☐ New Student Child's Name_____

☐ Re-enrollment First Middle Last

Date of Birth_____/_____/_____

Month Day Year

Social Security #_____-_____-_____

Bethany Christian Preschool Enrollment Form

(Please Type or Print)

Father / Guardian_____

First Middle Last

Address_____

Number Street City State Zip Code

Social Security #_____Driver's License #_____

Home Phone #_____Work #_____Cell #_____

E-mail Address_____Cell Provider _____

Employer_____Occupation_____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Mother / Guardian_____

First Middle Last

Address_____

Number Street City State Zip Code

Social Security #_____Driver's License #_____

Home Phone #_____Work #_____Cell #_____

E-mail Address_____Cell Provider _____

Employer_____Occupation_____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

If divorced or separated, child lives with: ☐ Father ☐ Mother ☐ Other_____

Person responsible for paying account: ☐ Father ☐ Mother ☐ Other_____

Tuition Payment Plan:

☐ 2 Day Plan - T, Th Full Day ☐ 3 Day Plan - M, W, F Full Day ☐ 5 Day Plan Full Day

☐ 4 Day Plan Full Day - Days Attending: ☐M ☐T ☐W ☐ Th ☐ F

☐ 2 Day Plan - T, Th Half Day ☐ 3 Day Plan - M, W, F Half Day ☐ 5 Day Plan Half Day

☐ 4 Day Plan Half Day - Days Attending: ☐M ☐T ☐W ☐ Th ☐ F

Tuition is due in advance, and I/we intend to pay tuition: ☐ Monthly ☐ Weekly

Signatures:

_____

Father / Guardian Date

_____

Mother / Guardian Date

OFFICE USE ONLY: Section 125_____Registration Fee:_____Starting Date:_____Class:_____

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

750 City Drive Suite #250

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Orange	92683	(714) 703-2800

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Bethany Christian Preschool	13431 Edwards St. Westminster, 92683

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing

   Licensing Office Address: 750 City Drive Suite #250, Orange 92683

   Licensing Office Telephone #: (714) 703-2800

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Bethany Christian Preschool
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

■ CALL EMERGENCY HOSPITAL ■ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

ADMISSIONS AGREEMENT

All of the basic services and optional services that are available at Bethany Christian Preschool are listed in our Parent Handbook. The parent is responsible for reading the handbook and complying with all of the policies and procedures.

Pursuant to Title 22 California Administrative Code 868-B6, the parent is to be made aware that the Department of Social Services has the right to interview the child, the school staff, and to inspect and audit all the records maintained by the school without securing the prior consent of any person. The parent also is to be made aware of the department's right to observe the physical conditions of the child including conditions indicating abuse and neglect and to have a licensed medical professional examine the child.

The parent, at all times, shall be responsible for making payment for the services provided for the child according to the number of days for which the child is registered.

In the event the preschool changes the monthly rates for any of the basic or optional services, such change will be effective not less than thirty (30) days after parents are notified.

Within fourteen (14) calendar days of registration, the parent shall provide the preschool with all of the registration papers including:

1. Emergency Information
2. Pre-Admission Health History – from parents
3. Authorization for Activities
4. Physician's Report – Health Immunization Record
5. Admissions Agreement – signed by both parents
6. Parent's Rights Form – Attached B Receipt
7. Personal Rights – Child Day Care Facilities

This agreement may be modified whenever any of the circumstances covered in this agreement change. Such modification may be made in writing and must be signed and dated by both parents or legal guardian in order to be effective. Oral modification is not permissible under this agreement.

I HAVE RECEIVED AND READ THE PARENT HANDBOOK. I UNDERSTAND ALL OF THE RULES AND REGULATIONS. I AGREE TO ABIDE BY THESE POLICIES.

Date_____ Signature of Parent_____

Date_____ Signature of Parent_____

Date_____ School Representative_____

(Office copy)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only*)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
■ Chicken Pox		■ Diabetes		■ Poliomyelitis	
■ Asthma		■ Epilepsy		■ Ten-Day Measles (Rubeola)	
■ Rheumatic Fever		■ Whooping cough		■ Three-Day Measles (Rubella)	
■ Hay Fever		■ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ■ YES ■ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only*)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN:
(What does child usually eat for these meals?)

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST_____
LUNCH_____
DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ■ YES ■ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ■ YES ■ NO	WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ■ YES ■ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ■ YES ■ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ■ YES ■ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ■ YES ■ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____ . This Child Care Center/School provides a program which extends from _____: _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: | Allergies: medicine:

Vision: | Insect stings:

Developmental: | Food:

Language/Speech: | Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ■ Risk factors not present; TB skin test not required.
- ■ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
  ___ Communicable TB disease not present.

I have ■ have not ■ reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

☑ Physician ☑ Physician's Assistant ☑ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

BETHANY CHRISTIAN PRESCHOOL
PERMISSION FORM

TO PARTICIPATE IN SCHOOL ACTIVITIES OR RECEIVE EMERGENCY MEDICAL CARE:

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to take walks around the school with supervision of staff members.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the Emergency Information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
    a. Call another physician or paramedics.
    b. Call an ambulance.
    c. Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under #4 above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school *will not* assume responsibility for a child who has not been signed in when he arrives for the day.

Signed_____ Date_____
(Mother or legal guardian)

Signed_____ Date_____
(Father or legal guardian)

Witness_____ Date_____

SUNSCREEN UTILIZATION PERMISSION FORM

Date:_____

Name of child:_____

As the parent or guardian of the above child, I give my permission for staff at

_____

to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily times of 10:00 a.m. to 4:00 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

____The staff of_____may use the sunscreen of their choice, in keeping with applicable federal and state standards, except for the following (if specified):_____

_____

____Only use the following type(s)/SPF of sunscreen:_____

_____

____For medical or other reasons, please don't apply sunscreen to the following areas of my child's body_____

_____

Parent's full name (print):_____

Parent's signature:_____

Bethany Christian Preschool
GETTING TO KNOW YOUR CHILD

Please help us to make the transition into preschool easier for your child by giving us some information about him/her as an individual.

Child's Name:_____ Birthdate:_____

Church regularly attending:_____

Church preference: Father_____ Mother_____

Do grandparents live nearby? Yes □ No □ Visit often? Yes □ No □

Other persons living in your home:

Name: Relationship: Age:

_____
_____
_____
_____
_____

How does child get along with:
Parents:_____
Brothers and Sisters:_____
Other children in the neighborhood:_____
Other members of the household:_____

Is child: Right handed □ Left Handed □

Dietary Restrictions:_____

Allergies:_____

Does child enjoy books? Yes □ No □ Being read to? Yes □ No □
Does child enjoy music? Yes □ No □ Singing? Yes □ No □

What are child's favorite toys?_____
_____
What are child's favorite activities?_____
_____
What TV programs does child watch?_____
_____
What is child's favorite helping activity?_____

Does child need help in:
Dressing____Undressing_____Washing hands_____Toilet_____Eating_____

Has child had group play experiences?_____

Has child been cared for by someone other than parents?_____By whom?_____
_____

Cared for in own home?_____Outside of home?_____

Does child have a room alone?_____Or with whom?_____

What languages are spoken in your home?_____

Child's disposition is_____

Child displays affection by_____

Child discloses anger or disappointment by_____

Do you take child on trips? Yes □ No □
If so, where?_____

Do you feel that your child is more active □ , less active □, or about average in activity □ in relation to other children of his/her age?

Do any aspects of your child's behavior concern you?_____
_____

Does child have any special problems or fears?_____
_____

Any additional comments:_____
_____
_____
_____

Signed:_____Date:_____

ACCOUNT NAME: (Child's Last Name) _____

Bethany Christian Preschool
Billing Agreement

Payment Expectations:

The payment for care shall be $_____per month for the schedule: M T W Th F

Earliest arrival time for Full Day students is **6:30 am** and latest pick up time is **6:00 pm.**

Earliest arrival time for Half Day students is **8:00 am** and latest pick up time is **12:00 pm.**

If parent/guardian is going to be late picking up the child, every effort must be made to contact BCP.

A late pick up fee of $5 will be charged for every 5 minutes after 6:00pm.

You will be billed **monthly**—a statement will be sent the first week of each month.

If you plan to pay weekly, payment must be paid by the Wednesday of each week.

If you plan to pay monthly, payment must be paid by the tenth (10^{th}) day of each month.

Accepted methods of payment include cash, personal check, credit card, or through

ProCare.

If a personal check is returned due to a lack of funds, the parent/guardian must pay a $9.00 returned check fee. If a check is returned more than one time, only cash, money orders and credit card will be accepted as payment.

If a payment is not made on time, there will be a late fee of $15.00.

If payment is more than 4 weeks delinquent, the child may be suspended until the account has been significantly (more than 50%) paid down. **During suspension, BCP will hold the child's place in their classroom for a maximum of 2 weeks toallow for payment opportunity.**

Assistance Programs:

If you are on an assistance program, the payment policy is as follows:

_____

_____

_____

• Families using the state subsidy program are responsible for paying any and all amounts not covered.

ACCOUNT NAME: (Child's Last Name) _____

Holidays, Vacations, and Other Absences:

BCP is closed for the following Holidays:

- New Year's Day
- Martin Luther King, Jr.
- President's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

Parents/guardians are expected to pay for care on those Holidays.

Each child may receive **1 week** of vacation absence credit from September to June. BCP must be given a minimum of 2 weeks' notice. Vacation credit can be used during our summer program, only if the child attends the summer program and has not used the credit throughout the school year.

Parents/guardians are expected to pay on child sick days.

Withdrawal Procedures:

This contract may be terminated by the parent(s) or BCP. A 2 week notice prior to the last date of care is required. Even if the child does not attend those last 2 weeks, the parent's/guardian's account will be billed.

The signatures below indicate agreement with this contract.

_____	_____	_____/_____/_____
Parent Name	Parent Signature	Date
_____	_____	_____/_____/_____
Parent Name	Parent Signature	Date
_____	_____	_____/_____/_____
BCP Representative Name	BCP Signature	Date