

Enrollment Application

Please print all information neatly

Child's Information

Full Name:

Birthdate:

Full Name:

Birthdate:

Address:

Parent/Guardian Information

Parent/Guardian Information

Full Name:

Full Name:

Address if different from child:

Address if different from child:

Home Phone:

Cell Phone:

Home Phone:

Cell Phone:

Work Phone:

Hours of Employment:

Work Phone:

Hours of Employment:

Email:

Email:

Employer's Name & Address

Employer's Name & Address

Additional Emergency Contacts and People Authorized to Pick-Up Child (Please list at least 2)

We always try to contact parents or guardians first. However, we are required to have an emergency contact OTHER THAN the parents or guardians. These individuals are also authorized to pick up your child from the facility. Please list all possible phone numbers. These individuals will be required to show photo ID before they are allowed to pick up your child.

Full Name:

Relationship with child:

Phone:

Full Name:

Full Name:

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? YES/NO

If yes, please list his/her name and attach the required documentation.

Name: _____ Relationship to the child: _____

Are there any custody arrangements we need to be aware of? YES/NO

If yes, Fairwinds Early Learning Center will need to be given a copy of all custody paperwork. 1

CHILD'S MEDICAL INFORMATION		
Physician's Name:		Office Number:
Address:		
Does your child have any diagnosed allergies?		
Child 1:	YES/NO	If YES, please list & include plan of treatment:
Child 2:	YES/NO	If YES, please list & include plan of treatment:
Does your child have any other diagnosed medical conditions?		
Child 1:	YES/NO	If YES, please describe:
Child 2:	YES/NO	If YES, please describe:
Does your child take any prescription and/or over-the-counter medications?		
Child 1:	YES/NO	If YES, please list & include dosage:
Child 2:	YES/NO	If YES, please list & include dosage:
Does your child have an IEP, IFSP, Speech Delay, Developmental Delay, or Autism?		
Child 1:	YES/NO	If YES, please describe:
Child 2:	YES/NO	If YES, please describe:
Is there anything else you would like us to know about your child?		

Child 1:	YES/NO	If YES, please describe:
Child 2:	YES/NO	If YES, please describe:
Please attach any necessary paperwork pertaining to your child's medical needs.		

2

EMERGENCY MEDICAL CARE

I, [REDACTED], the parent (or legal guardian) of [REDACTED], who is/are my minor child(ren), hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

**Any medications given at Fairwinds Early Learning Center must be current and in their original prescribed bottles. No medication will be administered by Early Learning Center staff without a state medication log form filled out. **Please attach a copy of your child's most recent immunization records or letter of exemption.

Additional Information

Previous Childcare Center:	Phone:
----------------------------	--------

Why are you leaving your previous childcare center?	Can we call for a reference? YES/NO
---	--

CHILD ACKNOWLEDGEMENT AND PERMISSION

SCREEN TIME PERMISSION

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs.

Parent Signature:	Date:
-------------------	-------

PERMISSION TO SLEEP ON A COT OR MAT:

Children, between the ages of 12 and 18 months may be transitioned from sleeping in a crib to a cot, mat, or bed when they are able to walk.

Parent Signature:	Date:
-------------------	-------

PERMISSION TO PHOTOGRAPH:

It is our priority to protect your family's privacy. Fairwinds Early Learning Center asks that you give your consent

and permission or decline permission on the following activities:

Yes	No	For the following purposes:
		Placing photos of you, your spouse or co-parent and your children around the Early Learning Center.
		Using photos of you, your spouse or co-parent and your children in any marketing flyers or brochure
		Using photos of you, your spouse or co-parent and your children on our website
		Using photos of you, your spouse or co-parent and your children on social media
		Posting artwork and other crafts that include your children's names around our Early Learning Center.

3

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature:

Date:

FEES

Please make your checks payable to: Fairwinds Christian School
Registration Fee: \$75.00 Registration Fee per child

TUITION

Room	Full Time Weekly Rate (4 to 5 days)	Part Time Weekly Rate (3 days or less)
Infant Room (8 weeks to 12 months)	\$320.00	\$300.00
One-Year Old Room (12 to 24 months)	\$290.00	\$270.00
Two-Year Old Room (24 to 36 months)	\$280.00	\$260.00
Three-Year Old Room (36 to 48 months)	\$270.00	\$250.00
Pre-Kindergarten Room (4-5 years)	\$260.00	\$240.00

A 10% discount will be given for each additional immediate family member. Infant rates will not be discounted

ADDITIONAL FEES

Payment/Late Payment Fee: There will be a late fee of \$10.00 per day for each day your payment is late. Late payment is cause for termination. Payment is due on the morning drop-off on Monday or the first day they attend for the week. The late payment fee begins after drop-off and continues for each day the payment is late. A \$40.00 fee will be charged for a return check and payment will be required by cash thereafter.

Late Pick-up Fee: A late fee of \$25.00 per child, for the first 15 minutes will be charged for all pickups after 5:30 PM. Starting at 5:45 PM, a two dollar per minute fee will be charged per child. This also includes when we close early.

Sick/Absent Days: Payment is required for ALL DAYS a child is absent when the child is scheduled to be in the Early Learning Center.

Leave of Absence: If you expect your child to be out of the Early Learning Center (for reason of illness or non-illness) for a prolonged period of time (over 4 weeks), you must notify the director, in writing, at least two weeks prior to your scheduled leave of absence to qualify for the reduced rates of 50% off your current tuition rate. The director will hold the spot until the agreed date. If you do not return or contact the director to make different arrangements by the agreed date you will be considered withdrawn, you may lose your spot. You will have to follow the enrollment process if you decide to return after that point, you will be considered withdrawn.

Scheduled Vacation Discount Policy: After your child has been enrolled full time in our center for 3 months or more, you may qualify for a scheduled vacation rate. You must notify the director, in writing, at least two weeks prior to your scheduled vacation dates to qualify for the reduced rates of 50% off your current tuition rate. A scheduled vacation must be covered within a normal, consecutive Monday through Friday week. Pro-rated weeks will not be considered a vacation week. If you attend any day within that week, you will be required to pay your regular full tuition rate for that week.

There will be an automatic review of the contract with the possibility of a rate increase and/or contract revision on a yearly basis. There will be 30-day notice before any increases will go into effect.

Absolutely NO Cash Refunds.

4

SERVICE AGREEMENT	
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
Parent/Guardian Name:	
Parent/Guardian Name:	

I hereby enroll my child in the Fairwinds Early Learning Center. I understand that I am reserving this space for my child, agree to pay the fees as listed above and in the Parent's Handbook and understand that I will not receive a refund when my child misses a day.

Parent/Guardian Signature _____ Date _____

I understand that I must remain consistent with the times that I have listed below for Fairwinds Early Learning Center to be properly staffed and remain within a safe ratio. I understand that if the times that I have listed below ever need to be changed, I will give the Fairwinds Early Learning Center Director a

one week notice and will be required to complete a new service agreement form.

SCHEDULE AGREEMENT					
Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time					
Pick-up Time					

Desired Start Date: _____

I acknowledge that I have received a copy of the Fairwinds Early Learning Center Parent Handbook. I understand that this handbook replaces all prior verbal and written communications regarding the operations of Fairwinds Early Learning Center and that I must abide by the guidelines listed in the handbook.

To the parent: by signing you hereby state that you have read and are in full agreement with the information found in the Enrollment Application of Fairwinds Early Learning Center

Parent/Guardian Signature _____ Date _____ 5

Doctrinal Statement of Fairwinds Early Learning Center

- We believe in the verbal inspiration and authority of the Scriptures. We believe that the Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose in the ages. *Students must use the King James Bible in school and for all school activities when a Bible is needed.*
- We believe in God the Father, God the Son, and God the Holy Spirit. (Deuteronomy 6:4; Matthew 28:19; I Corinthians 8:6; John 1:1,14; Colossians 2:9; I John 5:7-8)
- We believe in the Deity and Virgin Birth of Jesus Christ. (John 1:1-3; Colossians 1:15-16; John 10:30; 17:11,22 / Genesis 3:15; Isaiah 7:14; Matthew 1:23; Luke 1:26-35)
- We believe that salvation is "by grace" plus nothing, and minus nothing. The conditions to salvation are repentance and faith in Jesus Christ. (Romans 3:24; Ephesians 2:5,8-9; 2 Timothy 1:9)
- We believe that men are justified by faith alone and are accounted righteous before God only through the merit of our Lord and Savior Jesus Christ. (Romans 3:20,24,28; 5:1)
- We believe in the visible, personal, and premillennial return of Jesus Christ. (I Corinthians 15:20-23, 51-52; I Thessalonians 4:16-18)
- We believe in the everlasting conscious blessedness of the saved and the everlasting conscious punishment of the lost. (John 14:1-6; 2 Corinthians 5:8; Revelation 21:2,3 / Luke 16:23; Matthew 8:12; Mark 9:43-48; Revelation

20:15)

- We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between one man and one woman. We believe that any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, and pornography are sinful perversions of God's gift of sex. We believe that God created humanity as distinctly and exclusively either male or female from the beginning, and that He blessed His created design as very good. We believe that every human's true gender identity is identical to the genetic, biological sex with which they were born. We believe that God blesses submission to and acceptance of His created design. We believe God disapproves of and forbids any and all attempts to alter one's gender through surgery, medicinal manipulation, appearance, or expression contrary to His created design. (Gen. 1:26-28, 31; Gen. 2:23-24; Gen. 19:5, 13; Gen. 26:8-9; Lev. 18:1-30; Matt. 19:4-6; Rom. 1: 26-29; 1 Cor. 5:1; 6:9; 1 Thess. 4:1-8; Heb. 13:4)
- We believe that the only Scriptural marriage is the joining of one man and one woman. (Gen. 2:24; Rom. 7:2; 1 Cor. 7:10; Eph. 5:22-23)

By signing this, I hereby state that I have read and agree with or accept the Doctrinal Statement of Fairwinds Early Learning Center.

Parent/Guardian Signature Date

Please submit with application the following documents:

- Copy of child's birth certificate
- Signed Parents Right to Know form
- Health appraisal & immunizations
- Infant Feeding Schedule for babies for up to 12 months
- Signed Swaddle Permission Form for babies up to 2 months