



# CUMC PRESCHOOL & AFTER CARE CENTER

1711 Kirby Road, McLean, Virginia 22101  
703-854-1691 / 703-854-1693 (fax)

Chesterbrookumcpreschool@gmail.com / www.Chesterbrookpreschool.org

## ENROLLMENT PACKET CHECKLIST 2011-2012

	ID – Birth Certificate/Passport
	Physical Form (parent must sign and date the front of the Physical Form)
	Vital Information Card
	Registration Form/ Emergency Card
	Emergency Treatment Authorization
	Release of Custody
	Sick Child Policy
	Policy Regarding Intoxicated Parents
	Financial Policies (MUST be signed and returned)
	Receipt of Parent Handbook Form (MUST be signed and turned in when Handbook is obtained.)
	Directory Information Sheet
	Photo Permission form
	Semi-Annual Activity Fee (to be sent with the September and January tuitions)

Enrollment papers, tuition payments and the yearly program fee should be sent directly to **CHESTERBROOK PRESCHOOL AND CHILD CARE**; 1711 Kirby Road; McLean, VA 22101. Please make checks payable to **CHESTERBROOK PRESCHOOL**.



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## VITAL INFORMATION CARD

ENTRY DATE \_\_\_\_\_ WITHDRAWAL DATE \_\_\_\_\_

Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Position Held \_\_\_\_\_ Hours Worked \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Position Held \_\_\_\_\_ Hours Worked \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

(PLEASE INDICATE FIRST AND SECOND CHOICE OF PARENT CONTACT FOR STAFF TO CONTACT IN EMERGENCY)

EMERGENCY CONTACTS (Other than Parent) – please complete all this information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP CHILD – please complete all this information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

PERSONS NOT AUTHORIZED TO PICK UP CHILD \_\_\_\_\_

**MEDICAL CONDITIONS or ALLERGIES** \_\_\_\_\_



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## EMERGENCY TREATMENT AUTHORIZATION

I \_\_\_\_\_, hereby authorize any physician member of the Department of Emergency Medicine of Commonwealth Hospital, Inova Hospitals, ACCESS or Arlington Hospital and/or any member of the Medical Staffs of the above-mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of \_\_\_\_\_.

**Child's Allergies (if any)** \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Telephone number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone number \_\_\_\_\_

Medicines child is taking \_\_\_\_\_

Last Tetanus Shot' \_\_\_\_\_

Medical History (for example Allergies, Surgeries, Diabetes, Heart Disease, Seizures, Etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_

Identification Number \_\_\_\_\_ POLICY # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Subscriber's Place of Employment \_\_\_\_\_

Subscriber's Phone Number \_\_\_\_\_



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## RELEASE OF CUSTODY

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

I authorize the following people to pick up my child from **CUMC PRESCHOOL AND CHILD CARE** and understand that my child cannot and will not be released to anyone else (except emergency medical personnel) with my express written permission:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

**THESE NAMES ARE THE SAME AND INCLUSIVE OF THOSE PEOPLE I HAVE ASKED TO BE CONTACTED FOR EMERGENCIES IF I OR MY SPOUSE CANNOT BE REACHED.**

Yes \_\_\_\_\_ No \_\_\_\_\_

Names and Ages of Brothers and Sisters and/or others living in our home:

NAME & RELATIONSHIP	AGE
1. _____	_____
2.. _____	_____
3.. _____	_____
4.. _____	_____

The following people are NOT given authorization to pick up my child:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

As required by the Code of Virginia, custodial parents have a right to be admitted into the school unless there is a court order stating otherwise.

Signature: Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_



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### SICK CHILD POLICY



Children attending [CUMC PRESCHOOL AND CHILD CARE CENTER](#) are expected to be able to participate in all activities. Parents are responsible for bringing their child to the Center in good health and capable of participating the day's activities. We are not able to provide one-on-one supervision.

Children with short-term contagious illnesses are not allowed to attend the preschool. You are required to inform the school within 24 hours of your child getting sick. You will need a note from your child's doctor stating that the child is no longer contagious. Our school is not licensed to care for sick children.

Outside play is an integral part of a healthy day at [CUMC PRESCHOOL AND CHILD CARE](#). Licensing requires us to provide at least one hour of outdoor play (weather permitting). If a child is not well enough to play outside, the parent must keep him/her at home.

If a child is at home with a communicable illness other than a routine cold, the parent **MUST** alert the Center within 24 hours so that we can advise the other parents to look for symptoms. Such illnesses may include strep throat, pink eye, chicken pox, measles, mumps, rubella, flu-like symptoms, or a high fever. Any life threatening diseases **MUST** be reported immediately. Your child may not return to school without a note from the doctor stating that he/she is no longer contagious.

When, in the opinion of the Center staff, a child arrives at preschool and is ill, we cannot admit the child. When a child becomes ill at school, we will immediately notify the parent or caregiver, and if necessary, isolate the child until he/she is picked up.

Parents or caregivers are requested to pick up sick children within one hour of being called.

Our sick child policy is designed to protect all of the children enrolled at [CUMC PRESCHOOL AND CHILD CARE CENTER](#) and to promote the highest possible level of health. Your adherence to our health policies benefits everyone.

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Signature

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Date



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### POLICY REGARDING INTOXICATED PARENTS

While the staff of **CUMC PRESCHOOL AND CHILD CARE CENTER** does not wish to interfere in any manner with private life choices of the families we serve, we are responsible for the safety of the children in our care and believe that it is our obligation to prevent children from being released to persons who, in our opinion, may be unable to provide safe transport upon leaving our school. Further, **CUMC PRESCHOOL AND CHILD CARE CENTER** cannot and does not accept responsibility for the well-being of children once the children have been released to their parents or other authorized adults. There are instances, however, when as an entity dedicated to the well-being of children, we may be placed in a position in which we believe that we must take certain actions solely for the purpose of securing the safety of children enrolled at **CUMC PRESCHOOL AND CHILD CARE CENTER**.

The following policy sets forth actions which we believe may be necessary to take should a parent or authorized driver arrive to pick up the child in a condition which appears to us to indicate the influence of drugs, alcohol, or other influences which may endanger the safety or well-being of the children in their custody.

If a parent or authorized driver arriving to retrieve a child is considered by at least two staff to possibly be intoxicated or otherwise in an unfit condition to transport children safely, the driver may be asked to seek alternative transportation home for both themselves and the child. If the parent desires, we will call a friend, relative, or taxi to take the driver and child/children home at the parent's expense.

In the event the parent or authorized driver does not accept the staff recommendations to obtain alternate transportation, the staff has been instructed by Child Protective Services to call the local Police Department and request assistance to prevent the parent or authorized driver from attempting the unsafe transportation of the children. Subsequently, police officials could elect to charge the authorized driver with a crime such as public drunkenness, and/or driving under the influence of alcohol or drugs, or may recommend that the authorized driver be reported to Child Protective Services for child abuse.

Please sign below to attest that you have read, understand, and agree to the above policy; and you will comply with this policy as a condition for the enrollment of your child at **CUMC PRESCHOOL AND CHILD CARE CENTER**. Thank you. (All parents or guardians must sign).

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Signature

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Printed Name

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Date

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Signature

---

Printed Name

---

Date

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## DIRECTORY INFORMATION SHEET

If you wish to be included in the **CUMC PRESCHOOL AND CHILD CARE CENTER DIRECTORY**, please complete this form and return it to the office. Thank you very much.

CHILD'S NAME \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

CHILD'S BIRTHDAY \_\_\_\_\_

CHILD'S CLASS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FAMILY E-MAIL ADDRESS \_\_\_\_\_

The signature below authorizes the inclusion of this information in the **CUMC PRESCHOOL AND CHILD CARE CENTER** Directory to be distributed to all parents and employees at **CUMC PRESCHOOL AND CHILD CARE CENTER**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name





# CUMC PRESCHOOL AND CHILD CARE PROGRAMS

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www.Chesterbrookpreschool.org

## Tuition Rates (2011-2012)

Chesterbrook UMC Preschool and Child Care (CPAC) is open during the calendar school year Monday through Friday from 7:00 am - 6:30 pm. Fees vary according to the child's age and the services provided and rates are reevaluated every year.

### PRESCHOOL AND AFTER CARE TUITION RATES

CHESTERBROOK UMC PRESCHOOL & CHILD CARE HAS ANNUAL FEES FOR EACH PROGRAM THAT ARE BROKEN INTO 10 PAYMENTS.

### ANNUAL FEES:

EARLY BIRDS: \$2400.00

BUTTERFLIES: \$2350.00

BUMBLEBEES: \$3350.00

PRE-K: \$5500.00

TADPOLES: \$3400.00

FROGS: \$3400.00

### CLASS NAME, DESCRIPTION, TIME, DAY, MONTHLY PAYMENT AMOUNT

<u>Class</u>	<u>Class Type</u>	<u>Time</u>	<u>Duration</u>	<u>Monthly</u>
Early Birds	Before-school	7:00-9:00 am	Mon-Fri	\$240.00
Butterflies	2 year old	9:15-12:20	Tues/ Thurs	\$235.00
Bumblebees	3 year old	9:15-12:20	Mon/ Wed/ Fri	\$335
Bunnies	4-5 year old (older Pre-k)	9:15-12:20	Mon-Fri	\$550.00
Tadpoles	After Care	12:30-3:30	Mon-Fri	\$340.00
Frogs	After Care	3:30-6:30	Mon-Fri	\$340.00

### ALL DAY TUITION RATES

#### ANNUAL FEE:

4 YR OLD: \$11,000.00

5 YR. OLD: \$10,000.00

<u>Age</u>	<u>All Day Program Includes</u> <u>Early Birds, Preschool, Tadpoles, Frogs</u>	<u>Monthly</u> <u>Tuition</u>
4 year old	Monday-Friday	\$1,100.00
5 year old	Monday-Friday	\$1,000.00



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## FINANCIAL POLICIES 2011-2012

### INITIAL FEES

Applications for registration must be submitted with a non-refundable registration fee of \$125.00. September tuition will be due on August 15th, as well as 1/2 of the annual \$220 activity fee. The 2nd half will be due with the January tuition payment.

### PAYMENT SCHEDULE

Tuition is automatically withdrawn on the 5th of every month, except for Septembers tuition which is due by August 15th. **Please review the automatic payment schedule and agreement.**

### AUTOMATIC PAYMENT SCHEDULE

Chesterbrook UMC Preschool & Child Care will be collecting tuition payments via an online automatic withdrawal system. September's Tuition is due by August 15th by check written to CUMC. The payment system will automatically withdraw the agreed upon tuition rate on the 5th of every month, October through June, from the account of the initial September tuition check. Alternative date withdraw can be discussed and arranged with the School Director.

### INSUFFICIENT FUNDS FEE

There is a \$15.00 if the tuition is withdrawn and there are insufficient funds. If you need a different date for withdrawal please notify and discuss with the Director.

## CHANGE OF CLASS OFFERINGS, TUITION RATES, AND FEE AMOUNTS, ABSENCES AND REFUNDS

Chesterbrook UMC Preschool and Child Care reserves the right to change class offerings, tuition rates, and fee amounts with a 30-day written notice to all current enrollees.

No refunds or reductions can be made for a child's absence. Tuition paid is non-refundable.

Holidays, delayed openings, closings due to weather and pre-scheduled staff training are considered in setting tuition rates. No other reductions can be made for these days that fall within the school week.

You must provide Chesterbrook Preschool 30 days notice prior to removing your child from our care.

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### CHESTERBROOK UMC PRESCHOOL & CHILD CARE FINANCIAL POLICIES AGREEMENT

I understand that Chesterbrook UMC Preschool & Child Care will be deducting my child's tuition cost on the 5th of every month. The account that the money is withdrawn from has been selected by me and provided to the CUMC administration for deduction. I agree that in addition to the February tuition rate, that the 2nd half of the activity fee (totaling \$110.00) will also be deducted on February 5th.

I have read and agree to comply with the financial policies of Chesterbrook Preschool and Child Care Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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2011-2012



## Photography Release

Chesterbrook United Methodist Church Preschool and After Care has my permission to take photographs of my child, \_\_\_\_\_.

I give permission for these photographs to be used in the Church & Preschool Newsletter, Preschool website and other publicity uses.

YES \_\_\_\_\_

NO \_\_\_\_\_

I understand that these photographs will not be labeled with my child's name.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date





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**Registration Form 2011-2012**

Return this form with your registration fee for \$125.00

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:			
Previous Child Day Care Programs and Schools Attended:			
If Child Attends This Center and Another School/Program, Give Name of School/Program:			Grade
CPAC CLASS(es) REQUESTED:			

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone Email
Mother	Place Employed	Business Phone
Home Address		Home Phone Email
Person(s) or Agency Having Legal Custody of Child:		
Home Address		Home Phone and Email
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:		
Child's Physician	Phone	
Two People to Contact if Parent(s) Cannot Be Reached:		
Name	Address	Phone
Name	Address	Phone
Person(s) Authorized to Pick Up Child	Name	Name
Person(s) NOT Authorized to Pick Up Child	Name	Name

- Appropriate paperwork such as custody papers shall be attached if apparent is now allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

# Registration Form 2011-2012

## AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.
2. The parent(s)/guardian(s) authorize the child daycenter to obtain immediate medical care if any emergency occurs when the The parent(s)/guardian(s) cannot be located Immediately. \*\*
3. The parent(s)/guardian(s) agree to inform the Center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

\_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator of Center \_\_\_\_\_  
Date

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s)

For Office Use Only:

### OFFICE USE ONLY IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Document Viewed	Person Viewing Documentation

If proof of identity is required and a copy is not kept, please fill out the following:

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_  
*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal of his designee of public school in the U.S. that a certified copy of the child's birth record was previously presented o copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that he proof of identity, if reproduced o retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.