



# Walk By Faith Educational Centers LLC



Enrollment Start Date \_\_\_\_\_

Family Password \_\_\_\_\_

## REGISTRATION FORM

### CHILD INFORMATION: (Please Print)

Child's Last Name First Name Gender Date of Birth Grade

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Allergy/Medical Concerns: \_\_\_ Yes \_\_\_ No (If YES, please list all applicable concerns on the attached page)

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Is your Child currently in an *ESE program* or receiving any special services during the regular school day?

\_\_\_ Yes \_\_\_ No

### PARENT/GUARDIAN INFORMATION:

Child lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other

#### MOTHER'S INFORMATION

#### FATHER'S INFORMATION

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother permitted to pick up a child? \_\_\_ Yes \_\_\_ No

Father permitted to pick up child? \_\_\_ Yes \_\_\_ No

Is there anyone legally NOT allowed to pick up your child?

If so, who? \_\_\_\_\_

(We must have a copy of the legal paperwork on these individuals in order not to release your child).

### EMERGENCY CONTACTS:

Other persons authorized by the parent to pick up my child. If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the registering parents' responsibility to keep this list current.

Name Phone # Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Print Name: \_\_\_\_\_

I understand that my child will be expected to behave in accordance with the code of conduct. Disruptive behavior or actions posing a threat or any danger to them or anyone else will result in dismissal.

## **DISCIPLINE POLICY**

### **The children are our first priority!!!**

The staff of Walk By Faith Educational Centers LLC uses behavior techniques that include positive reinforcement, redirection, conflict resolution and rewards. We expect all employees to treat the children in a respectful manner and for the children in turn to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

A child with a consistent behavioral problem who is not responding to his or her counselor or who exhibits extreme or dangerous behavior will be sent to the Site Director, who will notify the child's parents and/or guardians with a Behavior Report.

In extreme cases of behavior such as running away, fighting, extreme disruption, stealing, threats of violence, or destruction of school property, the parent and/or guardian may be called to pick up their child immediately and the child may be immediately suspended or dismissed from the after school program.

If the problem persists, a parent/guardian conference will be scheduled at which the areas of concern will be discussed and the steps which will be taken to help improve your child's behavior.

If the situation does not improve, the child may be suspended.

I have read and fully understand Walk By Faith Educational Centers LLC Discipline Policy.

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **PAYMENT POLICY**

**REGULAR PROGRAM FEE:** a one-time non-refundable registration fee of \$10.00 per family. Tuition is due a week before the new session starts. Please make checks payable to Walk By Faith Educational Centers LLC. There is a \$5.00 discount for each additional child.

**LATE PICK-UP CHARGE:** The late pick up fee is \$1.00 per minute after 6:00 p.m. This fee is due in cash or by check upon picking up your child.

I acknowledge receipt of the schedule of fees to be paid by me for my child's attendance at Walk By Faith Learning Centers LLC . I understand that in the event I fail to pay these charges timely and collection procedures are started or suit is initiated to collect unpaid charges, I will be responsible for all collection costs, 18% interest on the unpaid charges and reasonable attorney's fee for counsel to Walk By Faith Learning Centers LLC.

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_

# ALLERGY / MEDICAL CONDITIONS

**“Please Fill Out for Each Child”**

Child's Name: \_\_\_\_\_

Allergies? \_\_\_ No \_\_\_ Yes If Yes, please list: \_\_\_\_\_

Medical Conditions? \_\_\_ No \_\_\_ Yes If Yes, please list: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of:

Child's Name: \_\_\_\_\_

Allergies? \_\_\_ No \_\_\_ Yes If Yes, please list: \_\_\_\_\_

Medical Conditions? \_\_\_ No \_\_\_ Yes If Yes, please list: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of:

Child's Name: \_\_\_\_\_

Allergies? \_\_\_ No \_\_\_ Yes If Yes, please list: \_\_\_\_\_

Medical Conditions? \_\_\_ No \_\_\_ Yes If Yes, please list: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of:

## CONSENT FORM

I hereby give my consent to have my child participate in all activities at Walk By Faith Educational Centers LLC. I give my consent for my child's picture to be taken for Summer Enrichment / VPK Newsletter and projects.

I also realize that Walk By Faith Educational Centers LLC will not be responsible for any minor injuries that might occur during the normal school day (ex. Scratched knee, cuts, bruises, bug bites, etc.)

I have read the above and hereby give my consent.

Child Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of any emergency, Walk By Faith Educational Centers LLC Enrichment/ VPK Program will attempt to reach either parent or the emergency number given by the parent. If for any reason none of these parties are available, I authorize Walk By Faith Educational Centers LLC to use and transport to the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name: \_\_\_\_\_  
First number to call when a parent cannot be reached!

Emergency Telephone #: \_\_\_\_\_

I have read the above and hereby give my consent.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE SCAN AND EMAIL YOUR COMPLETED REGISTRATION PACKET TO THE FOLLOWING EMAIL ADDRESS: [walkbyfaitheducational@outlook.com](mailto:walkbyfaitheducational@outlook.com).

PLEASE INCLUDE A COPY OF YOUR CHILD'S VPK CERTIFICATE TO ENSURE ELIGIBILITY.