

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

Application For Registration

Student 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: _____

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: _____

Relationship to child: _____

Address: _____

Phone Number: _____

2. Name: _____

Relationship to child: _____

Address: _____

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: _____

Family Information

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: _____

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. Initial here _____**

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

- Completed Application Child's immunization records
- Registration Fee Child's Birth Certificate
- 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) _____