



## Bethany Bridges Enrollment

Childs Name:	Childs name:
Birthdate:	Birthdate:
Parent/Guardian- Name and Cell:	Emergency Contact 1:
Street Address:	Emergency Contact 2:
City:                      State:              Zip:	
Parent/Guardian - Name and Cell:	May Not Pick Up (must have court documents):
	Email:

Known medical problems or allergies:

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### Hours of Operation

**Before Care 8am – 9am    Breakfast offered              After Care 2:30pm – 5:30pm    Snack offered**

**Please check the boxes below to indicate your schedule: You may pick 2-5 days per week:**

Dates	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before Care</b>					
<b>After Care</b>					
<b>Before &amp; After</b>					

With "Scheduled" care, your space is guaranteed, your weekly payment ensures you have a space in the program on your chosen days, we do not provide hourly care (see price list). The full fee is due and payable whether the child attends care on the agreed day or not. (due to illness for example.) All payments are due on your child's first day of attendance each week, any payment not made by Friday will incur a \$5 per day late fee starting at 5:35pm Friday. As a not-for-profit we rely on prompt payment to keep our program running.

"Drop in" is when you need us on a non-recurring, occasional basis. "Drop In" is only available when we have space. Once a "Drop In" day is scheduled we must have 24 hours' notice of cancellation to avoid charges.

Please check for "Drop In" only

Please check box for Summer Camp Only

**Other Charges:**

A \$30 Single or \$45 Family registration fee is required to be paid upon enrollment into Scheduled or Drop In Care

Supplies	Supply List with enrollment packet
Overtime Rate:	\$1.00/minute after 5:35pm
NSF Checks	\$25/item (Bank Charges)
Late Payment	\$5.00/day after Friday 5:35pm
Credit Card	additional fees passed onto customer

**AUTHORIZATION FOR MEDICAL CARE**

If I cannot be reached to make arrangements for medical care for my child at the time of an accident, or injury, I give my permission for:

**Bethany Bridges Club Inc.**

to obtain whatever treatment may be deemed necessary for:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Child #1 (D.O.B)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Child #2 (D.O.B)

When there is a medical emergency, or when a child needs immediate medical treatment, Bethany Bridges Club Inc. staff will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Bethany Bridges Club Inc. will call 911 and the parent(s). If the parent(s) or Emergency Contacts cannot be reached, Bethany Bridges Club Inc. will instruct Emergency Services to take whatever action is deemed necessary for the best interest of the child, including transport to nearest hospital.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to promptly notify Bethany Bridges Club Inc. of any changes of the above information.

I agree to the payment, scheduling and medical treatment policies listed.

I have read the Parent Handbook (available online) and acknowledge all policies set forth by Bethany Bridges Club Inc.

Parent/Guardian's Signature:	Date:
Bethany Bridges Club Inc.	Date:

