FAMILY OF CHRIST

Jill Hammond, Director

AfterSchool Registration

David Haara, Pastor

16190 Bruce B. Downs Blvd., Tampa, FL 33647
813-558-9343

CHILD'S NAME _____

SEX _____ BIRTHDAY _____ CHILD'S SSN# _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ HOME PHONE _____

MOTHER'S NAME _____

Driver's License# _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

Email Address_____

FATHER'S NAME _____

Driver's License# _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

Email Address_____

Parties authorized to 1) Remove child from our center; 2) Be called in a medical emergency:

Name _____ Home Phone _____Work Phone _____

Name _____ Home Phone _____Work Phone _____

Name _____ Home Phone _____Work Phone _____

We will not release your child to anyone without your written or verbal permission. They must present proper photo identification.

Current marital status of parents: Single Married Divorced Separated Joint Custody
(Please attach copies of court documents defining custody if applicable.)

IN CASE OF EMERCENCY/MEDICAL INFORMATION

PARENTS ARE RESPONSIBLE FOR MEDICAL COVERAGE FOR THEIR CHILD SHOULD INJURY OCCUR ON THE FAMILY OF CHRIST PREMISE OR AT ANY OFF-PREMISE FUNCTION.

If my child should become ill or injured at your center, I understand that Family of Christ CDC will:
1) contact me immediately, 2) contact the persons I have designated above if I cannot be reached. Should Family of Christ CDC be unable to reach me and/or persons designated above, they are authorized to contact my child's physician and/or arrange for emergency treatment. The physician and/or medical facility is authorized to administer emergency medical treatment necessary for the health and safety of my child. I will be responsible for payment of medical services rendered.

Date _____ Signature of Parent/Guardian_____

PHYSICIAN _____ PHONE _____

ADDRESS _____ HOSPITAL PREFERENCE _____

MEDICAL INSURANCE _____ POLICY # _____

ALLERGIES OR PERTINENT INFORMATION _____

_____

START DATE: _____ ***School Name*** _____ ***Grade*** _____

Please read & sign back of form.

Transportation

I give permission for Family of Christ to transport my child to (if applicable) and from _____ Elementary School.

Date_____ Signature of Parent/Guardian_____

FEES

I UNDERSTAND THAT REGISTRATION FEES ARE NON-REFUNDABLE.

I understand that all tuition payments are processed through Tuition Express, an automated payment processing system. Weekly tuition will be processed on Monday of each week.

A weekly $5 processing fee will be charged for all non-Tuition Express accounts. . Payment must be made in cash or by money order. NO CHECKS WILL BE ACCEPTED. A $20 late fee will be applied for all payments received after Monday (regardless of attendance dates).

Returned Tuition Express payments will be assessed a $20 fee. If two or more payments are returned for non-payment, you may be required to pay in cash or money order (subject to the above fees) or your child(ren) may be withdrawn from our program.

Date _____ Signature of Parent/Guardian_____

Registration Fee

_____ Yes. I would like to have the $85 registration fee taken out of Tuition Express (check space)

Alternate Nutrition Plan Agreement

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional needs.

Breakfast___ AM Snack___ Noon Meal ____ PM Snack___ Dinner Snack___ Evening Meal____ Formula____

(P=Parent Provides or C= Center Provides)

Indicate special dietary requirements or restrictions. _____

_____

Know Your Child's Daycare

Hillsborough County Ordinance 90-38, Section 5.09 requires that parents must receive a copy of the childcare facility brochure, *Know Your Child's Daycare.* The parent's/guardian's signature verifies receipt of the brochure.

Date _____ Signature of Parent/Guardian_____

**Family of Christ follows the Hillsborough County School schedule for days off and dismissal. We run programs when the public schools are out (with the exception of the 7 major holidays we close for). The fees differ if there are half days or full days.*

Family of Christ Child Development Center admits students of any race, color, national or ethnic origin.

Please select:

5 day aftercare ($95 per week)_____ **3 day aftercare ($65 per week)_____**