

CHILDREN'S ENROLLMENT FORM

Child's Name _____ Gender _____ Age _____ Date of Birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Cell Phone Number _____

Email _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Cell Phone Number _____

Email _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other Child's

Legal Guardian(s): (check one) Both Parents Mother Father Other

Religious Affiliation:

Denomination: _____

Current Church/Congregation: _____

Church Member (circle one): Yes/No

Mission Statement

“The mission of Strong Rock Christian School is to glorify God and partner with families in educating and inspiring their children to impact the world for Jesus Christ – The Strong Rock.”

Statement of Faith

- We Believe that Jesus is Lord.
- We Believe the Bible to be the only Divinely inspired, infallible, inerrant, and authoritative Word of God.
- We Believe there is only one living and true God. To Him we owe the highest love, reverence, and obedience.
- We Believe that the Lord Jesus Christ is the eternal Son of God and Savior of the world. We affirm His virgin birth, sinless life, miracles, and ministry. We Believe in His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His return in power and glory. He now dwells in all Believers as the living and ever- present Lord.
- We Believe that all are sinners; that no one can come to the Father except through Jesus Christ; that only by the grace of God can we repent, confess with our mouths and believe in our hearts that Jesus is the Savior and the Son of God; that He gave His life on a cross and was resurrected for the forgiveness of all sin; and that only through Jesus Christ can we attain the gift of righteousness and eternal salvation.
- We Believe that the eternal triune God reveals Himself to us as Father, Son and Holy Spirit. The fully divine Spirit of God inspired scripture, exalts Christ, and convicts of sin. He indwells, enlightens and empowers the believer to righteousness through worship, evangelism, and service.
- We Believe that following the second coming of our Lord Jesus Christ, there will be two resurrections: one to eternal condemnation, and the other to eternal life and joy.

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ *Address _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ *Address _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of Strong Rock Christian School Early Learning
Center, and the facility is unable to contact me (us) immediately, it shall be authorized to secure
such medical attention and care for the child as may be necessary. I (We) shall assume
responsibility for payment for services.

Parent/Guardian: _____

Date: _____

Signature

Facility Administrator/Person-In-Charge: _____

Signature

Date: _____

Parental Agreements with Child Care Center

The Strong Rock Christian School Early Learning Center agrees to provide child care for

_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)

from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes:
date; name of child; name of medication; prescription number; if any; dosages; date and time of day
medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person
authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes
as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's
health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Strong Rock Christian School Early Learning Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

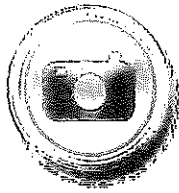
I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Strong Rock Christian School Early Learning Center.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page and Instagram	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

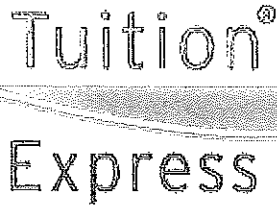
*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

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:

(Parent or Guardian signature)

(Date)



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

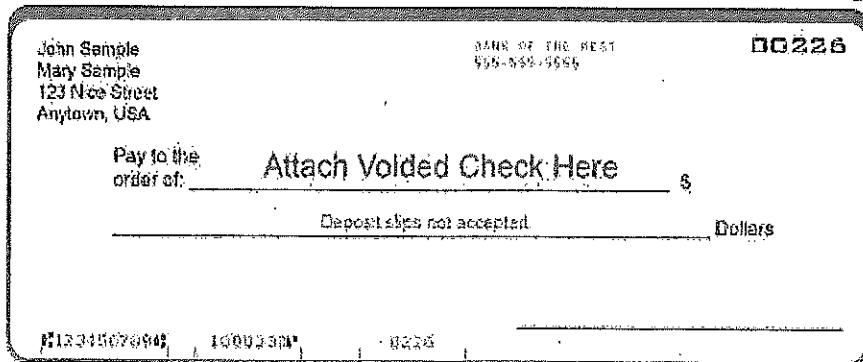
SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Translt Number, Account Number, Checking, Savings.

Authorized Signature and Date fields.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



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