

Child Development

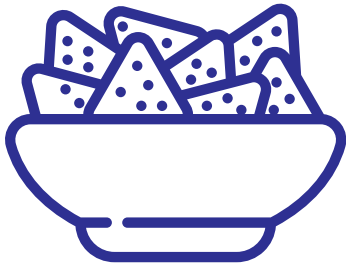
C E N T E R

A T T I M B E R L A K E

SCHOOL AGE PROGRAMS

ENROLLMENT PACKET FOR 2021-2022

For K - 6th Graders



**TIMBERLAKE UNITED METHODIST CHURCH
CHILD DEVELOPMENT CENTER**

21649 Timberlake Road | Lynchburg, Virginia 24502 | 434.239.9132

www.timberlakeumc.org

School Age Programs

Before & After School Care; Fun and Snow Day Care (*when school is closed*)

Summer Camp for K – 6th graders

Lead Director of Child Development Center

Christina Tilley, christina.tilley@timberlakeumc.org

Phone: 434-239-9132

Facebook Groups:

Timberlake UMC Before & After School Care

Timberlake UMC Summer Camp

**TIMBERLAKE UNITED METHODIST CHURCH
CHILD DEVELOPMENT CENTER**

**Application Requirement List for 2021-2022
School Age Program**

Child's Full Name _____

Name Child is Called _____

All applications must include the following:

- | | |
|--|--|
| <input type="checkbox"/> Completed Enrollment Packet | <input type="checkbox"/> Registration Fee |
| <input type="checkbox"/> Copy of Child's Birth Certificate | <input type="checkbox"/> Security Deposit |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Tuition Express Form (optional) |
| <input type="checkbox"/> Handbook Agreement Form | |
| <input type="checkbox"/> Permissions Form | |

As needed:

- IEP
- Custody Papers
- Medication Authorization
- Other

FOR OFFICE USE ONLY

Form of Identity Verification:	
Child's Name:	Viewed By:
Place of Birth:	Date of Birth:
Birth Certificate Number:	Date Issued:
Mother's Name:	Father's Name:

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Child's Name _____ DOB _____ Age _____ Gender M F

Address _____ City _____ Zip _____

Name of previous child care provider/school _____

Current child care provider/school _____ Grade Entering _____

Mother's Information

Father's Information

Name		Name	
Address		Address	
Email		Email	
Cell/Home#	Work#	Cell/Home #	Work#

Custody Papers _____ Yes _____ No Custodial Parent _____

Physical Custody _____ Legal Custody _____

Sibling Names & Ages _____

Emergency Contacts/Authorized Pick Up Persons (other than parents or guardians)

Name	Phone Number	Relationship	√ Emergency	√ Pick Up
1.				
2.				
3.				
4.				
5.				

Any chronic physical problems or developmental concerns _____

IEP No _____ Yes _____ If Yes please provide a copy.

Any special accommodations needed for your child? _____

List any known allergies or intolerances _____

Is child regularly taking any medications? Please explain _____

Insurance Provider _____ ID# _____

Name of Policy Holder _____ Relationship to Child _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

The CDC will notify the parent(s)/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up **as soon as possible**. The parent/guardian authorizes the CDC to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be contacted.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Attendance Options, Tuition Rates, and Fees

Rising Kindergarten – 6th Grade

SUMMER CAMP

June 7 – August 13, 2021

Child's Name: _____ Grade Entering in 2021-2022: _____

Non-Refundable Registration Fee of \$55 is due with application.

Security Deposit: \$150 for first child, \$50 for each additional child, must be paid before child's first day of attendance. This amount can be carried over between programs or applied to your child's final week of care upon withdrawal.

Enrollment Options (7am–5:45 pm)

Weekly Payments

5 Day, Mon–Fri

\$135

3 Day, Mon, Wed, Fri

\$110

Drop-in Care: \$35/day for additional days needed with Director approval. Payment due prior to attendance.

Sibling Discount: 10% tuition discount applied to oldest sibling (for summer care, siblings must be attending same days/weeks to receive discount).

Weeks

Days of Attendance

**Changes to schedule must be submitted and approved by Director a week in advance*

**3-day option Monday, Wednesday, Friday only*

June 7-11 _____ 5 days _____ 3 days

June 14-18 _____ 5 days _____ 3 days

June 21-25 _____ 5 days _____ 3 days

June 28-July 2 _____ 5 days _____ 3 days

July 5-9 _____ 5 days _____ 3 days

July 12-16 _____ 5 days _____ 3 days

July 19-23 _____ 5 days _____ 3 days

July 26-30 _____ 5 days _____ 3 days

Aug 2-6 _____ 5 days _____ 3 days

Aug 9-13 _____ 5 days _____ 3 days

I would like to pay _____ Weekly _____ In Full

I would like to pay with automatic draft from my checking account or credit card ___ Yes ___ No

If Yes, please complete the Tuition Express Form.

I would like to enroll my child for the class and dates checked above and agree to pay the tuition and fees listed. I understand that any changes in class enrollment must be approved by Program Director.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

PERMISSION SLIPS FORM

Child's Name: _____

I give permission for certified staff to administer **First Aid and CPR** to my child.

I authorize Timberlake Child Development Center personnel to apply, or remind older children to apply, **sunscreen/insect repellent** to exposed skin areas. The parent/guardian is responsible for providing sunscreen (SPF of 15 or more) and insect repellent. Original containers must be clearly labeled with child's name and have been used previously on your child with no adverse effects.

I hereby consent to the use of my child's **photographs/videos** in any material or promotions for Timberlake Child Development Center and Timberlake Church such as: closed Facebook Group pages, Timberlake website, printed and digital newsletters, hallway art, and any other internal marketing materials.

Not at this time

My child has permission to be transported by a Timberlake UMC vehicle.

My child has permission to participate in swimming activities. Please check below regarding your child's swimming skills. Excellent Average Poor

Please sign below to indicate that you have read this page and are giving the permissions as indicated above.

Parent/Guardian's Signature

Date

Expectation of Conduct

Please Read these with your child

Vehicle Conduct Rules

Children must follow these basic safety rules while being transported. Transportation is a privilege and should be treated that way. A parent will be notified and asked to discuss proper behavior with his/her child when the first infraction occurs. If there is a second infraction, all transportation services will be denied for a minimum of two days. No fighting, bad language, or aggressive behavior. Children must remain seated properly with seat belts on at all time. Children cannot have any part of his/her body out of the vehicle. No eating or drinking in the vehicle. Potentially dangerous actions will not be tolerated.

Child Code of Conduct Agreement

I will do my best to show my friends and my teachers respect.

I will be respectful of Timberlake property, equipment, toys, and friends personal things.

I will be honest, caring, and considerate of others. This is a no bully zone! We are all friends at Timberlake and I will not call other people names or use bad words.

I know the teachers care for me, are in charge, and I will listen to their instructions.

I will believe in myself and encourage others.

It is my **RESPONSIBILITY** to help others being bullied and to report bullying to my teachers.

I promise to follow this code of conduct to the best of my ability.

Child's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____