

Bridgewater Child Care Center
420 College View Drive
Bridgewater, VA 22812
(540) 810-7821
bcc4kids@yahoo.com 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 my 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 birth certificate** and will have paid the registration fee of \$50.00.

11. One half of the regular weekly fee will be required to hold a position for my child(ren) in the BCCC program while the child is not in attendance. _____
12. If my child attends Summer School it is my responsibility to notify BCCC if they will not be on the bus after school. _____
13. I will provide alternate arrangements if my child does not attend a field trip or needs to be transported separately for a field trip. **THE BUS WILL NOT WAIT FOR ANYONE WHO IS NOT HERE AT THE APPOINTED DEPARTURE TIME.** _____
14. BCCC does _____ does not _____ have permission to apply sunscreen on my child.

15. BCCC does _____ does not _____ have permission to apply antibiotic ointment on my child for a cut/scrape. _____

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 Summer 2017

\$100.00 per week full time

\$90.00 per week full time sibling (four or five days)

\$30.00 per day part time

\$30.00 daily for a sibling (part-time is three days or less)

For Office Use Only

Date of Admission _____ **Registration Fee Paid** _____

Date of Withdrawal _____

