

Holy Crib Child Care Center

Tuition Fees

★Infants - 2 years old \$90.00/ wk**

★3 - 5 years old \$80.00/ wk

★Before and After School \$55.00/ wk

★Before School Only \$35.00/ wk

★After School Only \$40.00/ wk

★Per Day Rate \$25.00*

(This rate is not applicable for Full time children; maximum of 3 days)*

★Additional fee for school age children:
Full day \$15.00 / Half day \$10.00 (Ex. School is closed.)

*Full time status requires payment at that rate. Alternating between full time and part time services rates for services is not acceptable.

**2 year old fees apply until child is fully potty trained.
(Approved January 2018)

The Holy Crib Child Care Center

202 East Main St

Wakefield, Va 23888

Tel. (804) 251-0335

www.st.matt.ysg@gmail.com

Dear Parent / Guardian:

Thank you for your interest in The Holy Crib Child Care Center. We provide quality and loving care in a nurturing, educational, and safe environment.

God is the center of everything we implement for the children. They will learn in an environment free of bullying and closed-mindedness. We serve a limitless God, so the ways we learn and teach have many possibilities. Our children are encouraged to reach their full potential and purpose academically, emotionally, socially, physically, and spiritually.

There is a registration fee of \$35.00 that is non-refundable. Our current tuition is \$90.00 per week (infants-2 years old) and \$80.00 per week (3-5 years old). Payments are due each Monday by 6:00 pm for the week of childcare. (Unless otherwise agreed upon during registration.) There is a \$10.00 late fee that will be added if the fees are not received by Thursday 6:00 pm.

Upon enrollment each child needs to bring:

- Copy of birth certificate
- Immunization record form signed by doctor
- Box of tissues
- Box of baby wipes
- Complete change of clothes
- 2 large towels, a mat, or sleeping bag to lay on during nap time
- Lunch each day with all items labeled (breakfast and 2 snacks daily).
- Breastmilk or formula for infants must be brought with child daily.
- Diapers, wipes, and change of clothes must be brought with infants daily.

*****DO NOT SEND ANY PEANUT OR NUT PRODUCTS*****

*Please put your child's name on everything.

We look forward to working with you and your child(ren)! Please contact us for more info

The Holy Crib Child Care Center

202 East Main St., Wakefield, Va 23888----Tel.# 804-251-0335

Application For Admission

Child's Name _____ Sex: M ___ F ___
Last First (MI)

Child's Preferred Name _____ (Nickname)

Child's Home Address _____

Phone Number(s) _____ Birth Date _____ Age _____

Admission Date _____ Termination Date _____

Grade Level _____ School _____

Father's Name _____
Last First Middle

Father's Home Address _____

Employer _____ Address _____ Phone# _____

Mother's Name _____
Last First Middle

Mother's Home Address _____

Employer _____ Address _____ Phone# _____

Please list persons who are authorized to PICK UP your child _____

Please list persons for legal reasons who CANNOT PICK UP your child _____

Documentation must be on file _____

Emergency Contacts (Other than Parents & Must include Address and Phone number of at least (1).

1. Name _____ Phone _____

Address _____

Relationship to Child _____

2. Name _____ Phone _____

Relationship to Child _____

3. Name _____ Phone _____

Relationship to Child _____

Has your child had and previous school experience? _____

If so, please give the name and type of school _____

_____ Length of attendance _____

Does your child nap? _____ Morning _____ Evening _____

How many hours does your child sleep at night?(Approximately) _____

Is your child toilet trained? _____ Does your child use any special word for toileting?

_____ If so, please list _____

Describe your child's appetite: Always hungry _____ Eats at Mealtime _____

Snacks _____ Snacks All Day _____ Never Hungry _____ Has to be

Coaxed to Eat _____

Are there any food that your child may or can not eat? (Due allergies, religion, etc.) _____ If so, please list: _____

Are there any foods that the child dislikes? _____ If so, please list: _____

Special Interest: singing_____ painting_____ stories_____ pets_____
dancing_____ outside play_____ coloring_____ Other_____

Is your child allergic to insect bites or stings?_____ If so, medical documentation is required. An Epi-pen needs to be on site.

THE HOLY CRIB CHILD CARE CENTER

Child's Emergency Medical Authorization

Name of Child_____ Birth Date_____

Name of Parent or Guardian_____

Address_____

Mother's Employment _____
Address _____ Phone# _____

Father's Employment _____
Address _____ Phone# _____

The Parent(s) authorize The Holy Crib Child Care Center to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

I / We will be responsible for payment of medical expenses _____
Signature

Medical Treatment cost are covered by: _____

A. Name of Insurance Company _____
Policy Numbers: ID# _____ Group# _____

B. Secondary Insurance Company _____
Policy Numbers: ID# _____ Group# _____

C. No Insurance Coverage _____
Child's Physician _____

Signature of Parent(s) Date _____

THIS FORM IS TO BE KEPT BY THE CHILD CARE OPERATOR AND IS TO BE TAKEN TO THE DOCTOR OR TREATMENT FACILITY IN CASE OF AN EMERGENCY.

**THE HOLY CRIB CHILD CARE CENTER
HEALTH HISTORY
TO BE PROVIDED BY PARENT(S)**

Name _____

Birthdate _____ Sex: M _____ F _____

Medical History

<u>Diseases:</u>	<u>Age</u>	<u>Diseases</u>	<u>Age</u>
Asthma	___	Pneumonia	___
Chicken Pox	___	Whooping Cough	___
Heart Disorder	___	Diphtheria	___
Measles	___	Mumps	___
Rubella	___	Other	___

Congenital Malfunctions _____

Allergies (drugs, food, insect bites,ect.) _____

Drug Sensitivities _____

Seizures _____

Comments _____

Parent's Signature _____ Date _____

Address _____

Phone# _____

**The Holy Crib Child Care Center
Daily Schedule 2018 - 2019**

6:00 am - 8:50 am	Arrival/ Free Play/ Breakfast
8:50 am - 9:00 am	Bathroom/ Hand Washing
9:00 am - 9:30 am	Devotion/ Exercise
9:30 am - 10:00 am	Story Time
10:00 am - 10:20 am	Snack
10:20 am - 11:00 am	Guided Activity
11:00 am - 11:40 am	Outside/ Inside Play Time
11:40 am - 12:50 pm	Prepare for Lunch/ Bathroom/ Hand Washing/ Lunch
12:50 am - 1:00 pm	Bathroom/ Hand Washing Break
1:00 pm - 2:30 pm	Naptime
2:30 pm - 2:40 pm	Bathroom/ Hand Washing Break
2:40 pm - 3:00 pm	Story/ Departure Time for Some
3:00 pm - 3:20 pm	Snack
3:20 pm - 4:20 pm	Guided Activity
4:20 pm - 6:00 pm	Free Play/ Departure

