child if neither parent cannot be reached:

Name: _____ Relation: _____

Home Phone: _____ Cellular/ Pager: _____

Work Phone: _____ Other #: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

GROWING STATION DAY CARE PERMISSION FORM

I hereby give my child _____, permission to participate in all activities of The Fullness of the Spirit Ministries Growing Station Day Care, including field trips. I understand that the fees paid for childcare may not cover the price for all field trips and activities. Therefore additional money may be required.

Parental consent and medical release

I do hereby acknowledge the intent of this day care and consent to my child participating. Should an accident occur necessitating medical treatment for my child, this document shall serve as my authorization for the emergency care physician to administer treatment he/she deems appropriate unless stated different. Further, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

Release of Liability

I do hereby agree to release liability of Growing Station Daycare and its employees should my child sustain injury due to his/her disobedience to staff instruction and / or daycare rules and regulation.

Signature of Parent / Guardian

Date

Emergency phone number/ person

Home phone number

Waiver of liability due to COVID19

By initialing I agreed that I have been informed of Growing Station precautions to keep my child/children safe during this pandemic. _____ **(please initial)**

I hereby release Fullness of the Spirit Growing Station Daycare from any liability should my child become COVID19 positive. _____ **(please initial)**

I hereby agree to allow my child to participate in Growing Station's on and offsite summer activities. Including but not limited to: bounce house, special guest presentations, painting, music class, petting zoo, and lil yeti. _____ **(please initial)**

I understand that I am required to notify Growing Station Daycare immediately of a COVID19 positive diagnose and/or its symptoms _____ **(please initial)**

Parent's Name: (Print & Sign)

Date:

MEDICAL CONSENT FORM

Growing Station Day Care has my permission to administer the following to my child when needed and according to the dosage recommended by the manufacturer.

_____ Children's Tylenol
_____ Pepto Bismol

CONSENT FORM

Growing Station Day Care has my permission to administer the following to my child when needed and according to the directions recommended by the manufacturer.

_____ Sun Block
_____ Bug Spray (OFF)
_____ Other: _____

Child's Name

_____ Date
Parent or Guardian

FULLNESS OF THE SPIRIT MINISTRIES GROWING STATION DAY CARE

730 Canal Drive/ P.O. Box 6417
Chesapeake, Va. 23323
(757) 487-5513

DROP OFF AND PICK UP POLICY

I understand that children are released only to their parents and individuals approved in writing by their parents. Adults must present picture identification card.

F.S. M. Growing Station has specific instructions for the director and staff in the event an unauthorized person attempts to pick up a child.

I also understand the Center opens at 6:30 AM and closes at 6:00 sharp. There is a \$5.00 charge per 5 minutes after 6:05 P.M. for full time late pick-up. 3-day part time pick up, no later than 3:00 pm. There is a \$5.00 charge per 5 minutes.

I further understand that when children are entering and leaving the building they must under the direct supervision of the adult responsible for their care. This means that walking children must be held by the hand at all times.

I agree that when entering and exiting the parking lot. I will obey all directional signs and understand that parking spaces reserved for church staff, vans and handicap use are not to be used by childcare center parents. I agree to enter and exit the building using the designated entrance only.

Signature of Parent/Guardian

Date

FULLNESS OF THE SPIRIT MINISTRIES GROWING STATION DAY CARE

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PAYMENT AND TUITION POLICY

Fullness of the Spirit Ministries Growing Station Day Care is a not for profit program that strives to provide the very best for your children. Continuing to provide high quality programs that meet the needs of the children depends on each and every family to be financially responsible.

Monthly Payments are due on the 1st of each month. Semi-Monthly payments are due on the 1st and 15th. If received after set date, a \$25.00 late charge will be added weekly until tuition is paid. If paying by check please put your child's name on the bottom of the check. There will be a \$35.00 charge for all return checks. Weekly payments are only available during the summer.

Checks must be made out to Fullness of the Spirit Ministries (F.S.M) Growing Station Day Care.

There is no reduction in payment for days absent, vacations days without two weeks notification, emergency closings both local and national, or holidays.

A Two- week advance written notice is required to withdraw a child from the Day Care.

Signature of Parent/Guardian

Date

GROWING STATION DAY CARE

730 CANAL DRIVE
CHESAPEAKE, VA 23323
(757) 487-5513

Activity Fee Agreement

I understand that I am financially responsible for all special activities which includes theme activities, field trips, special guest, etc. Payments for all activities at the selected deadline date.

Failure to make payment on set date will result with termination of participation in any and all special activities. There will be a late charge fee of \$5 added weekly for all unpaid fees.

Unless a written notice is submitted by a parent all students will participate in the set activities and will be charged monthly.

Print Parent Name

Signature of Parent

Date

PHOTO RELEASE FORM

I give my permission for F.S.M. Growing Station to use images of my child taken at school or school-related events,(child's name)

_____, in any Growing Station publications, teacher created art or crafts activity, school-web presentations, document classroom activities, advertising materials, and promotional materials. These may include use in print materials, presentations, and on Growing Station website. I understand that these photos will be used for the sole purpose of promoting or reporting on the Growing Station. Similarly, administrators may use video for documentations.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

GROWING STATION DAY CARE

PARENT AGREEMENT FORM

1. I have been informed that a Parent Information Handbook is available online at www.growingstation.org and available at our front desk. I agree to comply with all of the operating policies, procedures and state regulations as outlined in the handbook and within this contract.

____ YES ____ NO

2. I agree to honor all financial commitments to FSM Growing Station on a weekly basis, unless other arrangements have been made with the Administrator. **These financial responsibilities include the annual registration fee, tuition fees, late payment fees, late pick-up fees, returned check fees, court fee and attorney's fee (35% of my total balance) related to debt collection of my balance.**

____ YES ____ NO

3. I agree to provide the necessary supplies needed by my child on a daily basis.

____ YES ____ NO

4. I give permission for my child to receive periodic developmental assessments to allow for individualized lesson planning by the teachers and to screen for special developmental needs.

____ YES ____ NO

5. I give permission for my child to participate in all aspects of the educational program, including the use of age-appropriate playground equipment and participation in walking field trips on the school grounds and in the nearby residential area. I understand that I will be notified in advance of field trips for 3-12 year-old children which require motor vehicle transportation and I will have an opportunity to allow or disallow my child's participation in those field trips.

____ YES ____ NO

6. I agree to abide by the illness criteria of the school and will pick up my child immediately when notified that my child is ill. I agree to return my child to the center only after the illness criteria for returning to school has been met.

____ YES ____ NO

7. I agree to furnish the required medical immunization records, signed by a licensed physician, to the school prior to my child's enrollment in school.

____ YES ____ NO

8. I agree also to provide the required physical examination and updated immunization records as required by the State Board of Health and outlined in the Parent's Handbook.

____ YES ____ NO

9. I agree to pick up my child immediately if he or she demonstrates uncontrollable behavior, if my child becomes overly distraught with separation anxiety, or if my child threatens the well-being of the other children.

____ YES ____ NO

10. I agree to release liability of F.S.M. Growing Station and its employees should my child sustain injury due to his/her disobedience to staff instruction and /or daycare rules and regulation.

____ YES ____ NO

11. I agree to give two weeks written notification of termination. If I do not, then I agree to pay the equivalent of two weeks' tuition upon my child's withdrawal from school.

____ YES ____ NO

Parent's Signature

Date