



SMOKE RISE
CHILD CARE & PRESCHOOL

2023 - 2024

Registration Packet

REGISTRATION PACKET

2023 - 2024 SCHOOL YEAR

We are so excited that you are interested in the programs offered at our Center. Our number one priority is YOUR CHILD.

Below are the Fees for each of the programs we offer:

Waiting List *	\$100	Infants-Toddlers	Supplies \$50
Childcare & Preschool Registration	\$100		
After School Registration	\$55	2K Preschool Fees	Curriculum & Supplies \$55
Summer Activity Fees (June-Aug)		Activity	\$75
Toddlers	\$25	3K Preschool Fees	Curriculum & Supplies \$75
2K	\$55	Activity	\$85
3K	\$70	4K Preschool Fees	Curriculum & Supplies \$100
4K	\$80	Activity	\$95
ASC	\$125		

Weekly tuition rates are outlined in the Parent Handbook.

Registration, Curriculum/Supplies and Activity Fees for Preschool are due by August 01, 2023.

All Fees, with the exception of Waiting List Fees, are non-refundable and must be paid prior to your child attending the Center.

* Waiting List Fees will be credited to your child's account upon enrollment. In the event the Center is unable to provide services to your child in the time frame requested, the Waiting List Fee will be refunded.

Additional expenses will be incurred for field trips, special holiday parties and 4K Graduation as they are not covered in fees.

A child must be 2 years of age on or before September 1st to enter Preschool. For example, a child must be 2 years of age on or before September 01, 2023 to enter our 2-year-old preschool class for the 2023-2024 year.

Preschool Open House will be on Thursday, August 17, 2023 from 6:30pm - 8:00pm. Preschool begins on Monday, August 21, 2023.

Please read the current Parent Handbook carefully. If you have questions about any of the information or requirements outlined in the Parent Handbook, please contact us for clarity prior to signing the Parent Agreement contained in this packet.

Please submit all of the following items at one time:

- Completed forms:
 - Parent Agreement
 - Child's Preadmission Record
 - Permission to Photograph
 - Medical Record Form
- Up to date immunization form (for children younger than school age)
- Fees



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PARENT AGREEMENT

This letter is to verify that I have received a copy of and agree to all requirements set forth in the Smoke Rise Baptist Childcare and Preschool Parent Handbook.

Parent or Guardian Signature - _____

Parent or Guardian Print - _____

Phone Number - _____

Email Address - _____

Child's Name - _____

Date - / / _____



SMOKE RISE CHILDCARE AND PRESCHOOL CHILD'S PREADMISSION RECORD

(PAGE 1 OF 2)

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s) :	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's email:	Father's email:
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as cellular phone, work	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number:
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached Stating What procedure the facility is to follow in an emergency.)*

_____ / _____
 Signature Date

Form not valid without Signature of child's parent/guardian

Page one of two-form. Not valid without second page



SMOKE RISE CHILDCARE AND PRESCHOOL CHILD'S PREADMISSION RECORD

(PAGE 2 OF 2)

Child's Preadmission Record (continued) -page two of two. Form not valid without first page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The parent/guardian of the child assumes full responsibility for such activities.

Signature of parent/guardian

Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian
Transportation provided by the facility:	yes	no	Signature of parent/guardian
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____

Child's withdrawal date: _____

Additional information may be attached.



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Permission to Photograph

I, _____
(Parent or Guardian's name)

give permission for _____
(Name of childcare provider or facility)

to photograph my child, _____
(Child's Name)

for the following purposes:

(Please check one)

Type of Use	Grant Permission	Decline Permission
Still Photographs		
Display on childcare bulletin boards		
Display still photos on childcare website		
Videos		
Show to current or prospective clients		

I understand that it is my responsibility to update this form in the event that 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.

Signed: _____ Date: _____

Attendance:

Anticipated Start Date: _____

Preschool Only? Yes No

Notes/Comments: _____



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Child's Medical Record

Child's Name: _____ Date of Birth: _____

Mother's Name: _____

Home#: _____ Cell#: _____

Work#: _____ Email: _____

Father's Name: _____

Home#: _____ Cell#: _____

Work#: _____ Email: _____

Allergies/Reactions: _____

Chronic illness: _____

Additional information: _____

In addition to a medical record, a Certificate of Immunization (**ADPH-F-IMM-50**) is required for each child two months to five years of age and for five-year olds who are not enrolled in public school.

Parent/Guardian Signature

Date