

**Barton County Community College
Child Development Center**

Today's Date: _____ First date of attendance: _____
(Month/day/year)

1. Child's Name: _____
 First Middle Last

2. SS #: _____

3. Name child goes by if different from above: _____

4. Birth date: _____

5. Home Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

If no home telephone, message phone #: _____

6. Child's parent's major: _____ SS#: _____
Advisor: _____

7. Mother's Name: _____ Telephone: _____

Business Address: _____ Telephone: _____

8. Father's Name: _____ Telephone: _____

Business Address: _____ Telephone: _____

9. Biological Parents Relationship Married Divorced Separated Other

Child is in custody of : _____

10. Other Members of Household	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Person to contact if parents cannot be reached:
Name: _____
Address: _____
Telephone: _____
Relationship: _____

12. Name of persons that child may be released to:

**Barton County Community College
Child Development Center**

Authorization and Agreement

1. My child/children have my permission to use all the play equipment and participate in all activities provided.

Yes No If no specify _____

2. My child/children have my permission to accompany their group on all supervised campus field trips and campus walks.

Yes No If no specify _____

3. My child/children may be transported by provider, staff, or volunteers.

Yes No If no specify _____

4. Any pictures taken of my child/children may be used in newspapers, displays, bulletin boards, or other types of educational publications.

Yes No If no specify _____

5. In case of emergency and neither parent nor guardian can be contacted, provider has my permission to secure needed emergency medical care.

Yes No If no specify _____

6. I agree to hold the college harmless for any and all damages, injuries, or claims of any nature whatsoever, for myself or my child/children's enrollment in the Child Development Center further, I agree to indemnify Barton County Community College for any expenses, cost, fees, or other claims for which it may be liable as a result of this agreement.

(Parent's Signature)

Barton County Community College Child Development Center

Rules and Procedures

In order to assure that parents clearly understand the procedures and policies of the BCCC Child Development Center; we ask parents to read and initial each of the following items.

1. When enrolling my child/children I understand that I am enrolling only for the time schedule I tell the Center staff. I understand that I am not able to bring my child/children to the center at my liberty but, rather for the times I have scheduled.
Yes, I Understand _____
2. I understand that I am responsible for paying fees on time, A late fee of \$10 will be added to bills not paid by the due date unless arrangements have been made with the Director to insure that the bills will be paid within a time frame DETERMINED by the Director.
Yes, I Understand _____
3. I will provide a completed, current (less that 1 year old) medical health assessment form and enrollment form for each child I enroll (to be held in the BCCC Child Development files.)
Yes, I Understand _____
4. I understand that I receive one free sick day per child each billing period. Any days lost due to illness during the same billing period will be charged at regular rate of pay.
Yes, I Understand _____
5. A. I must walk into the building and into the center with my child/children each day and make certain the teacher knows he/she is here.
B. I, or a responsible designated adult, will walk into the building and into the center to pick up my child/children and inform a teacher that they are leaving.
Yes, I Understand _____
6. I agree not to bring my child/children to the center when he/she exhibits the following symptoms: fever, diarrhea, vomiting, or other symptoms of the communicable disease in the previous 24-hour period. Children too sick to participate in the full program, including outdoor play, need to be kept at home. I also agree to notify the center staff as soon as possible if my child/children have been diagnosed with a communicable disease or any affliction that is transmittable. I also understand that if my child becomes ill at school I am responsible for picking them up immediately and taking them home.
Yes, I Understand _____
7. I will make certain that there is 2 complete change of clothing for my child/ children at the Center at all times, with the child's name on each item.
Yes, I Understand _____

**Barton County Community College
Child Development Center**

8. I will inform the center staff as soon as possible of changes in my class schedule, address, phone number, employer, emergency information, SRS status, and/or family relationships which affect who has legal custody of the child/children or affect attendance, activities, or behavior of the child/children.

Yes, I Understand _____

9. Overtime fees:

A. I understand that I have 15 minutes from my scheduled time to pick up my child/children. Repeated failures to pick up my child within 15 minutes after my scheduled time may result in an overtime charge of \$2, to be added to my next monthly bill.

B. Overtime fees will be added to my next monthly bill. When an overtime charge will be made to my bill, I will be given a copy of the dated overtime charge sheet, which issued to keep note of the amount of each overtime charge.

Yes, I Understand _____

10. I will notify the Director TWO WEEKS IN ADVANCE before my child is to be withdrawn permanently from the Center. I understand that I will be charged for those two weeks.

Yes, I Understand _____

11. If, after a reasonable period of time, it is found that a child is unable to adjust to the center, the Center reserves the right to request withdrawal of the child/children. This decision is left to the discretion of the Director.

Yes, I Understand _____

12. I understand that when attending any field trip, I must provide the center staff with a completed verification form 24 hours prior to the field trip.

Yes, I Understand _____

13. I understand that once I enter the center and remove my child from their classroom I am responsible for them.

Yes, I Understand _____

14. I understand that I am to notify the Center staff by 9:00 a.m. if my child will be absent.

Yes, I Understand _____

15. I understand that the staff will not and can not release my child to me if they suspect alcohol or drug use.

Yes, I Understand _____

16. I agree to abide these rules and regulations. I understand failure to do so can result in termination of care for my child/children.

Yes, I Understand _____

**Barton County Community College
Child Development Center**

**I have carefully read and understand the information on this form.
Please sign below:**

Parent/Guardian: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____