

**Bethany Early Childhood Education Center**  
**18 Sophia Grace Drive Fishersville VA, 22939**  
**(540) 942-4361 ext. 3**

**Application For Registration**

**Student Information**

**Family Information**

Child's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Birth certificate issue date: \_\_\_\_\_

Birth Certificate#: \_\_\_\_\_

Student Lives with:

Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Other \_\_\_\_\_

(\*If other, Name & Relationship)

\_\_\_\_\_

(check all that apply):

Father Deceased \_\_\_\_\_ Mother Deceased \_\_\_\_\_

Parents Separated \_\_\_\_\_ Parents Divorced \_\_\_\_\_

County or City Student resides: \_\_\_\_\_

This applicant is baptized: YES \_\_\_\_\_ NO \_\_\_\_\_

This applicant is (optional):

African American \_\_\_\_\_ Asian American \_\_\_\_\_

Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_

Pacific Islander \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Home Phone: Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Home Phone: Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

In addition to parents/guardian's listed above, person(s) to receive communication regarding child:

Siblings Names and Ages: \_\_\_\_\_

**EMERGENCY CONTACTS**

The following individuals are permitted to pick up the child and should be contacted if the parent(s) are unavailable:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Conditions the school needs to be aware of: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Life-threatening? Yes \_\_\_\_\_ No \_\_\_\_\_ Epipen prescribed by physician? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Note: Bethany ECEC will administer medications if the parent or legal guardian has provided written consent in accordance with the Virginia Department of Social Services guidelines

Precautions: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Enrollment Questions

What is your reason for enrolling your child in Bethany?

How did you learn about Bethany's programs? Referred by?

Previous schools your child has attended: (Name of Program/School Location (City/State))

Church Affiliation: \_\_\_\_\_

We do not have a church home and would like the Pastor to contact us. Yes \_\_\_\_\_ No \_\_\_\_\_

## Health Policy Agreement

I agree that if my child becomes ill during school hours, Bethany ECEC will notify me via the Brightwheel app and I will pick up my child immediately. In an emergency, medical care will be obtained. Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to notify Bethany ECEC within 24 hours if my child is diagnosed with a communicable disease. Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and understand the health policy located in the Parent Handbook. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Picture Release Consent

I give my permission to Bethany ECEC to use my child's photograph, audiotape, videotape, or interview for publications, video production, website, social media, news media, or other non profit education-related organizations' publication related to our school for this school year and successive school years.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Commitment

☐ Yes, I will support Bethany ECEC's Christian education.

☐ Yes, I agree to pay all charges and fees by their assigned due date, for all programs used.

☐ Yes, I understand that if there are less than 8 children enrolled in a class, the school reserves the right to cancel or combine age levels.

☐ Yes, I understand that Bethany ECEC cannot guarantee placement into a specific class with specific teacher/aide.

☐ Yes, I agree to notify Bethany ECEC if my child will not be attending come fall, no later than August 1st of the new upcoming school year. If not, subject to pay Bethany ECEC the first month of tuition upon withdrawal

☐ Yes, I agree to notify Bethany ECEC if my plans for preschool, extended care and/or summer care change.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Payment and Program Information

**\*\* 4 Year old students MUST ATTEND preschool for 5 days to prepare them for kindergarten**

**Non- Refundable registration fees: Pre school only (half days) \$65**

**Preschool and extended care (full days) \$120**

## 2 Year Old Month Payments:

	<i>Time:</i>	<i>Price:</i>
<input type="radio"/> 3 Half Days ( Preschool Only)	8:30 a.m. -12:30 p.m.	\$ 320.00
<input type="radio"/> 3 Full Days ( Preschool & Extended Care)	7:30 a.m.- 6:00 p.m.	\$620.00
<input type="radio"/> 5 Half Days ( Preschool Only)	8:30 a.m. - 12:30 p.m.	\$355.00
<input type="radio"/> 5 Full Days ( Preschool & Extended Care)	7:30 a.m. - 6:00 p.m	\$ 725.00

## 3 Year Old Month Payments:

	<i>Time:</i>	<i>Price:</i>
<input type="radio"/> 3 Half Days ( Preschool Only)	8:30 a.m. -12:30 p.m.	\$ 300.00
<input type="radio"/> 3 Full Days ( Preschool & Extended Care)	7:30 a.m.- 6:00 p.m.	\$595.00
<input type="radio"/> 5 Half Days ( Preschool Only)	8:30 a.m. - 12:30 p.m.	\$335.00
<input type="radio"/> 5 Full Days ( Preschool & Extended Care)	7:30 a.m. - 6:00 p.m.	\$ 695.00

## 4 Year Old Month Payments:

	<i>Time:</i>	<i>Price:</i>
<input type="radio"/> 5 Half Days (preschool only)	8:30 a.m. -12:30 p.m.	\$ 335.00
<input type="radio"/> 5 Full Days ( Preschool & Extended Care)	7:30 a.m.- 6:00 p.m.	\$695.00
<input type="radio"/> 3 Full Days + ( 2 days Preschool (Half Days)	8:30 a.m. - 12:30 p.m.	\$645.00

**\*A \$35 Arts and Specials fee will be due the The first week of school in September and Second Semester \$35 in January. Inital here \_\_\_\_\_**

**Please ensure the following items have been included with the registration form**

- |   |  |
|---|--|
| <input type="radio"/> Completed Application | <input type="radio"/> Child's immunization records |
| <input type="radio"/> Registration Fee      | <input type="radio"/> Child's Birth Certificate    |
| <input type="radio"/> Discipline Policy     |  |

**By signing below, I (we) are willing to meet the above requirements and will abide by the standing policies and handbook of Bethany Early Childhood Education Center**

**Parent/Guardian\_\_\_\_\_**

**Date:**

**Parent/Guardian (Printed)\_\_\_\_\_**