

Vestavia Day School
Registration 2017-2018
Full Time & After School Programs

Child's Name _____	Date of Birth _____	Gender: M F
Father's Name _____	Mother's Name _____	
Address _____	Address if different _____	
City _____ State ___ Zip _____	City _____ State ___ Zip _____	
Home # _____ Cell # _____	Home # _____ Cell # _____	
Employer _____ Work # _____	Employer _____ Work # _____	
Father's Email _____	Mother's Email _____	

Are you a member of Vestavia Methodist Church? Y N

If not, where is your church membership? _____

FULL TIME CARE

7:00 am – 5:45 pm

School Year (Begin Monday, August 14, 2017)

_____	Newborn, Infant & Toddler	\$930.00/mo
_____	2 yr. old	\$880.00/mo.
_____	3 yr. old (must be 3 and potty trained by Sept. 1 st , 2017)	\$795.00/mo.
_____	4 yr. old (must be 4 by Sept. 1 st , 2017)	\$795.00/mo.
_____	5 yr. old Kindergarten	\$795.00/mo.

\$150.00 registration fee per child (Non-refundable)
Required DHR form must be returned with registration form

AFTER SCHOOL CARE

2:35 pm-5:45 pm

(Begin Thursday, August 11th, 2017)

_____	Kindergarten	All grades	\$300.00/mo.
_____	1 st grade	Please Circle Which School your child attends:	
_____	2 nd grade	VHEE	VHEW VHEC
_____	3 rd grade		
_____	4 th /5 th grade		

\$100.00 registration fee per child must be returned with registration form

Currently enrolled After School students are eligible for full-day care during the school year on days in which the school system is closed for an additional fee of \$50.00 per day (Lunch & Snacks included).



Vestavia Day School

ENROLLMENT AGREEMENT

This Enrollment Agreement, effective the ___ day of _____, 2017 is between Vestavia Day School (VDS) and _____ (parent's name). To indicate that you have read and understand all points of the Enrollment Agreement, **please initial each item**. A more detailed explanation of these items can be found in the Parent Handbook.

- _____ 1. There is a non-refundable registration fee of \$100 (part time children) and \$150 (full time children) to be paid annually and at the time of the initial application. There will also be a supply fee (all age groups) and activity fee paid annually at the beginning of the school year in August, with the exception of children in the after school program.
- _____ 2. Monthly tuition is strongly encouraged to be automatically deducted from an account each month. You may choose to have tuition deducted the first of the month or the end of the month. If you pay by credit card, a 3% transaction fee will be added to your monthly tuition. There will be no additional fees to families who have ACH deducted from an account with a routing and account number. There will be a \$35 charge to all fees returned.
- _____ 3. If you pay by check, monthly tuition is due on or before the 1st of each month and a \$10 processing will be applied to the monthly rate. If tuition is not received by the 10th of each month, a late fee of \$5 per business day will be applied to your balance. There will be a \$35 charge for all checks returned.
- _____ 4. VDS requires a 30 day written notice of withdrawal from our school or tuition and/or fees will still apply. If applicable, tuition will be prorated.
- _____ 5. September through May tuition will be a full month charge. August tuition will be prorated for part time children. Monthly tuition fees are non-refundable regardless of holidays, illness, vacation, inclement weather days or "Acts of God". VDS will make reasonable efforts to open in inclement weather; however, our staff and families safety is our utmost priority.
- _____ 6. VDS follows the Vestavia Hills City School inclement weather policy. Please note that the days VHCS get out early, we will close early also. On days that we have an emergency closing/delayed start, we will send out a school cast notice. VDS reserves the right to close at its own discretion should the church administration deem it necessary.
- _____ 7. VDS is opened from 7:00 am to 6:00 pm. A fee of \$25 will be charged for every 15 minutes a child is not picked up by 1:00 pm for part time students and 6:00 pm for full time students. Fees for late pick-up will added to the next monthly billing cycle. Consistent lateness can cause a child's dismissal from VDS. Be sure to check the calendar of operations for days that VDS is closed.

- _____ 8. VDS reserves the right to deny, cancel, sever or suspend a child's enrollment at any time the school, in its sole discretion, deems such action to be in the best interest of the child or the school. In such event, any unused tuition will be refunded.
- _____ 9. VDS does not serve breakfast. Children arriving before 8:00 am may bring breakfast to eat in the classroom. All children will need to provide a morning and afternoon snack. A hot lunch will be provided for all full time and extended care children. If the child has a specific nutritional or dietary need and he/she is not able to eat the lunch provided, a note must be provided by the child's pediatrician (for full time children only). Part time children will bring their own lunch. If a part time child wished to add our hot lunch, there will be an additional \$65 fee added to the monthly tuition.
- _____ 10. Children shall be kept home from school if: their illness prevents him/her from participating comfortably in activities, the illness results in greater care than teachers can provide, the illness is known to be contagious. Reasons for exclusion from school include, but are not limited to, the following: fever of 100.4° or higher, unusual lethargy, diarrhea and/or vomiting two or more times in a 24 hour period, persistent crying, difficulty breathing, or unusual rash. **Children shall remain excluded from school until he/she is symptom free for 24 hours.** Parents must notify VDS if your child is absent from school due to a communicable disease or contagious illness. This will allow our school to notify other families regarding the exposure.
- _____ 11. Children should be adequately dressed for our school according to the season and weather. Children typically go outside twice a day, weather permitting. Due to safety reasons, **children must wear close-toed, rubber soled shoes. Open-toed shoes, in addition to cros and hard soled shoes, such as cowboy boots are not permitted.**
- _____ 12. VDS will administer OTC medicine such as diaper cream and sunscreen with proper authorization. All children that will need any other medicine while at school, whether OTC or prescription, must have the proper Medication Administration Form completed, and the medicine must have a prescription label from a pharmacist. Medicine must be in the original container with a pharmacy label that included the name of the child and proper dosage. Medicine, with the exception of diaper cream and sunscreen, should be given to the VDS administration and kept in a locked cabinet.
- _____ 13. **(Part time preschool only)** Stay and Play is an option available for part time children in the event parents need children to stay until 2:00 pm. Stay and Play is a first come, first serve basis and parents should notify the school by 11:00 am if it is needed for the day. Stay and Play payments will be added on to monthly tuition payments.
- _____ 14. **(ASP only)** After school care (ASP) is provided for children in Kindergarten though 5th grade enrolled in East, West and Central. On days when VHCS are closed (such as Veteran's Day), parents may add the full day for their child for an additional fee. We will provide an am and pm snack as well as a hot lunch. This must be requested prior to the day the VHCS are closed.

Parent Signature: _____ Date: _____

Parent Name: _____ (Print) Child's name: _____

H. Child's preadmission record

DHR-CDC-739
Revised 1/06

CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as beeper, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page

