



**SMOKE RISE**  
CHILD CARE & PRESCHOOL

2024-2025

Registration Packet

# REGISTRATION PACKET

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	
Childcare & Preschool Registration	\$100		Supplies \$50
After School Registration	\$55		
Summer Activity Fees (June - July)		2K Preschool Fees	
		Curriculum & Supply Fee	\$85
		Activity	\$45
Toddlers	\$25	3K Preschool Fees	
2K	\$55	Curriculum & Supply Fee	\$105
3K	\$70	Activity	\$55
4K	\$80	4K Preschool Fees	
ASC	\$125	Curriculum & Supply Fee	\$130
		Activity	\$65

Weekly tuition rates are outlined in the Parent Handbook.

Registration, Curriculum/Supplies and Activity Fees for Preschool are due by August 01, 2024.

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/before September 01st to enter Preschool. For example, a child must be 2 years of age on/before September 01, 2024 to enter our 2-year-old preschool class for the 2024/2025 school year.

Preschool Open House will be on Thursday, August 08th from 6:30pm - 8:00pm. Preschool begins on Monday, August 12th.

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



# SMOKE RISE

## CHILDCARE & PRESCHOOL

### 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:

**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.





# SMOKE RISE

CHILDCARE & PRESCHOOL

## 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: \_\_\_\_\_



# SMOKE RISE

CHILDCARE & PRESCHOOL

## 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**