

PROOF OF PREVIOUS PROGRAMS

Per the Code of Virginia, *parent/guardians* are required to furnish information regarding previous enrollments. Include the name of the program, school, and location to assure proper identification of the program(s) or school(s).

___ My child has not attended any previous program. (Please check if appropriate)

___ My child has attended the following program(s):

1.) School/Program: _____ Phone Number: _____

Address: _____

Dates Attended: _____

ILLNESS POLICY

I understand that if my child is ill with a communicable disease, fever, diarrhea and/or vomiting, **he/she may NOT return to school until free of all symptoms for a full 24 hours without the use of medication.**

Furthermore, if my child arrives to school and is noticeably ill, I understand that he/she will not be admitted for the day.

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY CLOSINGS/INCLEMENT WEATHER POLICY

In case of an emergency at Bayside Baptist Church due to fire, loss of electricity, severe weather, etc., it may be necessary to close the weekday preschool.

In addition, if the Virginia Beach City Public Schools are closed or delayed...we will be closed.

Make-up days will be at the discretion of the Weekday Preschool Director and Church Administrator and may only be considered after five (5) days of school are missed due to an emergency closing. **Tuition is an annual fee, and no reimbursement will be given due to illness, vacation, holidays, or emergency closings.**

****I am aware of this policy and additional policies stated in the *Weekday Preschool Parent Handbook*.**

Parent/Guardian Signature: _____ **Date:** _____

VIDEO/PHOTO RELEASE:

I/We understand that my/our child's likeness may be photographed or videotaped by Bayside Baptist Weekday Preschool during school activities. I/We hereby consent for the school/church to use my/our child's likeness in performance, promotional and/or advertising materials. I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature: _____ **Date:** _____

Withdrawal Policy:

If a child needs to be withdrawn from school, a **two-week notice is required and full tuition for the month withdrawn.** Should more notice be possible, it would be greatly appreciated. Because tuition is an annual fee, **children who are withdrawn after March 31, 2022 are responsible for the remaining payments.** Bayside Baptist Weekday Preschool reserves the right to withdraw a student in respect to delinquent tuition payments; or for any violation of the policies stated in the Weekday Preschool Handbook, as determined by the Weekday Preschool Director and Church Administrator.

Parent/Guardian Signature: _____ **Date:** _____

Church you are currently attending: _____

Would you be interested in information about Bayside Baptist Church and its ministries? ___Yes ___No

How would you like to be contacted? Phone: _____ And/or Email: _____

Weekday Preschool Enrollment Requirements:

We must have the following documentation on file for each child to satisfy Department of Social Services Licensing regulations and insurance requirements. Children will not be allowed to attend without the following documentation:

- **"School Entrance Physical Examination and Immunization Certification"** form is required for children entering school. The form requires a **physical examination** (that is less than a year old) and **up-to-date immunizations**. A **new updated form** is required **for children entering Kindergarten**.
- New students **must show proof of identity (Birth Certificate) at registration** or within 7 days of the first day of school. **Photocopies cannot be accepted**. Originals will be returned once documented.
- Teacher Assignments will be mailed to you by **mid- late August**. A Meet and Greet (a scheduled time to meet your teacher and one new friend) will be held on a Thursday and/or Friday before the start of school.
- Your child's enrollment is not complete until we have the completed **Health Form, Proof of Identity** and all other information requested on this Registration Packet.

Before and After-School

(Pending DSS/VDH requirements for groups)

Early Birds 8:30 a.m. – 9:30 a.m.:

(Toddlers and older are eligible)

1 morning/week	Add \$30 per month to tuition check
2 mornings/week	Add \$60 per month to tuition check
3 mornings/week	Add \$90 per month to tuition check
4 mornings/week	Add \$120 per month to tuition check
5 mornings/week	Add \$140 per month to tuition check

Stay & Play 1:30 p.m. – 2:30 p.m.:

(must be in a 2 1/2s -year-old class or older to be eligible)

1 afternoon/week	Add \$30 per month to tuition check.
2 afternoons/week	Add \$60 per month to tuition check.
3 afternoons/week	Add \$90 per month to tuition check.
4 afternoons/week	Add \$120 per month to tuition check.
5 afternoons/week	Add \$140 per month to tuition check.

OCCASIONAL basis for Early Birds AND Stay & Play... a 24 business-hour verbal notice is required! The fee is \$12.00 per use and you will be billed at the end of each month for the number of mornings/afternoons used.

Without the required 24 business-hour **verbal notice**, you may be turned away due to improper staff to student ratios as per Department of Social Service Guidelines.

Early Birds and Stay N' Play used on a **REGULAR BASIS**; fees are **prepaid** (based on \$8-9 per hr.) with your monthly tuition check based on the number of days you indicate needing this service. **Days must be consistent- no "exchanging" days each week.**

Note: Soccer and Dance will be offered. Rates are set by and paid to those programs.

*****We will register families for Early Birds and Stay & Play at orientation*****

Global Pandemic/National Emergencies

In the event of a pandemic or national emergency, a significant aspect of being open and staying open rests in our **commitment as a community to work together** for the health and wellness of all children and staff.

As a parent enrolling your child at BBWP, you will be provided a list of guidelines/amended procedures (in addition to/in lieu of the Parent Handbook) and agree to **read and understand** the procedures during such emergencies. Such procedures will also be posted on the Weekday Preschool website.

Parent/Guardian Signature: _____ **Date:** _____



1920 Pleasure House Road, Virginia Beach, VA 23455
 Website: www.baysidebc.org, (Weekday Preschool tab)
 E-mail: bbwp@baysidebc.org
 Phone: 757-460-0333

FEDERAL TRUTH IN LENDING DISCLOSURE STATEMENT FOR SERVICES RENDERED

The Federal Truth in Lending Act, Regulation Z, REQUIRES a Federal Truth in Lending Statement if there are more than four (4) payments.

Child's Name: _____

Name of Party Responsible for Payment: _____

Telephone Number: _____ E-Mail Address: _____

Education Services

Program	Total Annual Tuition	9 Monthly Payments of:	Non-Refundable Registration Fee
2 Day Toddler	\$2,700.00	\$300.00	\$200.00
2 Day Preschool	\$2,430.00	\$270.00	\$200.00
3 Day Preschool	\$2,700.00	\$300.00	\$200.00
4 Day Preschool	\$2,880.00	\$320.00	\$200.00
5 Day Preschool	\$3,015.00	\$335.00	\$200.00
Kindergarten	\$3,600.00	\$400.00	\$320.00

The **first regularly scheduled monthly payment** of the **2021-2022 annual tuition** is due **August 1st**. Each **subsequent payment** is due and payable the **first school day** of the month until paid in full. All accounts must be **paid in full no later than April 15, 2022**.

The schedule of payments is extended **over 9 months from August to April** for the convenience of the party responsible for payment. Monthly payments are available with a 0% interest rate. **No reimbursement will be given due to illness, vacation, holidays, or emergency closings.**

Late Fees: BBWP will charge 10% per month of any account balance when a payment is not received by the 8th of the month unless previously approved by the Weekday Preschool Director.

Non-Sufficient Funds: There is a \$40 fee for all returned checks.

Late Pick-up Fees: Children who are not picked up on time will be assessed a late fee of \$1.00 for every minute or portion thereof.

Withdrawal Notice: If a child is going to be withdrawn from the program, a **two-week notice** is required and full tuition for the month is to be paid by the responsible party. Late payment fees are applicable. Because tuition is an annual fee, **children who are withdrawn after March 31, 2022 are responsible for the remaining payment(s).**

If collection or other legal procedures are instituted, I agree to pay all expenses of collection, including court costs, and reasonable attorney fees, if such are incurred.

I HEREBY CERTIFY that I have read this disclosure statement and agree to these terms.

(Signature of Party Responsible for Payment)

(Relationship to Student)

(Witness)

(Date)

Office Use:	Registration Amount Paid: _____	Debit/Credit, Cash, or Check# _____
Proof of Identity:	State: _____ # _____	Issued Date: _____
	Birth date: _____	Form of Identification: _____