



Bosque Valley Childcare Center

2124 N. 25th 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.
- 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 prior to 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:

Payment Schedule	Rate
Weekly <ul style="list-style-type: none">Tuition is due each Friday prior to the week childcare is provided\$5.00 per day late fee if not paid by Tuesday	\$165.00
Semi- Monthly <ul style="list-style-type: none">Tuition is due on the 1st and 15th of the month\$5.00 per day late fee if not paid by the 3rd or 17th	\$330.00
Monthly <ul style="list-style-type: none">Tuition is due on the 1st of each month\$5.00 per day late fee if not paid by the 3rd.	\$715.00

FEES: All fees and tuition are non-refundable.

- **Tuition: \$165.00 per week**
 - There is a \$10 weekly sibling discount for 2nd & 3rd child
- **Initial Registration Fee: \$150.00**
- **Annual Supply Fee: \$25.00**
 - Activity Fee will be collected each year on September 1st
- **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 (\$330) _____ 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.

Parent/Guardian Signature: _____ Date: _____

BRIGHTWHEEL:

We offer the Brightwheel app as an added benefit for our families utilizing full-time and part-time childcare. Drop-in children will not be uploaded into the Brightwheel app.

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: _____