



# **Bosque Valley Childcare Center**

**2124 N. 25<sup>th</sup> St., Waco, TX 76708**

**Phone: 254-424-9254 Fax: 254-235-2434**

## **Admission Packet**

## **GENERAL ENROLLMENT INFORMATION:**

Children 3 to 5 years old will be accepted if the following enrollment steps are completed:

**1. Admission packet completed and signed.**

- Please complete and sign the attached admission packet.
- Records must always be kept current. Please let the office know if there are any changes to be made to your child's records, especially parent and emergency contact numbers.

**2. Complete interview between Director and child's parents/legal guardian.**

- Parents will be given a tour of the center at the time of the interview. Our Director will answer any questions you may have at this time.

**3. Provide copy of immunization record.**

- Immunization record must be current & up to date.
- Children must have required immunizations- no exceptions.
- Please provide office with updated records as needed.

**4. Provide copy of current vision and hearing screening (4 & 5-year olds).**

- Vision and hearing screenings are required for all 4 and 5-year olds.
- We do not provide screenings at the center. Please provide us with a copy of the screening from your child's physician.

**5. Medical form signed by physician.**

- Please have your child's physician sign and date the medical form on page 6 of this packet.

**6. \$150.00 registration fee paid.**

**7. \$25.00 supply fee paid.**

Application Date: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

**CHILD'S INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

Has child previously attended preschool/daycare? \_\_\_\_\_ Name of center: \_\_\_\_\_

**PARENT'S INFORMATION:**

Parents are: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Other: \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both

May the non-custodial parent pick up child? \_\_\_ Yes \_\_\_ No **\*\* If no, you must provide legal documentation**

**Parent/Guardian's Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACTS:** Please list 3 individuals to contact in case parent/guardian cannot be reached.

**Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AUTHORIZED PICK UPS:**

**Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I authorize Bosque Valley Childcare Center to allow my child to leave with the individuals listed above under the "Emergency Contacts" and "Authorized Pickups" sections. Authorization is required for anyone other than the parent picking up the child. A photo ID will be required at time of pick up.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group # \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

I give Bosque Valley Childcare Center consent to obtain any necessary emergency medical care.

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY:** \*please write "N/A" if not applicable in each section.

Allergies (food, medication, insects, etc.): \_\_\_\_\_

\_\_\_\_\_

Please list any current illnesses, hospitalizations, previous serious illnesses or injuries that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Other special needs or problems we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Current Medication List (Medication & Dosage): \_\_\_\_\_

\_\_\_\_\_

I will update Bosque Valley Childcare Center with any changes or additions to my child's medical information, physician, insurance, medications or medical history as necessary.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL FORM

To comply with Minimum Standards, we must have a health statement from the physician within one week of the child's admission into the center. Please have your child's doctor complete and sign this form. We must also have a copy of your child's current immunization record. If your child is 4 or 5 years old, we will also need a copy your child's vision and hearing screening from the doctor.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Copy of current immunization record

Copy of current vision and hearing screening, if applicable

### Physician's Statement:

**I have examined this child within the past year and confirm the child is physically able to take part in the childcare program.**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FINANCIAL INFORMATION:**

All childcare fees are due and payable before services are rendered. **The tuition payment schedule is outlined in the table below, and payments must be received by the designated dates.** Failure to do so can result in late fees, mandatory bank/credit card draft or termination of childcare.

**Fee Schedule:**

| <b>Payment Schedule</b>   | <b>Rate</b>     |
|---|-----------------|
| <b>Weekly</b> <ul style="list-style-type: none"><li>• Tuition is due each Friday prior to the week childcare is provided</li><li>• \$5.00 per day late fee if not paid by Tuesday</li></ul>   | <b>\$165.00</b> |
| <b>Semi- Monthly</b> <ul style="list-style-type: none"><li>• Tuition is due on the 1<sup>st</sup> and 15<sup>th</sup> of the month</li><li>• \$5.00 per day late fee if not paid by the 3<sup>rd</sup> or 17<sup>th</sup></li></ul> | <b>\$357.50</b> |
| <b>Monthly</b> <ul style="list-style-type: none"><li>• Tuition is due on the 1<sup>st</sup> of each month</li><li>• \$5.00 per day late fee if not paid by the 3<sup>rd</sup>.</li></ul>  | <b>\$715.00</b> |

**FEES: All fees and tuition are non-refundable.**

- **Tuition: \$165.00 per week**
  - There is a \$10 weekly sibling discount for 2<sup>nd</sup> & 3<sup>rd</sup> child
- **Initial Registration Fee: \$150.00**
- **Annual Supply Fee: \$25.00**
  - Activity Fee will be collected each year on September 1<sup>st</sup>
- **Late fees:**
  - You will incur a late fee of **\$5.00 per day** for each day the tuition is past the due date.
  - Payments that are frequently late will be required to have bank/credit card draft
  - **Late Pickup Fee: \$1.00 for every minute** past closing.
- Fees are for childcare Monday through Friday. We do not prorate for absences, holidays, late arrivals.
- There are no refunds for registration fees, activity fees, or tuition.
- In the event of a tuition increase, parents will be notified in advance.
- End of year tax statements will be given only to accounts with zero balance.

I have read and understand the above tuition and fees information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FINANCIAL AGREEMENT:**

Payments will be made \_\_\_\_\_ Weekly (\$165) \_\_\_\_\_ Semi-Weekly (\$357.50) \_\_\_\_\_ Monthly (\$715)

Please initial and sign below:

\_\_\_\_\_ I understand that all childcare fees are due and payable before services are rendered.

\_\_\_\_\_ I understand that there are no refunds for tuition, registration fees, activity fees or late fees.

\_\_\_\_\_ I understand that I am responsible for tuition payments for all 52 weeks of the year and that there are no discounts, refunds or credits for holidays, bad weather closings, vacations or illnesses.

\_\_\_\_\_ I agree to the above fees and payment schedule and will notify Director immediately if I have a problem making payments.

\_\_\_\_\_ I understand that failure to make timely payments could result in late fees, mandatory bank/credit card drafts or termination of childcare.

\_\_\_\_\_ I agree to provide a written notification two-weeks prior to withdrawal should I need to withdraw my child from Bosque Valley Childcare Center. I understand that if a two-week written notice is not given, then two weeks tuition will be charged to my account.

\_\_\_\_\_ I understand that end of year tax statements will only be provided to those whose accounts are in good standing with no outstanding balance. I will not receive a tax statement until my account has a zero balance.

**BRIGHTWHEEL:**

Brightwheel is the #1 software solution for preschools, childcare, daycare, camps, and after school programs. Brightwheel is the only app that integrates everything you need: sign in/out, messaging, learning assessments, daily sheet reports, photos, videos, calendars, online bill pay for parents, and much more. Information obtained from our admissions packet will be recorded into the Brightwheel platform. If any information changes at any time, parents must update the information promptly so the center can stay up to date with important information. Information can be updated through the Brightwheel platform.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF PARENT HANDBOOK:**

Please initial each statement and sign below.

\_\_\_\_\_ I have received a copy of Bosque Valley Childcare Center’s Parent Handbook.

\_\_\_\_\_ I understand the policies and procedures and agree to abide by the policies and procedures outlined in the Parent Handbook.

\_\_\_\_\_ I understand that failure to abide by the Parent Handbook could result in termination of childcare.

\_\_\_\_\_ I understand that Bosque Valley Childcare Center has the right to refuse admission to anyone.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_