



2020-21 All Day Application

WEEKLY FEE: TUITION: \$230 week **REGISTRATION/ACTIVITY FEE:** \$100 (To be submitted with this application)

HOURS: 7:30 a.m. - 5:30 p.m. **OWNER:** Mary C. Cox **DIRECTOR:** Pam Brown

***Parents are to provide lunch DAILY for your child.

Arrival Time: _____ Dismissal Time: _____ Nursery Pre-Kindergarten Kindergarten

Parent's Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: (_____) _____

Child's Name: _____ Nickname: _____ Sex: ___ Age: ___ Birthdate: ___ / ___ / ___

Child's Pediatrician: _____ Address: _____ Phone #: (_____) _____

Preferred Hospital: _____

Information on child's physical condition: (Va. State Health Certificate MUST be submitted to Jack and Jill upon enrollment):

Please list ANY allergies and intolerance to food, medication, or any other substances that your child may have, if any, and what actions to take in an emergency situation: _____

Child's Previous School Experience: _____

Father's Occupation: _____ Bus. Phone #: (_____) _____

Bus. Address: _____ Employer: _____

E-mail: _____ Cell Phone #: (_____) _____

Mother's Occupation: _____ Bus. Phone #: (_____) _____

Bus. Address: _____ Employer: _____

E-mail: _____ Cell Phone #: (_____) _____

Church Affiliation: _____ Address: _____

Minister's Name: _____

Please give the name, address, and telephone number of two people we can call in case of emergency if parents cannot be reached.

These should be people outside of the immediate family. Example: grandparents, aunts, uncles, etc.

Name: _____ Address: _____

Tel. #: _____ Relationship to Child: _____

Name: _____ Address: _____

Tel. #: _____ Relationship to Child: _____

Continued on Page 2

Continued from Page 1

AGREEMENTS:

1. The parent/guardian will give individual authorization for the child to participate in specific field trips, and agrees to keep the school up-to-date regarding any changes in address, telephone numbers, persons to contact, medical problems of the child, etc.
2. The school agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to pick the child up as soon as possible after being notified that the child is sick. In turn, Parent/Guardian agrees to notify the school within 24 hrs or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
4. Jack and Jill reserves the right to dismiss a child with a week's notice if the director determines that the child is not able to benefit from the school's program.
5. Parent/guardian agrees to give this school's director, 2 weeks written notice in advance of withdrawal of the child and agrees to make full payment for those two weeks—even if the parent decides to take the child out of this school without having given such notice.
6. **All fees are due on Monday of the current week. There is a \$10 late fee charged for payments received after Monday. A \$25 fee will be charged the parent/guardian for any checks returned by the bank for any reason.**
7. By signing below, the parent/guardian acknowledges and understands that this school is operated on a pre-determined budget, and that the weekly fees must be paid to the school whether or not the child is in attendance. There is no waiver or deduction of fees caused by parent holiday, vacation, the child's illness, or any other reason.
8. An up-to-date health certificate for your child must be provided to this school upon application acceptance.
9. **Tuition rates are effective as of June 1st annually.**
10. Custody Papers shall be attached if parent is not allowed to pick up the child.
11. NOTE: Section 22:1-4.3 of the Code of VA states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care.

Signature of parent/guardian

Date

Name of person(s) or agency having legal custody of child: _____

List person(s) authorized to pick up child: _____

List person(s) NOT authorized to pick up child: _____

IDENTITY VERIFICATION

These documents must be shown to Jack and Jill's Director. Proof of the child's identity is not necessary, per VA Social Services Dept., when the child attends a **public** school in Virginia and the center assumes responsibility for the child **directly** from the school (i.e., after school program).

Place of Birth: _____ Birth Date: ____/____/____

Birth Certificate Number _____ Date Issued: ____/____/____

Other Form of Proof: _____

Term Registered: (Day) _____ (Month) _____ (Year) _____

****\$100 Registration/Activity Fee (Non-Refundable) and VA. State Health Certificate MUST be attached to this form.**