



Before and After School Care
Registration Choice Form 2020-2021

Parents,

Thank you for choosing Northwood Child Care (NCC) for your child's before/after school program. We look forward to getting to know your children and providing them with excellent care.

Please include this completed form with the registration fee and attached enrollment forms.

Registration Fee (collected at enrollment): _____ \$25 per child/\$40.00 per family

Options, you may choose more than one:

1.) Before and After Care: _____ \$60 per week
*Hours: 7:00-8:30; 2:45-6:00

3.) Virtual Learning Care: _____ \$60.00 per week
*Hours: 8:45 -2:45

2.) Before School Care Only: _____ \$35 per week
*Hours: 7:00-8:30 am

All accounts are required to be set up by Electronic Funds Transfer (EFT) by bank account via guest account through our website at www.northwoodpc.org.

**Tuition is due the Friday prior to the week of care. See 2020/2021 Payment Policy Agreement attached.

I, _____ am responsible for payment for the program in which I enroll my child(ren) and I understand the Payment Policy and agree to the terms.

_____ Child(ren) Name

_____ Parent Signature

_____ Parent Email Address

_____ Parent cell phone number

**Northwood Child Care School Age Program
2020/2021 Payment Policy Agreement-Elementary School**

Please review these policies carefully and direct any questions to the Director of Schools at 727-723-7679

PLANS	INCLUDES
<p>School Age Options \$60/week for Before and After Care 7:00-8:30 AM and 2:30-6:00 PM \$35/week for 7:00 to 8:30 AM (Before Only)** \$60/week for Virtual Learning 8:45 AM - 2:45 PM</p>	<p>Time Off Weeks when your child may be absent w/o incurring the weekly fee up to 2 absent weeks* may be taken without charge before January 1 up to 2 absent weeks* may be taken without charge after January 1 A child may use a total of 4 time off weeks in the 20/21 school year</p> <p>Care during Early Release and School Out Days</p> <p>Holiday/Spring Break weeks-fee of \$60 unless time off week is used</p>
ADDITIONAL INFORMATION	INFORMATION
Time Off	Time Off cycle is from August 24 2020– June 9, 2021
Registration Fee	\$25 per child/\$40 per family each year
Late Pick-up Fee: After 6:00 PM	\$1.00 per minute per child after 6:00 PM

*A week is defined as Monday-Friday in a calendar week. One week of time off may not be broken up and used over multiple calendar weeks.
 **Before Care Only students do not receive Early Release, School Out Day or Holiday Break Care.

Enrollment Policy:

- Enrollment begins the first day of attendance. Registration **MUST** be completed at least two (2) business days prior to attendance.
- Children **MUST BE ENROLLED PRIOR TO ATTENDANCE**. Due to licensing requirements, participants who have not completed registration will not be accepted into the program until complete.
- Registration plus first week fees are due the Friday prior to care, no later than the day of enrollment.
- Enrollment reserves your child's space, time and staffing whether your child attends the program or not. As such, weekly fees are due and billed regardless of attendance, except under the time off policy. This includes absence due to illness.
- Non-payment of the current week may result in immediate termination of services. Continued late payment may result in termination from the program.
- Enrollment in School Year Before and After care does **NOT** enroll your child for summer camp. Summer camp requires a separate registration.

Time Off Policy:

- Time Off weeks (absent w/o charge) may be used for any week during the school year, including holiday weeks, but are not in addition to holiday weeks.
- The maximum number of Time Off weeks any child receives in a school year is four (4).
- Two (2) time off weeks may be used **PRIOR** to January 1, 2021.
- Two (2) time off weeks may be used **AFTER** January 1, 2021 (one week may be used for 2nd week of winter break that begins in December).
- Time Off weeks must be requested and approved at least 2 weeks prior to use by emailing the Director at schooldirector@northwoodpc.org.
- Time Off weeks must be used during the school year. They do not accumulate or roll over.

Fee Policy:

- Registration fees are **non-refundable**.
- Fees are:
 - Due the **FRIDAY PRIOR TO THE WEEK OF CARE**, regardless of attendance **EXCEPT** under the time off policy.
 - Due and billed **WEEKLY** regardless of the number of actual days attended in any given week. There is no daily rate for care.
 - Due when child is absent due to illness (time off week may be used).
 - Due until **WRITTEN NOTIFICATION** of cancellation from program is received via email to schooldirector@northwoodpc.org.
 - Any additional fees, if applicable, will be added to accounts and payable in the next regularly scheduled payment. Unpaid fees will be applied as a balance due on account. Unpaid balances may result in termination from the program.
 - All accounts are required to be set up on Electronic Funds Transfer (EFT) via your bank account via our website www.northwoodpc.org. Counselors are not to accept cash, check or money order payments. Should you wish to pay via another method of payment, you may make arrangements with the Director of Schools to pay **PRIOR** to the scheduled **FRIDAY** draft processing.
- Non-Sufficient Fund (NSF) check fee (including declined payment from EFT) - \$20 per check/EFT decline.
 - After two (2) NSF check/declines payment arrangements must be discussed with the Director of Schools.
 - Failure to pay by ETF will result in being charged additional fees as determined in the sole discretion of the School Director.



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are provided by parents.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian **Date**



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.
A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ 20_____
(Month) (Day) (Year)

by means of physical presence or online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or hand the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date

To ensure that all children experience a pleasant and safe environment while participating in our program expectations must be given to our students.

Children are expected to:

- Possess positive and caring attitudes
- Respect fellow students and staff

Children can do this by:

Respecting their counselors

- Stay with your group and listen to the counselor at all times.
- Ask permission from your counselor if you need to be excused
- Use your manners at all times including snack time
- Clean up after yourself
- Be respectful of the church and its surroundings.

Respecting their classmates

- Do not push, hit, or touch another in an inappropriate manner. Keep your hands and feet to yourself.
- Do not name call or use inappropriate language.
- Speak you your classmates kindly and respectfully

Date _____

Student signature: _____

Parent signature: _____

