



Registration Form

Ingomar Baptist Child Development Center requires a registration packet to be completed for every child each new school year. Please fill out all forms completely.

CHILD'S INFORMATION

Child's Name: _____ Child's Age: _____

Child's Address: _____

City & State: _____ Zip Code: _____

Child's Birthdate: _____ Child's Gender: _____

Is the child potty trained? _____ yes _____ no

Siblings & their ages: _____

List any physical or mental deficiencies: _____

List any allergies: _____

List any medications: _____

PARENT INFORMATION

Mother's Name: _____ Date of Birth: _____

Occupation: _____ Place of Business: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____

City & State: _____ Zip Code: _____

Father's Name: _____ Date of Birth: _____

Occupation: _____ Place of Business: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____

City & State: _____ Zip Code: _____

Church Affiliation: _____ Active? _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Who does the child live with? _____

Who will pick up the child each day? _____

Ingomar Baptist Child Development Center hours of operation are from 6:30 a.m to 5:30 p.m.
According to your work schedule, what time will you typically be dropping your child off and
picking your child up from the development center?

Drop off _____. Pick up _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Cell Phone: _____ Work phone: _____

Email Address: _____

MEDICAL EMERGENCY CONTACT INFORMATION

Dr. _____ Phone: _____



Agreement

An annual and non-refundable registration fee of \$50 is required to secure placement for your child.

Ingomar Baptist Child Development Center is a full-time program and does not offer part-time placement. Weekly tuition is as follows:

Infant Room.....	\$125.00
One and Two Year Old Room.....	\$110.00 Plus \$10 Monthly Activity Fee
Three and Four Year Old Room.....	\$95.00 Plus \$10 Monthly Activity Fee

In the event of an emergency of illness, I authorize Ingomar Baptist Child Development Center to obtain medical treatment by contacting a competent physician/emergency personnel if all listed emergency contacts cannot be located immediately.

All tuition payments are required to be set up on an automatic draft. Automatic weekly drafts will be processed every Monday. In the event of a draft return, we will only receive payment by cash or money order for the defaulted tuition. If there is a draft return, it must be resolved by Friday of that week. There is a **\$40.00** service charge for draft returns due to insufficient funds. Two draft returns within a calendar year will forfeit your placement in our program.

A two week Withdrawal Notice form, which may be picked up from the Center, must be given when withdrawing a child from Ingomar Baptist Child Development Center. The two week period in which tuition will still be assessed will begin the Monday after the Withdrawal Notice form is returned. Email or text messages will not be accepted as written notice of withdrawal. There are no exceptions to the withdrawal notice policy.

Ingomar Baptist Child Development Center is founded on Christian principals, and we adhere to Biblical steps of resolution. While conflict may arise occasionally, we believe that a positive resolution promotes growth for all parties involved. Ingomar Baptist Child Development Center reserves the right to discontinue child care services at any time at the discretion of the Directors and/or Ingomar Baptist Preschool Committee. We also reserve the right to dismiss a child from enrollment in the program if we feel that the needs of the child are not being met by the Development Center or if the child becomes a danger to himself or others.

I understand and agree to abide by the above information and the information provided in the Parent Handbook. I also agree that Ingomar Baptist Child Development Center shall not be held responsible for any accident or misfortune which might occur and agree to indemnify and hold harmless Ingomar Baptist Child Development Center for any and all actions or inactions by Ingomar Baptist Child Development Center, its agents or employees.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Parental Authorization

Please complete, sign and date each of the permission sections below. These parental authorizations must be updated annually.

PICK-UP AND RECEIVE

Child's Name (please print). _____

The following people may pick up and receive my child:

Name	Relation	Phone Number	Email address
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHOTOGRAPHY AND VIDEO PERMISSION

_____ I do give permission for my child's image to be used for promotional or other use.

_____ I do **not** give permission for my child's image to be used for promotional or other use.

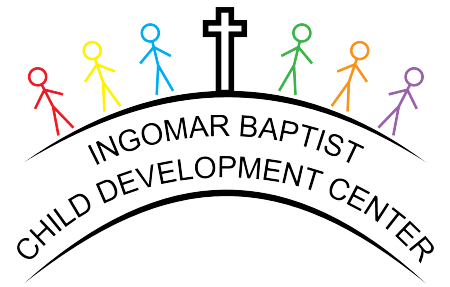
Parent's Signature: _____ Date _____

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, Ingomar Baptist Child Development Center has permission to obtain medical treatment for my child, _____.

I also give permission to administer medication (Tylenol, Benadryl, etc.) to my child in case of an emergency and to notify emergency personnel if/when necessary. In case of a medical emergency contact:

Dr. _____ Phone number: _____



Weekly Automatic Withdrawal Authorization

I authorize Ingomar Baptist Child Development Center to initiate weekly deductions from my checking/savings account. This authority will remain in effect until the official Withdrawal Notice form is received, in such time to afford a reasonable opportunity to act on it.

Name (print first name and last name). _____

Child's Name: _____

Address: _____

City/State/Zip Code: _____ Phone _____

Account to be debited _____ Checking _____ Savings

Financial Institution: _____

Routing Number: _____

Account Number: _____

Effective Start Date: _____

Infant Room.....\$125.00
One and Two Year Old Room.....\$110.00 Plus \$10 Monthly Activity Fee
Three and Four Year Old Room.....\$95.00 Plus \$10 Monthly Activity Fee

Total amount drafted per week. \$ _____

_____ Initial here to have any additional fees (supply, field trip, registration fee, family experience, etc.) automatically drafted from your account with advanced notice.

Account Holder's Signature _____ Date _____

Parent (other than account holder)
Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK FOR BANK VERIFICATION BELOW:



Parent Contract

If you agree, please initial by each statement.

____ I have received and agree to abide by all items outlined in the Ingomar Baptist Child Development Center Policies and Procedures handbook.

____ I am aware that all school related information will be communicated through our online program.

____ I understand that I must sign my child in and out each day.

____ I understand that my child needs to arrive fifteen (15) minutes before their designated meal time concludes.

____ I have submitted a current Form 121 (as required by MSDH) to Ingomar Baptist Child Development Center. I understand that a new form must be submitted each time my child receives immunizations/boosters. Failure to submit an updated Form 121 within five (5) business days of request could forfeit my placement.

____ I understand that if my child has been dismissed from school for an illness they must be picked up within thirty (30) minutes and cannot return to school the next day regardless of a doctor's note.

____ I understand and agree to keep an open line of communication with the staff and administration during my child's enrollment. I understand that Ingomar Baptist Child Development Center is based on Christian principles and is committed to handling differences in a professional and Christ-like manner.

____ I understand the policies regarding social media as related to the Development Center. I understand expressing frustrations or concerns through social media that would portray Ingomar Baptist Child Development Center in a negative way is unacceptable and will lead to dismissal from the program.

____ I understand that the Mississippi Department of Health (MSDH) licensing official is _____ and the state regulations can be found at www.msdh.ms.gov.

____ I understand and agree that the non-payment of tuition, including fees, or tow tuition returns in a calendar year will forfeit our placement at Ingomar Baptist Child Development Center.

____ I understand and agree that Ingomar Baptist Child Development Center is not liable for insurance claims.

Child's Name _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____