

Save the date...

Fairmount Child Care will be **closed**
Friday, February 9th
(morning & afternoon)



This to help facilitate the Tim Tebow Night to Shine event being held at Fairmount that evening. Tuition will be pro-rated.



Fairmount Christian Child Care

Enrollment Packet for Summer 2024 and 2024-2025 School Year

Included in this packet is the enrollment form for the Fairmount Christian Child Care Program. It must be completely filled out and registration fee paid for the enrollment to be considered complete and your child listed on our roll. The Automatic Payment form attached to this packet is optional if you would like to have your credit/debit card automatically charged.

Please pay special attention to the following:

1. **The Parent Handbook can be found online at fairmountchildcare.org.**
2. Birth Certificate information is required for registration form, **unless already on file.**
3. Immunization records required when turning in enrollment.
**Existing families only need submit update immunization if there are updates.*
4. Registration fee must be paid in full at time of enrollment.
5. Existing accounts must be up to date to enroll.
6. If your child is starting later than the first day of our summer program (June 3) or you are registering for the school year only, then please make sure to indicate your desired start date on the form (first day of school is August 19, 2024)
7. **Any child custody documents, or court orders must be included with registration.**
8. **Beginning August 2024, we will discontinue transportation to Bell Creek Middle School in the mornings. 6th graders may attend school holidays.**

Please Note: any enrollment turned in missing information or documents will not be considered complete and could result in your child not being able to attend.

Days Fairmount Child Care will be closed during summer:

July 4th & 5th | August 12th – 16th

Fairmount Christian Childcare | 2024-2025 REGISTRATION FORM

NOTE: by signing the registration form, you are indicating you have read the Parent Handbook.

CHILD/CHILDREN'S INFORMATION

First Child's last name:		First:	Middle:	School & Grade (as of August 2024):		
Allergies/Medical Information:		Birth date: / /		Age:	Sex:	T-shirt size:
				<input type="checkbox"/> M	<input type="checkbox"/> F	
Place of Birth (City, State)		Birth Certificate Number (required): <input type="checkbox"/> Check if already on file.		Date of Birth Certificate Issuance (required): <input type="checkbox"/> Check if already on file.		
Second Child's last name:		First:	Middle:	School & Grade (as of August 2024):		
Allergies/Medical Information:		Birth date: / /		Age:	Sex:	T-shirt size:
				<input type="checkbox"/> M	<input type="checkbox"/> F	
Place of Birth (City, State)		Birth Certificate Number (required): <input type="checkbox"/> Check if already on file.		Date of Birth Certificate Issuance (required): <input type="checkbox"/> Check if already on file.		
Third Child's last name:		First:	Middle:	School & Grade (as of August 2024):		
Allergies/Medical Information:		Birth date: / /		Age:	Sex:	T-shirt size:
				<input type="checkbox"/> M	<input type="checkbox"/> F	
Place of Birth (City, State)		Birth Certificate Number (required): <input type="checkbox"/> Check if already on file.		Date of Birth Certificate Issuance (required): <input type="checkbox"/> Check if already on file.		

Child's Home Address:

PARENTS'/GUARDIANS' INFORMATION

Include names of parents or guardians legally responsible for your child and their account with Fairmount Child Care. Please also mark which phone number we should use first to contact you.

Mother:				Address (if different than child's):			
Home phone no.:	<input type="checkbox"/> call first	Work phone no.:	<input type="checkbox"/> call first	Cell phone no.:	<input type="checkbox"/> call first	Email:	
()		()		()			
Father:				Address (if different than child's):			
Home phone no.:	<input type="checkbox"/> call first	Work phone no.:	<input type="checkbox"/> call first	Cell phone no.:	<input type="checkbox"/> call first	Email:	
()		()		()			

SECURITY PASSWORD

This word is to be used to confirm authorization for pickup. Do not share it with those with whom you do not give permission to pick up your child. All persons on the Authorized Pick Up List must know the security password and be prepared to give it when asked.

SECURITY PASSWORD:

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PERSON(S) AUTHORIZED TO PICK UP CHILD

This list includes those who are authorized to pick up your child without prior notification by the parent or guardian. Also mark if any person listed below can be used as an emergency contact if a parent or guardian is not able to be reached.

Name:	Contact phone no.: ()	Emergency Contact? <input type="checkbox"/> Yes
Name:	Contact phone no.: ()	Emergency Contact? <input type="checkbox"/> Yes
Name:	Contact phone no.: ()	Emergency Contact? <input type="checkbox"/> Yes
Name:	Contact phone no.: ()	Emergency Contact? <input type="checkbox"/> Yes

By signing below the parent/guardian states that:

- The above information is true and current to the best of their knowledge.
- **The parent/guardian has read and understands the policy and procedures listed in the Parent Handbook.**
- The parent/guardian authorizes the staff or director, representing the Fairmount Christian Child Care to give consent for any and all necessary emergency medical and first aid care for their child(ren).
- The parent/guardian gives permission for their child to participate in field trips.
- The parent/guardian authorizes the Fairmount Christian Child Care to include their child(ren) in school pictures and for the pictures to be used by the Child Care. **(opt out must be in writing)**

Privacy Policy: Names, addresses, emails or any other personal information will not be given out without the expressed written consent of parents/guardians.

Child(ren)'s Starting date (required):

Signature – Only those who have signed may inquire about and/or discuss accounts.

Parent/Guardian name:	<i>Date:</i>
Parent/Guardian signature:	
Parent/Guardian name:	
Parent/Guardian signature:	

TUITION & FEE INFORMATION

(MORE INFORMATION REGARDING TUITION & FEES ON PAGES 6 & 7 OF HANDBOOK)

Registration/Activity Fee: Summer & Fall: \$100 per child Fall only: \$85 per child Summer 2024 <input type="checkbox"/> Full Time (due weekly): \$132 one child / \$204 two children / \$273 three children / \$398 four children. <input type="checkbox"/> Part time/drop in (per day): \$44 one child / \$58 two children / \$75 three children / \$119 four children.	2024-2025 School Year Hanover County Schools: <input type="checkbox"/> Before & After School Care (due weekly): \$121 one child / \$185 two children / \$221 three children / \$336 four children <input type="checkbox"/> Before School Care only (due weekly): \$50 one child / \$60 two children / \$70 three or more children. <input type="checkbox"/> After School Care only (due weekly): \$111 one child / \$175 two children / \$211 three children / \$326 four children <input type="checkbox"/> Part Time/drop-in Rate (per day): \$34 one child \$53 two children \$79 three children \$113 four children <input type="checkbox"/> Part Time/drop-in Rate for morning only (per day): \$15 one child \$20 two children \$30 three or more children Henrico County Schools: <input type="checkbox"/> After School Care only (due weekly): \$111 one child / \$175 two children / \$211 three children / \$326 four children <input type="checkbox"/> Part Time/drop-in Rate (per day): \$34 one child \$53 two children \$79 three children \$113 four children
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Automatic Billing Authorization Form (1/24)

Company Name: Fairmount Christian Child Care, Inc.

ID Number: _____

From Credit Card:

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Name on credit card (exactly as printed)

Billing address for credit card (Street, Apt #)

City, State, Zip

Credit Card Number

Expiration Date

Signature

Today's Date

- Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.
- This authorization is valid until I provide you with written cancellation.