



February 14, 2011

Dear Parents:

Thank you for your interest in Snyder Child Care Center. We look forward to partnering with you in helping your child grow as Jesus grew – “in wisdom and stature, and in favor with God and men” (Luke 2:52).

Attached, you will find the following information and forms:

- 2011-2012 Fee Schedule
- Child’s Application for Enrollment
- Child’s Medical Form and Immunization Report
- One Time Permission for Travel and Transportation
- Discipline and Behavior Management Policy
- Parent Agreement
- Signature Form for **ALL** Permission Forms and Policies

The registration fee must accompany all applications or we will not be able to process the application. All forms must be filled in entirely for your application process to be considered complete.

Again, thank you for your interest. Please call if you have any questions or concerns.

Sincerely,

Glynnis Newkirk, MBA
Director

2011-2012 Fee Schedule

Tuition at Snyder Child Care Center is **due on the first day of each month** and becomes past due after **the tenth**. We will assess a fifteen-dollar late fee to each account paid after the tenth, which will be due at the time of payment. **Child care services will cease once the account becomes thirty days delinquent.**

Registration Fees:

Summer:

A non-refundable registration fee of \$50.00 is required for the application process to begin.

Fall:

A non-refundable registration fee of \$90.00 is required for the application process to begin.

Summer Activity Fees:

A non-refundable summer activity fee of \$50.00 is required for summer activities.

Monthly tuition is as follows:

Two Year Olds	Mon-Wed-Fri	9:00 AM-12:00 Noon	191.00
Two Year Olds	Tues-Thu	9:00 AM-12:00 Noon	150.00
Three Year Olds	Mon-Wed-Fri	9:00 AM-12:00 Noon	179.00
Three Year Olds	Tues-Thu	9:00 AM-12:00 Noon	128.00
Four Year Olds	Mon through Fri	9:00 AM-12:00 Noon	261.00
Kindergarten	Mon through Fri	9:00 AM-12:00 Noon	277.00
Full Day Care			
Two Year Olds	Mon through Fri	7:00 AM-6:00 PM	588.00
Three Year Olds	Mon through Fri	7:00 AM-6:00 PM	582.00
Four Year Olds	Mon through Fri	7:00 AM-6:00 PM	582.00
Five Year Olds	Mon through Fri	7:00 AM-6:00 PM	582.00
After School	Mon through Fri	2:00 PM-6:00 PM	245.00

*Full day services are available when children enrolled in the After School Program do not attend their primary school. There is an additional charge of \$27.00 per day for this service.

*After School Program children that are released early from school will be assessed a charge of \$5.00 per hour per day for this service.

*Lunch Bunch is offered from 12:00 pm to 2:00 pm at the cost of \$5.00 per hour.

*A charge of \$2.00 will be assessed for children receiving a hot lunch provided by the Center.

Late Pick Up Fees

A charge of \$15.00 will accrue every 30 minutes that a child is left past the closing time of 6:00 p.m. if the child is enrolled in the Full Care Program. A charge of \$15.00 will accrue every 30 minutes that a child is left past the closing time of 2:00 pm if the child is enrolled in the Lunch Bunch Program. A "Fees Due" note will be placed in the child's cubby to remind you to pay the \$15.00 charge. The clock in the Snyder Child Care front office will be used as the "official" clock.

Application Date _____
Date of Enrollment _____

CHILD'S APPLICATION FOR CHILD CARE
To be completed and placed on file prior to enrollment

Name of Child _____ Birth Date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Email Address _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Email Address _____ Cell Phone _____

Insurance Carrier _____ Policy# _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No __ Yes ____

Explain:

Please give any information concerning your child which will be helpful in his experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Name of child's dentist: _____ Office Phone _____

Address _____

Hospital preference: _____ Phone _____

If neither father nor mother (nor guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator) (Date)

