



Emergency Contact Information

Emergency Contact 1 (other than parent or guardian)

Last Name		First Name		Relationship	
Home Phone	Cell Phone		Work Phone		E-Mail

Emergency Contact 2 (other than parent or guardian)

Last Name		First Name		Relationship	
Home Phone	Cell Phone		Work Phone		E-Mail

Persons who are authorized to pick up your child: (this is in addition to parents or emergency contacts)

Last Name		First Name		Relationship	
Last Name		First Name		Relationship	
Last Name		First Name		Relationship	
Last Name		First Name		Relationship	

Persons UNAUTHORIZED to pick up child:

<i>Last Name</i>		<i>First Name</i>		<i>Relationship</i>	
<i>Last Name</i>		<i>First Name</i>		<i>Relationship</i>	

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up a child. NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____



Seaside School Enrollment Agreement

Student's Name _____ Classroom/Age _____

Address _____ City _____ State _____ Zip _____ Phone _____

Parent _____ Address _____ City _____ State _____ Zipcode _____

Parent _____ Address _____ City _____ State _____ Zip _____

Mother email Address: _____ Father email address _____

My child _____ is enrolled in the _____ class.

I understand that my registration fee is _____ due with this signed enrollment agreement. Monthly tuition _____ due on the 1st of the month. For newly enrolled families, tuition is due upon enrollment.

Extended Care Part-Time cost is _____. Extended Care Full-Time cost is _____.

***Please initial on the lines below that you have read and understand each item.**

Registration Fees

_____ The School Registration Fees are due prior to enrollment, and required to reserve your child's spot. Once registration fees are paid in full, you are required to fill out all the necessary paper work and return to Seaside school prior to the start date. Registration Fees are covered for the calendar school year. During mid-year, in the month of February registration fees are collected for the upcoming school year to reserve your child's spot. Registration fee includes a t-shirt for your child. Registration fees are NON REFUNDABLE.

_____ The Extended Care Registration Fee includes a crib/cot sheet. This fee is due prior to enrollment, and is required to reserve your child's spot. The registration fee is NON REFUNDABLE.

_____ Occasionally you will be asked to pay an Enrichment Fee for extra activities that are planned for events. Notification with amount will be sent through the hamada system for parents.

_____ Any legal custody paperwork shall be submitted if a parent is not allowed to pick up a child. The director must review this paperwork with the parents for appropriate understanding and compliance.
Note: Section 22.1-4.3 of the code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in public school of day care must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

_____ Both parent names and contact information must include phone numbers and address will be included on all registration paperwork as required. The only exception is if one of the parent names is NOT listed on the paperwork. Enrollment process can't be continued for refusal to provide required registration paperwork.

Tuition Payments



Seaside School Virginia Beach Registration Packet 2020-2021

_____ Tuition Payments are due by the 1st of each month. The final tuition month payment for the year will be due by May 1st.

_____ If the tuition payment is made after the 1st, please include the **\$35.00 late fee**.

_____ all tuition payments must be made online.

_____ 30 day written notice is required upon withdrawal from the program; otherwise tuition payment for the two weeks must be made.

_____ Any payment that has not been made by the 5th of the month will result in immediate suspension until the account is paid in full. Once payment has been made and account balance is up to date, then your child may resume class.

_____ If tuition payment is returned to VBUMC due to insufficient funds you will be charged a **\$35.00 returned payment fee**.

_____ Parent or guardian of students picked up after 12:35pm, (3:35pm- part time extended care or 6:05pm- full time extended care) will be assessed a 35.00 late fee due at pick up.

Seaside School Illness Policy

_____ If your child is ill with a fever 101, or has 3 diarrheas, or vomiting, your child will be sent home. They may NOT return to school until they are fever free or symptom free of diarrhea or vomiting for 24 hours without the aid of medication. If your child is sent home with the concern of a communicable disease, such as fluid drainage out of the eyes or unrecognized rash they must have a doctor note to be able to resume coming to school. If a positive result is determined such as, strep throat, pink eye, hand foot mouth, etc. (Communicable disease), you must notify the school immediately so we may notify parents. Courtesy calls will be made to parents if we are noticing any unusual symptoms to keep the lines of communication open.

Fieldtrip Policy (pre-k students only)

_____ If you choose to allow your child to participate in our school fieldtrip your child will ride the VBUMC bus. If you choose to not allow your child to ride the bus to the fieldtrip destination Seaside School will not be responsible for your child. You can choose to drive them to the fieldtrip destination. They will not be left out of any activities at the fieldtrip site. If you choose to drive your child you must stay with them at the fieldtrip site.

_____ Fieldtrip fees are not included in tuition.

Consent for Photographs

_____ I hereby authorize, OR _____ (NOT) and give full consent to VBUMC Seaside School to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of VBUMC Seaside School. I further agree that VBUMC Seaside School may transfer or use their photos in school brochures, newsletter, web-page, advertising, posters, displays, slide shows, videotapes, and like publications, literature or materials without limitations or reservations.

Snow/Inclement Weather Policy

_____ In the case of snow or inclement weather, Seaside School shall follow the policy of the Virginia Beach Public Schools. If Virginia Beach Public Schools are closed, the Program is also closed. If they have a **delayed opening** schedule, Seaside School will be **closed**.

HiMama Communication System & Poly Folders

_____ The HiMama system and Poly Daily Folder is provided to keep parents and teacher communication open. Please check daily for information.



OFFICE USE ONLY

IDENTITY VERIFICATION

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child. Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

Birth Certificate Information for

Students Full Name _____

Place of Birth _____ DOB: _____

Birth Certificate Number _____ Date Issued _____

Date Viewed: _____ Person Viewing _____

Other form of proof: _____

Signature of Parent/ Legal Guardian: _____ Date: _____

Director/Assistant Director Signature: _____ Date: _____



Authorization for Emergency Treatment of Minor Child

This Document authorizes emergency medical treatment of minor child (under age 18) in the absence of parent(s) or legal guardian(s). The original completed and notarized copy of this form shall be presented by (or on behalf of) the minor. Use one form for each child.

AGREEMENT

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Name of Child _____ D/O/B: _____

Parent(s) or Legal Guardian(s) Name: _____

Father Name _____ Address _____ cell _____

Mother Name _____ Address _____ cell _____

Preferred

Hospital Facility: _____

Minor Medical Information

Special Conditions (Allergies, Etc.) _____

Name of Physician: _____

Address: _____ Phone
number: _____



Tuition Schedule 2020-2021

Prior to registration the following is required:

- **Registration Fees and Enrollment Agreement page** (All Registration Fees are **Non-Refundable**). Assistant Director or Director must go through and collect signatures and registration payment. All other paperwork can be filled out and completed at home, and returned prior to the child's first day.

Upon registration the following is required:

- **Birth Certificate** (Original) We view only. No copy will be made
 - **Immunizations record**
- **Emergency Contacts- 2 required (one MUST be local)**
 - **Doctors Name, Address and phone number**
 - **Authorization for Emergency Medical Treatment**
- **Administration of medication Seaside Policy signature page**

Within 30 days of 1st day of enrollment you must return the

- **Physical form**

1-YEAR-OLD PROGRAM -1yrs old by September 30th MUST BE WALKING

Child must be able to cross the room without assistance.

Registration Fee \$185.00 includes school t- shirt

5 Day Program: Nine Equal payments of \$365.00

2-YEAR-OLD PROGRAM 2yrs old of age by September 30th

Registration Fee \$185.00 includes school t- shirt

5 Day Program: Nine Equal payments of \$365.00



<p>3-YEAR-OLD PROGRAM 3yrs old by September 30th MUST BE TOILET TRAINED Registration Fee \$185.00 includes school t- shirt 5 Day Program: Nine Equal Payments of \$365.00</p>	
<p>PRE-KINDERGARTEN PROGRAM 4yrs old by September 30th Registration Fee \$210.00 includes school t- shirt 5 Day Program: Nine Equal Payments of \$390.00</p>	
<p style="text-align: center;">EXTENDED CARE PROGRAM</p> <p>Registration Fee: \$75.00 In addition to the School Registration Fee this also includes crib/cot sheet</p> <p>School+Part-Time : Nine Equal Payments of \$565.00 12:30-3:30pm ONE, TWO AND THREE YEAR OLDS</p> <p>School+Full-Time: Nine Equal Payments of \$815.00 12:30- 6:00pm ONE, TWO AND THREE YEAR</p>	
<p><input type="checkbox"/> 1 YEAR OLD (1yrs old by Sept. 30th) <u>MUST BE WALKING</u></p>	<p>EXT CARE: <input type="checkbox"/>PT <input type="checkbox"/>FT</p>
<p><input type="checkbox"/> 2 YEAR OLD (2 yrs old by Sept. 30th) children <u>DO NOT</u> have to be toilet trained</p>	<p>EXT CARE: <input type="checkbox"/>PT <input type="checkbox"/>FT</p>
<p><input type="checkbox"/> 3 YEAR OLD (3yrs old by Sept. 30th) children <u>MUST BE</u> toilet trained</p>	<p>EXT CARE: <input type="checkbox"/>PT <input type="checkbox"/>FT</p>
<p><input type="checkbox"/> PRE-KINDERGARTEN (4yrs old by Sept. 30th)</p>	<p>EXT CARE: <input type="checkbox"/>PT <input type="checkbox"/>FT</p>

PLEASE ✓ THE PROGRAM DESIRED: RETURNING STUDENT NEW STUDENT



SEASIDE SCHOOL EMERGENCY INFORMATION CARD

Student Information

Last Name	First Name	Nickname
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Who does the student reside with? <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both <input type="checkbox"/> Other	Birth Date

Parent/ Guardian 1

Last Name	First Name	Relationship
Address		
City	State	Zip Code
Place employed	Work Address	Work Phone
Home Phone	Cell Phone	Email

Parent/ Guardian 2

Last Name	First Name	Relationship
Address		
City	State	Zip Code
Place employed	Work Address	Work Phone
Home Phone	Cell Phone	Email

Emergency Contact 1 (other than parent or guardian)

Last Name	First Name	Relationship
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		E-Mail

Emergency Contact 2 (other than parent or guardian)

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Persons who are authorized to pick up your child: (this is in addition to parents or emergency contacts)

Last Name	First Name	Relationship
Last Name	First Name	Relationship



EMERGENCY CONTACT SIGNATURE PAGE

Persons UNAUTHORIZED to pick up child:

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up a child.☒

NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Are there any special needs, medical conditions, birth marks, and /or allergies that we should be aware of?

What are the symptoms and actions to be taken if any?

Parent/ Guardian Acknowledgement: I have signed the Seaside School & Extended Care Policy Agreement which extends to the Extended Care Program. I received the parent handbook and understand that I am responsible for its content. VBUMC Seaside School reserves the right to make revisions and updates, as needed. If any revisions or updates are made, I have the right to receive the updated copy within a reasonable amount of time.

Any contact information or emergency contact changes need to be made immediately for the safety of your child.

Parent/ Guardian Signature:	Date:
Director Signature	Date