BIG KIDS/Kids Club Fall Registration

School Year <u>2024-2</u>



Bainbridge Island Child Care Centers Since 1974 Non-ProfitOrganization

ENROLLMENT AND PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES

Child's Name		Date of Birth:	\square M \square F
Parents/Guardian's Name/s:			
Address:			
Home Phone:()	Work: ()	Cell: ()	
Email Address:			

Enrollment Fee: Please include a \$30.00 non-refundable *annual* Fall Enrollment processing fee. Please note, a separate enrollment fee will be charged for Summer.

Transportation: Parents must inform the child's school that they plan to use Big Kids for childcare during the school year for bus transportation.

During the School Year credit is **not** given for vacation, holidays, staff in-service, illness, absence or retroactively.

Enrollment priority is per Board of Directors' policies.

- 1. I grant permission for my child to use all of the program equipment and participate fully in all activities at Bainbridge Island Big Kids/Kids Club Programs.
- 2. I grant permission for my child to leave the center premises under staff supervision for neighborhood walks or for field trips in an authorized vehicle. I understand that I will be notified in advance with details regarding field trips and must grant permission for each separate trip.
- **3.** Unless crossed out and initialed specifically, I grant permission for my child and his/her image and voice to be included in any and all:
 - Certifications, evaluations, studies and projects connected with the Center's program;
 - Center-related electronic images, photographs, or videos used for staff training/workshops, advertising, electronic presence (Facebook, BICCC website, etc.) and public relations; and
 - The Center Directory, which lists family name, child's name, address, phone number and e-mail.
- 4. I have read & understood the fee schedule, policies & procedures outlined in the Bainbridge Island Child Care Centers' Parent Handbook and the Disaster/Emergency Preparedness Plan, and been provided an opportunity to request clarification of these policies.
- 5. I have completed the annual <u>Emergency & Health Form</u> and updated the <u>Immunization Form</u> for my child.
- 6. I agree to pay monthly tuition and fees due on the first of the month in which services are provided.
- 7. I understand that registration is not complete until all necessary paperwork is turned in with the registration fee and any past due balances, if applicable, have been paid.

*** If there is more than one payee, each payee must submit a separate enrollment form. ***

Indicate your child's schedule on the back of this form. A confirmation notice will be returned to you as verification.

Parent's Signature:

Date:

Date Received:	Rec'd by:	Ck#	Amt:	Schedule Sen	t: Confirmation	Rec'd:
Forms Complete	Emergency:	Health History:_	Social	History:	Immunizations:	FT:

(Child's Name:								
Birth Date:					Ethnicity (optional)				
1.	Check one	□Returning		Resta	Restart Date:				
		□New Enrollment		Start Date:					
2.	Choose Grade	□Kinder	1 st	$\Box 2^{ ext{nd}}$	3rd	4 th	□5 th	□ 6 th	
3.	What school does □Ordway	s your child at	tend?	□0	dyssey		C	∃Sakai	
	□Blakely			\Box H	alilts				
	\Box Other:								
4.	Choose which sc	hedule:							
	🗆 After Sc	hool <u>Only</u>							
	 Drop In Only (2 hour minimum) As space permits with approval of program director. 								
5.	Choose days atte	ending:							
	□Monday	□Tuesday	□We	ednesday	Th	ursday	□Frida	ıy	
	 Alternate schedi Extended Care s 	iles are available						and the require	

> Extended Care may be available at an additional charge of \$7.50/hr. as space permits when care beyond the regular schedule is needed.

Thank You for enrolling your child!

Fall Paperwork is DUE in by May 20, 2024 Fall Paperwork must be <u>CONFIRMED</u> by May 28, 2024. Enroll will open to the public as of June 5, 2024.