



# Open Bible Christian Center Daycare

One Child Per Form

Application Fee: \$35 per child

Renewal Application Processing Fee \$15 per child at beginning of each school year

(CHECK MUST BE ENCLOSED TO RESERVE A SPACE IN THE PROGRAM)

## Child Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child's Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's School: \_\_\_\_\_ School Grade: \_\_\_\_\_ Release Time: \_\_\_\_\_

## Medical Information

Does your child have an identified medical, personal, or special care needs (developmental, physical, emotional, or learning)? **YES**\_\_ **NO**\_\_

If yes, please list: \_\_\_\_\_

## Parent/Guardian Information

Primary Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized To Pick Up Child: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Registration fees are non-refundable and are to be submitted with the application form. Children who cannot be immediately enrolled will be placed on a waiting list. No children will be admitted without all completed forms and paid in full registration fee.

FULL DAY PROGRAM: 5 DAYS-\$700

AFTER SCHOOL PROGRAM: 5 DAYS-\$350

(If School District 2 has a scheduled day off, FULL DAY CARE - \$35.00 for the day includes breakfast, lunch and snacks)

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**Please initial each statement indicating you have read and understand the following statements:**

I understand that I am responsible for a nonrefundable \$20 application fee at the time of enrollment and monthly payment of contracted fees due at the 1<sup>st</sup> of each month.

I understand there is a fee charged for my child remaining past the 6:00 pm dismissal time. This fee will amount to \$25 for every 15-minute increment. After 30 minutes, per State Law, if OBCC cannot locate using contact numbers provided a pickup, OBCC will contact the appropriate authorities for child abandonment.

If my child is picked up late up to 3 times, I understand that in addition to late fees owed, by child may be subject to dismissal from the program.

I understand that my child's continued enrollment is conditioned on OBCC DAYCARE being provided with current, emergency contact phone numbers.

I agree to indicate in writing if other arrangements have been made, such as my child visiting a friend after school or being picked up by a different person than previously authorized.

I understand that my child must be signed out by an authorized person in the afternoon.

I hereby give permission for mutual exchange of ethnicity, age, and gender information between OBCC DAYCARE, and the home school regarding health and safety issues, attendance, food program status, ethnicity, immunization records, special program enrollment and academic achievement.

I hereby give permission for mutual exchange of ethnicity, age, and gender information between OBCC DAYCARE, and the non-profit service organizations that provide activities for my child. Any exceptions to this consent shall be provided to you in writing.

Zero Tolerance Policy: OBCC DAYCARE does not permit the use of tobacco products, alcohol, or drugs.

The use or threat of use of weapons is prohibited. Theft, violent behavior, or destruction of property will result in immediate dismissal from the program. Parents will be expected to provide immediate transportation from the program in the event of dismissal.

Movies viewed in OBCC DAYCARE will be limited to G & PG rating.

To ensure the health and safety of staff & children, if a child leaves school sick or does not attend school due to illness he/she may not attend any OBCC DAYCARE activity that day. Additionally, if a child becomes ill during the program, the parent/emergency contacts will be notified to come and pick up the child from the program with 30 minutes.

## **Emergency Medical Release (please initial one)**

In the event of injury or serious illness, I give permission for OBCC DAYCARE staff to obtain medical treatment for my child, I understand that is my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

In the event of injury or serious illness, I DO NOT give permission for OBCC DAYCARE staff to obtain medical treatment for my child. Instead, I instruct OBCC DAYCARE staff to: \_\_\_\_\_

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## Photographic Release (please initial one)

I give permission to OBCC DAYCARE staff to use photographs and videos of my child for publicity in order to increase community awareness of OBCC CARE programs and in any and all publications and other media without limitations.

I DO NOT give permission to OBCC DAYCARE staff to use photographs and videos of my child for publicity in order to increase community awareness of OBCC CARE programs and in any and all publications and other media without limitations.

## OBCC DAYCARE Handbook

I have received a copy of the OBCC handbook either as a printed copy or online.

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I have read the OBCC DAYCARE Handbook.

I have read the OBCC DAYCARE Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed forms and payment (payable to OBCC DAYCARE) to:  
OBCC Day Care, 302 19<sup>th</sup> Street West, Billings, MT 59102**

My signature confirms that the above information is accurate; that the guidelines and procedures of the program my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current, that I have read and understand this form in its entirety; and that I give permission for my child to participate in the OBCC DAYCARE program.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_