

Bridgewater Child Care Center
420 College View Drive
Bridgewater, VA 22812
(540) 810-7821
bccc@bwcob.org bwcob.org/BCCC

After reading each statement, please initial in each blank that you have read and understand the statement. Please ask if you have any questions.

1. I/We have received a Parent/Student Handbook from BCCC. _____
2. I/we want our child to fully participate in the program. _____
3. If my child becomes ill, I will make arrangements to pick them up promptly after notification.

4. I/we authorize BCCC staff to obtain immediate medical care if any emergency arises when the parent/guardian cannot be located immediately, and we, the parent/guardian, shall accept financial responsibility for the medical care. _____
5. I/we agree to pay fees on the first day of the week or month. **If payment is not made by close of business Tuesday evening a late payment of \$5.00 will be charged to may account.**

6. A \$35.00 service fee will be charged for all returned checks. _____
7. I/we agree to have our child picked up by 6:00 P.M. or earlier. If not, I understand that it is my responsibility to provide alternate arrangements for picking up my child. **I also understand that I will be charged \$1.00 per minute, per child for the time the child has been at the Center after 6:00 P.M.** After 6:15 P.M., my emergency contact will be called. _____
8. I/we agree to personally pick up my child from BCCC and to sign them in and/or out for the day except when I have authorized alternative arrangements either in writing or telephonically. **The Center needs to be notified if someone other than the parent/guardian will be getting the child EVEN IF THEY ARE ON THE AUTHORIZED LIST.** _____
9. In the event of early withdrawal, I/We agree to provide written notice at least two weeks prior to my child's last day. If the notice is not provided, I/We understand an additional two weeks tuition will be charged.
10. Before my child may attend the program, I will supply a copy of the current school immunization form and will have paid the registration fee of \$50.00. _____

11. If my child is not in attendance I must still pay the weekly rate of \$50.00 unless there are extenuating circumstances (vacation doesn't count).

I understand it is my responsibility to review the Parent/ Student Handbook and to familiarize myself with the policies and procedures therein. This handbook is not a contract and does not confer contractual rights, either expressed or implied upon any student, parent, and Center employee, volunteer to center office or agent. The policies and procedures contained in this handbook may be modified, amended or cancelled by the Board at any time, and with, or without, notice.

Parent Signature _____ Date _____

Administrator Signature _____ Date _____

Tuition for School Year 2015/2016

\$50.00 per week includes mornings, afternoons, late openings and early dismissals. There is a 10% discount for a second child. The rate for full days is an additional \$15.00 per day/per child. The rate for days that aren't scheduled days (Spring Break, Christmas) are \$25/per day for the first child and \$15.00 a day for the second child.

For Office Use Only

Date of Admission _____ Registration Fee Paid _____

Date of Withdrawal _____