FAMILY OF CHRIST LUTHERAN
CDC Registration

Jill Hammond, Director

Pastor, David Haara

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 _____

FATHER'S NAME _____

Driver's License # _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

Mothers Email_____ Fathers Email_____

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 _____ ***CLASS ASSIGNED*** _____

Please read & sign back of form.

Field Trips

I further give my permission to Family of Christ CDC to take my child (when applicable) on field trips, movies, art & crafts, picnics, skating, etc. under the proper supervision of Family of Christ CDC.
Date_____ Signature of Parent/Guardian_____

I give permission for Family of Christ CDC to transport my child to and from their center for the above activities, when applicable.
Date_____ Signature of Parent/Guardian_____

FEES
I UNDERSTAND THAT REGISTRATION AND SUPPLY 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; monthly tuition will be processed on the 15th of each month.

A $5 processing fee per billing cycle 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 weekly payments received after Monday and for all monthly 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 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_____

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_____

Parent Handbook (online at www.familyofchristtampa.com)
I have received and read the Family of Christ CDC Parent Handbook, and I am willing to abide by the terms stated within. I will be responsible for all fees due to Family of Christ CDC and all legal fees that may arise from non-payment.
Date_____ Signature of Parent/Guardian_____

Disciplinary Practice (in parent handbook)
Hillsborough County Ordinance 90-38, Section 5.09 requires that parents are notified in writing of the disciplinary practices used by the childcare facility. The parent's/guardian's signature verifies receipt of this plan.
Date_____ Signature of Parent/Guardian_____

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

Rev 10/19/15