

Reagan Colley, Director

FAMILY OF CHRIST
FOC AfterSchool Registraton
16190 Bruce B. Downs Blvd. Tampa, FL 33647
813-558-9343

Landon Ledlow, Pastor

CHILD'S NAME _____

SEX _____ BIRTHDAY _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ HOME PHONE _____

MOTHER'S NAME _____

CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

Email Address _____

FATHER'S NAME _____

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 EMERGENCY/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 are 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: _____ Grade entering _____

Please read & sign back of form.

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. Monthly tuition will be processed on the 15th of each month.

A \$5 processing fee per month 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 the 15th (regardless of attendance dates).

Returned Tuition Express payments will be assessed a \$20 fee. If two or more payments are returned for nonpayment, 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)

AUTHORIZED PHOTO PERMISSION

I, _____, DO / DO NOT give my permission for my child, registered above, to be photographed for use with social media or advertising in regard to promoting Family of Christ Lutheran Church, Child Development Center or School.

Date _____ Signature of Parent/Guardian _____

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 major holidays we close for). The fees differ if there are half days or full days. Please watch for notices of registration. **There is an additional fee of \$30 when full days of care are offered for calendar days off. Students MUST register to attend these days. Refunds will not be issued for unattended days that you are preregistered.**

*For billing purposes, a two-week notice is required for changes made to the child's attendance schedule.

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

Please Select:

5 Day Before Care _____

2 Day After Care _____

3 Day After Care _____

5 Day After Care _____

5 Day Before and After Care _____