



## COMMUNITY CHRISTIAN SCHOOL & DAYCARE

2406 9½ Avenue South, Fort Dodge, IA 50501

515-573-3011 ccsofficefd@gmail.com

*Serving God by providing families an academically-excellent, Biblically-integrated education, which encourages spiritual development and social responsibility in an environment where students can develop their God-given gifts and talents.*

*Welcome to the CCS Family!!*

*Here is a checklist of all the forms required before daycare can be provided for your child. Please return this packet to the daycare director once it has been filled out.*

### **DAYCARE ENROLLMENT PAPERWORK CHECKLIST**

- \_\_\_\_\_ Child Care Application & Deposit (Check # \_\_\_\_\_ or Cash or \_\_\_\_\_)
- \_\_\_\_\_ Physicals & Immunization Records (from doctor's office)
- \_\_\_\_\_ Parent/Guardian Verification of Handbook Form
- \_\_\_\_\_ Parent/Student Statement of Faith Agreement
- \_\_\_\_\_ Child Enrollment Information Form
- \_\_\_\_\_ All Permissions Form
- \_\_\_\_\_ Pick Up Permissions Form (attach court order if necessary)
- \_\_\_\_\_ Payment Contract Agreement
- \_\_\_\_\_ Parental Emergency Release Form
- \_\_\_\_\_ Infant Safe Sleep Form
- \_\_\_\_\_ Direct Payment Form

**CHILD CARE APPLICATION**

Child's Name \_\_\_\_\_

\_\_\_\_\_ Last First Middle Name Goes By  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Anticipated Hours of Care: Drop Off \_\_\_\_\_ Pick Up \_\_\_\_\_ Days Attending: M T W T H F

Anticipated Meals: (please circle) Breakfast Lunch Snack

Specials needs or requests: \_\_\_\_\_

**PARENT INFORMATION**

Father/Step-Father/ Guardian Name \_\_\_\_\_

\_\_\_\_\_ Last First Middle Initial

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Step-Mother/ Guardian Name \_\_\_\_\_

\_\_\_\_\_ Last First Middle Initial

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Child lives with: \_\_\_ Both Parents \_\_\_ Shared Custody \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Other (Name) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Who has legal custody? \_\_\_\_\_ Who is responsible for payment? \_\_\_\_\_

**FAMILY INFORMATION (List all other children in your household):**

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

# PARENT/GUARDIAN VERIFICATION OF HANDBOOK

I have read and understand the policies contained in the Community Christian Daycare Handbook. I am aware that questions regarding the policies should be discussed with the daycare director prior to enrollment. In order for your child to attend any of our programs, you must read and sign the Parent/Guardian Handbook. This signed form will be kept on file in the childcare office.

\_\_\_\_\_ Date: \_\_\_\_\_

Father's / Guardian Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Mother's / Guardian Signature

Please print your child's name here \_\_\_\_\_

# **PARENT/STUDENT(S) STATEMENT OF FAITH AGREEMENT**

At least one parent must sign the following agreement as a condition for enrollment for the first year of the child's daycare and/or school attendance at CCS. Students are also required to sign if applicable. Parents should discuss this agreement with their children to ensure understanding, if applicable. The following document is found in the registration packet:

## **STUDENT AGREEMENT**

By signing this application, I am indicating that I will abide by the rules of behavior set by CCS, and that these rules apply for the entire year, on and off the CCS campus. I further understand that the rules and regulations at CCS are subject to revision by the school and daycare at any time and that each student/family is expected to be familiar with current school and daycare rules. I also realize that if I break the rules, my continued enrollment will be subject to immediate review.

**K-8<sup>th</sup> Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **PARENT/GUARDIAN AGREEMENT**

I understand and agree that CCS is a private non-denominational Christian school where enrollment is a privilege and not a right. I have read and understand the Statement of Faith and know that the principles therein are taught daily at CCS. I understand and will support the CCS staff in these areas.

I further understand that the rules and regulations at CCS are subject to revision by the school at any time and that each student/family is expected to be familiar with current school rules. I understand and agree that violations of any CCS rules and regulations may result in immediate suspension and/or expulsion from CCS.

I also agree to comply fully with the financial requirement of the school regarding payment of tuition and understand and agree that my child may be removed from the school if tuition payments become delinquent.

**CCS requires at least one parent/guardian to be in full agreement with the Statement of Faith and Parent/Guardian Agreement listed above.**

\_\_\_\_\_  
**Parent/Guardian Name (Printed)**                      **Signature**                      **Date**

\_\_\_\_\_  
**Parent/Guardian Name (Printed)**                      **Signature**                      **Date**

# ALL PERMISSIONS FORM

## PERMISSION TO APPLY SUNSCREEN

I hereby give the personnel of Community Christian Daycare, permission to apply sunscreen product of SPF 15 or higher to my child, \_\_\_\_\_ each day when he/she will be playing outside. I understand that sunscreen may be applied to exposed areas of the skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs.

(Please check the following which apply to your child)

\_\_\_\_\_ I do/do not know of any allergies my child has to sunscreen: \_\_\_\_\_

\_\_\_\_\_ I have provided sunscreen for use on my child

## PERMISSION TO APPLY DIAPER RASH OINTMENT

I hereby give the personnel of Community Christian Daycare, permission to apply diaper rash ointment to my child, named above for diaper rash. Unless otherwise indicated this should be applied after each diaper change.

\_\_\_\_\_ Does Not Apply

\_\_\_\_\_ I have provided ointment for use on my child

\_\_\_\_\_ My child is allergic to some ointments; \_\_\_\_\_

## PHOTO CONSENT

I give my permission to Community Christian Daycare to photograph my child named above, in the center and on field trips. I understand that I will be notified if any outside agencies (i.e. newspapers, television stations, etc.) should want to photograph my child. I understand that Community Christian Daycare has a Facebook page and will NOT post my child's picture on their page without my permission. I have indicated below my authorization or declination.

\_\_\_\_\_ I give my permission for Community Christian Daycare to post my child's picture(s) on their Facebook page

\_\_\_\_\_ I DO NOT want Community Christian Daycare to post my child's picture(s) on their Facebook page or any other social networking site

\_\_\_\_\_ I DO NOT want any photos of my child taken or posted in his/her classroom or around the child care center.

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

# CHILD PICK UP PERMISSION FORM

CHILD'S FULL NAME \_\_\_\_\_

I hereby give permission for my child to leave the center with the following persons named below. If is the responsibility of the parents to notify the daycare director and staff, in writing, of any changes. **For the occasional change in pick-up person, please send written notification including the name of person and date.** (Remind substitutes to bring identification as they may be required to show it.)

Name

Relationship to Child

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please list anyone **NOT** allowed to pick up your child. A copy of the court order must be attached. Without a court order we are obligated by law to release children to either biological parents.

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# PAYMENT CONTRACT AGREEMENT

Today's Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Weekly Fee \_\_\_\_\_

The following agreement is between Parent(s) / Guardian(s) and Community Christian Daycare for child services for:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy/Girl

Father's Name \_\_\_\_\_ Responsible for Payment Yes No

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Responsible for Payment Yes No

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Hours of Care: Drop off \_\_\_\_\_ Pick up \_\_\_\_\_ Days attending: M T W TH F

Anticipated Meals: (Please circle): Breakfast Lunch PM Snack

The following information is voluntary:

Ethnic Identity: Hispanic or Latino \_\_\_ or Non Hispanic or Latino \_\_\_ (check one)

Racial Identity: American Indian \_\_\_ Asian \_\_\_ African American \_\_\_ White \_\_\_ Native Hawaiian \_\_\_ (check one)

## Non-Refundable Registration

Your registration fee of \$50 guarantees your child's registration and start date.

**Payment**

Payment is due via automatic withdrawal from your bank account, check or cash. Please be sure to fill out the necessary form. Account payments are due on Friday but the automatic withdrawal may not be taken out of your account until Tuesday. If payment is not received on Friday there will be a \$10.00 late fee. If accounts are not current by Wednesday your child may be unenrolled from childcare.

**Holidays**

We are closed the following days. Tuition will not be adjusted for weeks containing holidays.

- Memorial Day
- Labor Day
- Christmas Eve & Day
- New Year's Day
- Fourth of July
- Thanksgiving
- Day after Thanksgiving

**Returned Payment Fee**

If a debit or check payment is returned to us, there will be a \$25 service fee added to your account. If two or more debit payments are returned, cash payments will be required. If payment continues to be an issue you will be asked to end your daycare services. If you choose to un-enroll your child from CCS daycare a 2-week notice is required. Payment for the 2 weeks is required regardless of attendance.

**Termination of Agreement**

Either Parent / Guardian or Community Christian Daycare may terminate this contract by giving a two week advance notice. Payment is required for the two week period regardless of attendance. CCS retains the right to terminate daycare services at any time without notice.

**Verification**

I agree to all of the above terms and conditions. If I have any questions, I will see the director or on site supervisor before signing the agreement.

Mother / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father / Guardian \_\_\_\_\_ Date \_\_\_\_\_



# PARENTAL EMERGENCY MEDICAL CONSENT

This form must be presented upon admission for treatment. This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached. In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist. I agree to pay all costs and fees as secured or authorized under this consent.

CHILD'S NAME:		
BIRTH DATE:		
PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES		
1. NAME		RELATIONSHIP TO CHILD
ADDRESS		EMPLOYER
HOME NUMBER	CELL NUMBER	WORK NUMBER
2. NAME		RELATIONSHIP TO CHILD
ADDRESS		EMPLOYER
HOME NUMBER	CELL NUMBER	WORK NUMBER
EMERGENCY CONTACT PERSON(S)		
1. NAME		RELATIONSHIP TO CHILD
HOME NUMBER	CELL NUMBER	WORK NUMBER
2. NAME		RELATIONSHIP TO CHILD
HOME NUMBER	CELL NUMBER	WORK NUMBER
3. NAME		RELATIONSHIP TO CHILD
HOME NUMBER	CELL NUMBER	WORK NUMBER
PERSONS AUTHORIZED TO PICK UP CHILD	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name	Name
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PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
KNOWN ALLERGIES	DATE OF LAST TETANUS
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID

This consent will be in effect beginning (date) \_\_\_\_\_ and be updated annually by the parent/legal guardians.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN      Date

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN      Date

\_\_\_\_\_  
Update      Date

\_\_\_\_\_  
Update      Date

\_\_\_\_\_  
Update      Date

\_\_\_\_\_  
Update      Date

# INFANT SAFE SLEEP IN CHILD CARE POLICY

All staff, substitute staff, and volunteers at Community Christian School follow the safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Products Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death (SIDS). SIDS is the sudden death of an infant under 1 year of age, which remains unexplained after a through investigation.

- Infants will always be put to sleep on their backs.
- Infants will be placed on a firm mattress, with a tight fitted sheet, in a crib that meets the
- CPSC federal requirements CFR 1219 for full-size cribs and CFR 1220 for non-full size cribs.
- No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, quilts, sheepskins or loose bedding will be in the crib or draped over the crib.
- Devices such as wedges or infant positioners will not be used. The AAP has found no evidence that these devices are safe and their use may increase the risk of suffocation.
- Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult.
- If extra warmth is needed, sleep sacks will be used as an alternative to blankets for infants.
- Only one infant will be placed in a crib to sleep.
- No crib toys, mobiles, or musical/night light crib attachments will be used in the crib.
- Infants may use a pacifier during sleep. It may not be attached to the infant's clothing by a string, cord, or other attaching mechanism that might be a strangulation risk.
- If the infant falls asleep anyplace other than a crib (i.e.: bouncy chair, while being held, or arrives to care asleep in a car seat) the infant will be moved to a crib immediately.
- Our child care program is smoke free and smoking is not allowed in Iowa child care businesses.
- Sleeping infants will be actively observed by sight and sound.
- When infants are able to roll back and forth from front to back, the infant will be placed on their back for sleep and allowed to assume a preferred sleep position.
- Awake infants will have supervised "tummy time" several times daily. This will help strengthen their muscles and develop normally.
- Parents will review this policy upon enrolling their infant at Community Christian School and a copy is provided in the parent handbook. A parent brochure about safe sleep and reducing the risk of SIDS "Safe Sleep for Iowa Babies" is available.

This policy is effective on \_\_\_\_\_ (date)

Child's Name: \_\_\_\_\_

Signed By: \_\_\_\_\_ (director/owner)

\_\_\_\_\_ (Staff Member)

\_\_\_\_\_ (Parent)

Community Christian School

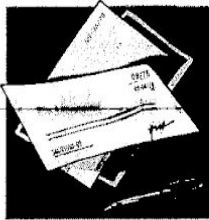
# Direct Payment Program

**AUTOMATIC BILL PAYMENTS:** Your payments are paid automatically from your checking or savings account.

**TIME AND MONEY SAVINGS:** You save the time spent writing and mailing checks plus the cost of stamps, checks, and envelopes.

**RELIABLE:** Your bill is paid on time, every time. No late fees!

**SAFE:** Automatic payments are accurate. And there are no checks to be lost or delayed in the mail.



**FREE!** To sign up for Direct Payment, complete and sign the attached authorization form and return it to the school office as soon as possible. Please include a voided check or savings deposit slip.

Please detach bottom portion and return to school.

## AUTHORIZATION FOR CCS DIRECT PAYMENT AUTOMATIC BILL PAYMENT

On (Date) \_\_\_\_\_ I authorize... **Community Christian School** to initiate electronic entries to my checking/savings account with payments being drafted from my account on the 10th of each month, beginning \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for tuition payments.

I (we) authorize Community Christian School to initiate variable entries to my (our) account described below:

Checking Account No. \_\_\_\_\_ / Savings Account No. \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

**Attach a voided check or savings deposit slip or write financial institution's routing number:** \_\_\_\_\_

(Please note: The routing number is found on the bottom left of your check or savings deposit slip.)

This authority is to remain in full force and effect until Community Christian School has received written notification from me (or either of us ) of it's termination in such time and manner (30 days) as to afford Community Christian School a reasonable opportunity to act on it.

(OPTIONAL - for Joint Account)

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_