

DBCS Welcomes you to Extended Care!

7:00AM ~ 6:00PM

We are pleased you have decided to entrust your child's care to our trustworthy and dedicated staff. Below you will find E.C. fees for the 2007-2008 school year.

Registration Fee	\$25
Max. Registration per Family	\$50
K4 & K5 3 to 5 days per week	\$65
K4 & K5 1 to 2 days per week	\$15 per day
1 st ~ 6 th A.M. only	\$35 per week
1 st ~ 6 th P.M. only	\$50 per week
1 st ~ 6 th A.M. & P.M.	\$60 per week
1 st ~ 6 th 1 to 2 days per week	\$10 per day

If you have any questions, please call Mrs. Sherri Landon, our Extended Care director, at 947-1267.



DENBIGH BAPTIST CHRISTIAN SCHOOL

SUMMER CARE ADMISSIONS

Monday through Friday ~ 7:00AM - 6:00PM ~ May 29 through August 15

Mission Statement

To develop godly character and responsible citizenship through consistent teaching of Bible *Truth* in an academic program, emphasizing scholastic excellence and intellectual integrity.



Child's Name _____ Goes By _____ Grade _____

Sex(M/F) _____ Age _____ Date of Birth ____/____/____ Home Phone _____

Mother's Name _____ Cell _____ Pager _____

Mom's Employer _____ Work Phone _____

Father's Name _____ Cell _____ Pager _____

Dad's Employer _____ Work Phone _____

Legal Guardian _____ Relationship (Other Than Parent) _____

Home Phone _____ Guardian's Employer _____ Work Number _____ Cell _____

Physician _____ Office Number _____

Name of Preferred Hospital _____

Any Known Allergies _____

2 **local** emergency contacts who are able to pick up your children in case of sickness, etc., should parent be unreachable:

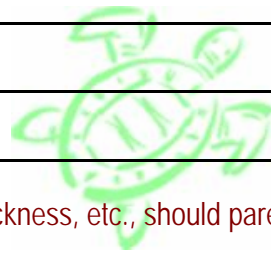
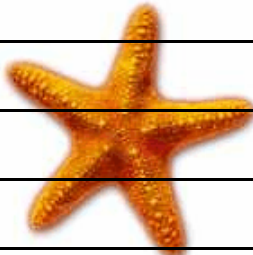
Name/Relationship _____ Phone _____ Cell _____

Name/Relationship _____ Phone _____ Cell _____

Persons Authorized to Pick Up Your Child _____

Persons NOT Allowed to Pick Up Your Child _____

Please provide any other information regarding your child you would like us to be aware of.



EXTENDED CARE POLICIES

Hours of Operation 7:00A.M. ~ 6:00P.M.

PLEASE READ THE FOLLOWING AND CHECK OFF EACH POLICY ACKNOWLEDGING THAT YOU UNDERSTAND AND AGREE

1. _____ I will walk into the building with my child each day and make certain the teacher knows he/she is there (before school and during the summer program-when offered). Others, including older siblings may bring or pick up my child on ly with prior notice from a parent or guardian.
2. _____ At pick-up time, I or others to whom I have given permission will walk into the building, or to the playground gate and inform a teacher that I am leaving with my child.
3. _____ I need to pick up my child before closing time of 6:00 p.m. If I am late, I will pay an overtime charge of %5.00 for each 15 minutes, or portion thereof, after 6:00 p.m. I understand and agree that this fee is due at the time I pick up my child.
4. _____ I will inform the E.C. Center of changes in address, phone numbers, employment, emergency information, or any changes in family situations.
5. _____ I give my consent for my child/children to go on field trips in a DBCS school bus or van.
6. _____ Fees may be paid weekly, bi-monthly, or monthly to the school office. A statement will be sent out at the end of each month for services at the EC Center for the previous month. EC fees are due at that time, and cannot be carried over from month to month. Please note on your check the period of care that you are paying for. (Example-1 week 9/6-9/10)
7. _____ There is no reduction of fees during the school year for absences or vacations. Fees are reduced, however, for extended illness and periods when EC is closed for 2 or more days within the same week. Part time fees apply for the remaining days of attendance. During the summer program (when offered) , I may take one week of vacation with no fee required at whatever time I choose. I will notify the director at least one week in advance.
8. _____ My K4 or K5 child needs a complete change of clothing in a zip-loc bag. A personal rest may will be provided by the EC Center. He/she may bring a beach towel for rest time if desired. Any age child may bring a comb-brush, toothpaste, and a toothbrush with a cover, if desired. Please label each item with your child's name, including any jackets or sweaters.
9. _____ **I WILL KEEP MY CHILD HOME WITH THE FOLLOWING: FEVER, DIARRHEA, OR VOMITING WITHIN A PREVIOUS 24-HOUR PERIOD. THIS POLICY IS IN KEEPING WITH THE ESTABLISHED CLINIC POLICY IN THE DBCS HANDBOOK.** If my child is well enough to come to school, he/she will be expected to play outside at recess time, weather permitting.
10. _____ No medication will be administered to a child without prior written consent and instructions from a doctor on a DBCS Permission to Administer Medication Form. These forms are available in the school office. I will personally hand the medication to the staff. I will inform the staff when my child in on any medication.
11. _____ If, after a reasonable amount of time (to be determined by the director), it is found that my child in unable to adjust to the center, the EC director reserves the right to request the withdrawal of my child.

Parent's Signature

Date

E.C. SCHEDULE OF CARE

Name _____ Age _____ Grade _____

Date of Desired Entrance _____

Please list your child's approximate arrival/departure times ~

	Arrival	Departure
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

_____ Please check here if your child will only be attending our
Extended Care Center on an occasional basis.

~

Accepted _____ Billing to Begin _____

Withdrawn _____

Parent's Signature _____

Directors Signature _____

D.B.C.S. HEALTH UPDATE FORM '07 ~ '08

13010 Mitchell Point Road, Newport News, VA 23602 ~ (757) 249-2654 FAX (757) 249-9480

NAME _____ M/F _____ D O B _____ / _____ / _____ HOME PHONE _____ GRADE '07-'08
Last First Middle Initial

FATHER _____ WORK # _____ CELL# _____ PAGER# _____

MOTHER _____ WORK # _____ CELL# _____ PAGER# _____

DOCTOR _____ # _____ DENTIST _____ # _____ ORTHODONTIST _____ # _____

PREFERRED HOSPITAL _____ INSURANCE PROVIDER _____ POLICY # _____

List two LOCAL CONTACTS and their relationship (aunt, grandparent, friend, etc.) who can be called in case of sickness or emergency, should both parents be unreachable:

NAME/Relationship _____ Home# _____ WORK _____ CELL# _____

NAME/Relationship _____ Home# _____ WORK _____ CELL# _____

	YES	NO		YES	NO	
EXPLANATION			EXPLANATION			Is your child currently under a physician's care?
EARS			ALLERGIES.....			If yes, please explain <i>thoroughly</i>
Hard of hearing.....			Asthma			
Hearing Aid.....			Food/Drugs.....			
Chronic infections.....			Insect Bites.....			
EYES			Other (be specific).....			
Glasses.....			ARTHRITIS.....			Medications your child takes on a regular basis-
Contacts.....			CHICKEN POX.....			
SPEECH.....			DIABETES.....			Please explain why
_____			HEMOPHILIA.....			
HEAD INJURIES.....			HEPATITIS.....			Is there any reason your child cannot participate
HEART/LUNGS.....			HYPERTENSION.....			in all vigorous Physical Education activities? _____
Fainting spells.....			HYPOGLYCEMIA.....			_____ If yes, please
Chest pains.....			MEASLES.....			explain
SPINE/NECK.....			MENINGITIS.....			_____
BACK.....			MIGRAINES.....			_____ Date of last physical exam _____
SHOULDERS.....			NOSE BLEEDS.....			_____ Date of
Scoliosis.....			RHEUMATIC FEVER.....			last tetanus booster _____
ARM/ELBOW/WRIST/HAND.....			SEIZURES.....			
KNEE/HIP.....			TUBERCULOSIS.....			
ANKLES/FEET.....			OTHER- <i>BE SPECIFIC</i>			
KIDNEY.....			RECENT SURGERY.....			
SKIN.....			_____			

I HEREBY GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT AS DEEMED NECESSARY BY ATTENDING MEDICAL PERSONNEL WHILE THE STUDENT IS UNDER THE SUPERVISION OF DENBIGH BAPTIST CHRISTIAN SCHOOL. THIS INCLUDES THE SCHOOL'S SPORTS PROGRAM AND ALL OTHER SCHOOL SPONSORED ACTIVITIES.

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED