



New Life Christian Academy Enrollment Package

17411 Central Ave. Upper Marlboro, MD 20720
301-249-0367
Hours of Operation: 6:30 am – 6:30 pm

Welcome to New Life Christian Academy!

The purpose of this handbook is to outline the policies and procedures under which we operate. We give the children in our care opportunities to learn where they feel safe and loved, and can begin to build a positive self image. Your child will have the opportunity to gain practice in language, fine motor, large motor & self-help skills. Your questions and comments are important so we can achieve the very best experiences for your child.

We are always open to suggestions and feel communication is an essential part of this ministry. If there are any problems or concerns, we encourage you to talk to us about it. If a lengthy conference is needed, a time that is convenient to all parties will be scheduled, as the other children still need our attention during operational hours. Thanks you for the opportunity to serve your family through this ministry and look forward to the future.

ENROLLMENT REGISTRATION

CHILD INFORMATION

Name of Child (Last, First, Middle Int.): _____

Nickname: _____ Age: _____ Sex: _____ DOB: _____

Name of Child#2 (Last, First, Middle Int.): _____

Nickname: _____ Age: _____ Sex: _____ DOB: _____

Name of Child#3 (Last, First, Middle Int.): _____

Nickname: _____ Age: _____ Sex: _____ DOB: _____

Name of Child#4 (Last, First, Middle Int.): _____

Nickname: _____ Age: _____ Sex: _____ DOB: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian: _____

List the family members your child lives with-include names and ages of siblings: _____

Circle Days to Attend: AM Mon Tues Wed Thurs Fri Arrival Time: _____ Departure Time: _____

PRIMARY CONTACT & RELEASE FORMS

Parent/Guardian #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home Email Address: _____
Driver's License Number / State: _____
Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home Email Address: _____
Driver's License Number / State: _____
Work Phone/Extension: _____ Work Hours: _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home Email Address: _____
Driver's License Number / State: _____
Work Phone/Extension: _____ Work Hours: _____

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Home Email Address: _____
Driver's License Number / State: _____
Work Phone/Extension: _____ Work Hours: _____

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I can not be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child care licensing regulations.

- The School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity. Please notify emergency contacts that a government-issued photo ID must be presented to school staff.
- If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15 minute period, per child, until the child is picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact the Director for additional information.

Please initial each section listed below, then sign and date the last.

TUITION AND FEES

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, registration fee of \$ _____ shall be paid in advance to enroll my child.

Weekly Tuition Rates:

| | |
|----------------|----------|
| 2 years of age | \$175.00 |
| 3 years of age | \$165.00 |
| 4 years of age | \$150.00 |

_____ **SECURITY DEPOSIT:** I understand that an annual, non-refundable, registration fee of \$ _____ shall be paid in advance to enroll my child.

_____ **TUITION & MODIFICATIONS:** \$ _____ per week is the current tuition rate for the program I have chosen. I understand that the rates are subject to change with reasonable notice as conditions require.

_____ **PAYMENT OF TUITION: All fees are due in advance and are collected Friday mornings prior to week on a weekly, biweekly, or a monthly basis.** You may choose which ever payment method is convenient for you. If you choose a biweekly or monthly payment schedule, payments will be due in advance on Fridays. (i.e., a monthly payment would cover the entire month in advance and a biweekly payment would cover 2 full weeks in advance).

- If the Academy is closed on Friday all tuition payments must be paid on the Thursday before closing to avoid late fees.
- Please note that you will be charged according to the number of Friday's in that particular month.

We accept cash, check, money orders, and online at www.newlifebowie.com payments made online will incur a \$5.00 surcharge.

When you bring your child in on Friday mornings, please place your child's payment in a sealed envelope. Write your name, child's name, the payment amount, and the date on the front of the envelope. All payments must be given directly to the Director or placed in the payment mailbox located in the childcare office.

- Please do not place tuition payments under the door. New Life Christian Academy will not be responsible for misplaced or lost payments that have not been given directly to the Director or placed in the payment mailbox located in the childcare office.
- A statement of your account will be issued to you on Monday's. This statement may be used as your receipt.

_____ **LATE OR UNPAID TUITION:** There will be an additional \$30.00 fee for any payment not received by the close of business on Friday and another \$10.00 for each additional day. When making a late payment please add the \$30.00 fee to your regular payment when paying on Monday and an additional \$10.00 for every day thereafter and follow the normal payment procedure. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The Academy cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third party collection agency.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ am to _____ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child until the child is picked up. This fee must be paid in cash to the teacher when the child is picked up.

_____ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any-non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period.

DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____ **ILLNESS:** I understand that I will be notified should my child becomes ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

Please do not bring your child to the daycare when they have the following illnesses or symptoms.

1. Severe or persistent coughing
2. Constant runny nose with green or yellow mucus
3. Fever (100 F and higher)
4. Vomiting
5. Yellowish skin or eyes
6. Unusual spots or rashes that have been checked by a physician
7. Infected patches
8. Diarrhea
9. Gray or white stool
10. Unusual dark, tea-colored urine
11. Sore throat or trouble swallowing
12. Lethargic, listlessness (child not feeling themselves)
13. Lice, nits or untreated ringworm
14. Communicable diseases (chicken pox, conjunctivitis (pinkeye), mumps, measles, influenza)
15. Discharge from eyes or ear

_____ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, may not use photographs, reproductions, images, or sound recordings of my child advertising, publicity or any other lawful purpose.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria.

_____ **CHILD ABUSE:** We are required by law to report to the local Social Services Office any suspected physical, emotional, sexual or suspected abuse or neglect.

_____ **BEHAVIOR MANAGEMENT AND DISCIPLINE:** No physical punishment will be used. Discipline is enacted on an individual basis. In many cases the word "NO" dissolves the problem. If a child does not listen, talks back, etc., the child will be placed in a time out to think about their actions. If your child is endangering other children (hitting, kicking, biting or scratching) they will be turned over to the Director and the parents will be notified. We will decide on the appropriate disciplinary action, which may include but is not limited to timeouts, restriction from activities, suspension or expulsion. Sometimes if both a parent and a provider are in the same area at the same time, a child may forget the rules, or test the boundaries. Please help show your child that you respect us, the rules of our center, and our property by reminding them that the rules still apply when you are around. We will also remind them of the rules and correct them if needed.

_____ **NAP TIME / REST TIME:** All children under the age of 5 are **required** by Maryland State law to have a rest period. No child is forced to sleep; however they must remain quiet. Parents are required to provide two (2) coverings for their child to use on their rest mats, or cots. One covering will be used for your child to lie upon and the other covering will be used for warmth. **This as a regulation required by the State of Maryland.** All coverings will be sent home on Friday's for laundering and must be returned on Monday mornings at the time of drop off.

_____ **FIELD TRIPS:** Several field trips and in-house events are planned throughout the year. There will be a small fee for some activities. A signed permission slip will be required for all trips.

_____ **CLOTHING & OUTDOOR PLAY:** Your child's clothing should be loose and comfortable and easily managed. High top sport shoes are quite difficult to maneuver. We recommend Velcro closure for children who have not mastered shoe tying. Sturdy shoes are needed for safe play on outdoor equipment. Please no sandals or flip-flops. We play outdoors every day (weather permitting), please dress your child appropriately. All clothing should be labeled with your child's name. The school cannot be responsible for lost clothing.

_____ **MEDICATIONS:** We are not permitted to dispense any medication without a written order from a parent. Forms are available if needed. Medication will be administered between noon and 1:00 pm only.

_____ **BIRTHDAY CELEBRATIONS:** Your child is welcome to celebrate his or her birthday with the class. Please consult with the teacher to schedule a party. You may send cookies, cupcakes or ice cream etc... Balloons, gifts and special entertainers may not be included in your plans. If you are planning a party away from the center, we ask that invitations be mailed unless the entire class is invited.

HOLIDAYS, ABSENCES AND CLOSINGS

_____ **HOLIDAYS:** I understand that the school is closed on the following days:

| | |
|---------------------|------------------------------|
| President's Day | New Years Eve closing @ noon |
| Good Friday | New Years Day |
| Easter Monday | Martin Luther King Day |
| Memorial Day | Labor Day |
| Independence Day | Veterans Day |
| Columbus Day | Thanksgiving Day |
| Christmas Day | Day after Thanksgiving |
| Day after Christmas | Christmas Eve closing @ noon |

I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or following Monday. Please note that if the Academy is closed on Friday all tuition payments must be made the Thursday before closing to avoid late fee.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness)

_____ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that the school will following the PG County Public School closing schedule for inclement weather. If PG County Schools are open two (2) hours late, then the school will be open at 8:45 am. If PG County Schools are going to close early due to inclement weather, then I will be required to contact the school to see what time I will need to pick my child up by. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments. Should the school be closed on a tuition payment day, I understand that my tuition will be due on the following business day should the school be open.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided hereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies. The policies in this contract will supersede all other previous documents.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____