



Bethany Bridges Enrollment

Childs Name:	Childs name:
Birthdate:	Birthdate:
Parent/Guardian- Name and Cell:	Parent/Guardian- Name and Cell:
Street Address:	Email: Email:
Emergency Contact 1 st :	Emergency Contact 2 nd :

Known medical problems or allergies we should be aware of. If this is filled out please attach emergency plan

Hours of Operation

Before Care 8am – 9am Breakfast Offered -Cereal After Care 2:30pm – 5:30pm Snack Offered

Please check the boxes below to indicate your schedule. You may pick 2-5 days.

Dates	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care					
After Care					
Before & After					

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 first attending day each week unless you chose to pay monthly. You are not considered late until noon on 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. "We reserve 2 spaces each day for Drop in needs. Once a "Drop In" day is scheduled we must have 24 hours' notice of cancellation to avoid charges. Drop in is not guaranteed.

Please check for "Drop In" only

Please check box for Summer Camp Only

Other Charges:

A \$30 Single or \$50 Family registration fee is required to hold your space. An Enrollment Deposit is required with the return of this enrollment packet.

Supply List items or \$30 Supply Fee

Overtime Rate: \$ 1.00/minute after 5:35pm or when over 30 mins (30) on illness pick up

NSF Checks \$25/item (Bank Charges)

Late Payment \$5.00/day starting Friday at noon

Credit Card additional fees passed onto the 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	(D.O.B)	Name of Child	(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 by them to nearest hospital.

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Must have 4 contact numbers on file at all times. Please ensure the numbers are updated as needed.

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

I have read all COVID 19 and illness policies and procedures

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

