RESURRECTION LUTHERAN SCHOOL
Preschool and Child Development Center

ENROLLMENT FORM

Resurrection Lutheran School and Child Care

DOE	DOW

Child's Name (Last Name, First Name)	Nickname	Date of Birth	Sex
Address			Phone
Chronic Physical Problems/Pertinent to Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/ Program			

PARENTS(S)/GUARDIAN(S)		
Father (Last Name, First Name)	Place Employed	Work Phone
Home Address		Home Phone
Email Address:		
Mother (Last Name, First Name)	Place Employed	Work Phone
Home Address		Home Phone
Email Address:		
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Work Phone

Emergency Information		
Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician and Address		Phone
Two Contacts if Parent(s) Cannot Be Reached 1.	Address 1.	Phone 1.
2.	2.	2.
Person(s) <u>NOT</u> Authorized to Pick Up Child		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

ENROLLMENT FORM

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ _____

Parent(s) or Guardian(s) **Date**

_____ _____

Administrator of Center **Date**

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION			
Birth Date	**Birth Certificate**		**Verified by:**
	State	**Number**	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):
Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child. Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding,. (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means. 032-05-252/11 (06/05)

Family Church: _____

What is your child's concept of God?_____

Please include any additional information such as special accommodations needed, discipline, communication, comforting, etc. that will assist our staff in caring for your child:

_____

_____

Drop off Time: _____ Who will usually drop off your child?_____

Pick up Time: _____ Who will usually pick up your child? _____

ENROLLMENT FORM

2019-2020
Resurrection Lutheran School and Child Care

Enrollment Worksheet & Financial Agreement for All Students
Legal and binding contract between Parents/Guardian and RLS

Registration Fee (Non-refundable): $_____ Date paid: _____

Program enrolled: _____
Child's name Program

Full-Time Weekly Tuition: $_____

Or

Part-Time Monthly Tuition: $_____

Other fees: T-shirt size: **YXS YS YM YL** $10

Payment Plan: (circle one) Monthly (1st of the month) or Weekly (Friday prior to the week of care)

Discounts: **(circle options)** 10% sibling discount. 10% discount for military. 10% discount for RLC members. Discounts not to exceed 20%.

Amount Due for 2019-2020 School Year:

Other Fees (t-shirt):$ _____

Child Weekly Tuition Fee: $_____
or Monthly Tuition Fee: $_____

Total Monthly/Weekly Fees Due: $_____

Financial Agreement

I understand and agree to the following:
The Registration Fee is non-refundable.

- No credit will be given for vacation taken during the school year.
- **PAYMENT IS DUE ON THE FIRST WORKDAY OF THE MONTH**
- The first month's tuition **must** be paid prior to my child(ren) entering the school and child care and is **non-refundable**.
- A $35 bookkeeping fee will be charged for returned checks.
- A $35 late fee will be assessed for monthly payments received after the 5th of the month.
- A $35 late fee will be assessed for weekly payments received after close of business Monday of the week of care.
- If my monthly payment is not paid by the 20th of the month, I understand that my child(ren) may be suspended from school until my account is current.
- I understand that my account will be sent to a collection agency if I fail to pay all tuition & fees due the school. I understand that I am responsible for all reasonable legal and/or collection fees.
- No records will be released until payments are current and up-to-date.
- I have read and understand the financial policy as outlined in the RLS Handbook.

_____ _____ _____
Parent/Guardian Printed Parent/Guardian Signature Date