



CUMC PRESCHOOL AND CHILD CARE CENTER

1711 Kirby Road, McLean, Virginia 22101

703-854-1691 / 703-854-1693 (fax)

ChesterbrookPre@aol.com / www.Chesterbrookpreschool.org

ENROLLMENT PACKET CHECKLIST 2009-2010

	ID – Birth Certificate/Passport
	Physical Form (parent must sign and date the front of the Physical Form)
	Vital Information Card
	Registration Form
	Emergency Treatment Authorization
	Release of Custody
	Field Trip Permission
	Swimming Permission
	Sick Child Policy
	Policy Regarding Intoxicated Parents
	Financial Policies (MUST be signed and returned)
	Receipt of Parent Handbook Form (MUST be signed and turned in when Handbook is obtained.
	Directory Information Sheet
	Parent Volunteer Interest Form
	Semi-Annual Activity Fee (to be sent with the September and January tuitions)

Enrollment papers, tuition payments and the yearly program fee should be sent directly to **CHESTERROOK PRESCHOOL AND CHILD CARE**; 1711 Kirby Road; McLean, VA 22101. Please make checks payable to **CHESTERBROOK PRESCHOOL**. On the line at the bottom left corner, please mark the program(s) in which your child will be enrolled.



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VITAL INFORMATION CARD

ENTRY DATE _____ WITHDRAWAL DATE _____

Child's Name _____

Nickname _____ Birthdate _____ Sex _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Work Address _____

Position Held _____ Hours Worked _____

Father's Name _____ Cell Phone _____ Work Phone _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Work Address _____

Position Held _____ Hours Worked _____

Sibling _____ Age _____ Current School _____

Sibling _____ Age _____ Current School _____

Sibling _____ Age _____ Current School _____

(PLEASE INDICATE FIRST AND SECOND CHOICE OF PARENT CONTACT FOR STAFF TO CONTACT IN EMERGENCY)

EMERGENCY CONTACTS (Other than Parent) – please complete all this information

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

PERSONS AUTHORIZED TO PICK UP CHILD – please complete all this information

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

PERSONS NOT AUTHORIZED TO PICK UP CHILD _____

MEDICAL CONDITIONS _____



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EMERGENCY TREATMENT AUTHORIZATION

I _____, hereby authorize any physician member of the Department of Emergency Medicine of Commonwealth Hospital, Inova Hospitals, ACCESS or Arlington Hospital and/or any member of the Medical Staffs of the above-mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____.

Child's Allergies (if any) _____

Child's Doctor _____ Telephone number _____

Family Doctor _____ Telephone number _____

Medicines child is taking _____

Last Tetanus Shot` _____

Outstanding Medical History (for example Allergies Diabetes, Heart Disease, Seizures, Etc.:

INSURANCE INFORMATION

Insurance Company _____

Identification Number/Policy Number _____

Subscriber's Name _____

Subscriber's Place of Employment _____

Subscriber's Phone Number _____

**All parents and guardians are responsible for maintaining this consent form
as it cannot be maintained by the hospitals.**



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RELEASE OF CUSTODY

Name of Child _____

Date of Birth _____

I authorize the following people to pick up my child from **CUMC PRESCHOOL AND CHILD CARE** and understand that my child cannot and will not be released to anyone else (except emergency medical or civil personnel) with my express written permission:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

THESE NAMES ARE THE SAME AND INCLUSIVE OF THOSE PEOPLE I HAVE ASKED TO BE CONTACTED FOR EMERGENCIES IF I OR MY SPOUSE CANNOT BE REACHED.

Yes _____ No _____

Names and Ages of Brothers and Sisters and/or others living in our home:

NAME	AGE
1. _____	_____
2.. _____	_____
3.. _____	_____
4.. _____	_____

The following people are NOT given authorization to pick up my child:

_____ Relationship _____

_____ Relationship _____

As required by the Code of Virginia, custodial parents have a right to be admitted into the school unless there is a court order stating otherwise.

Signature: Mother _____ Date _____

Father _____ Date _____

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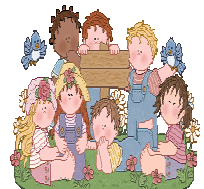


FIELD TRIP PERMISSION

My child, _____, has my permission to go on field trips sponsored by **CUMC PRESCHOOL AND CHILD CARE**. I understand parents will be notified in advance of the location and date of a field trip. All children under the age of six must be in a car seat. Parents will be asked in advance to volunteer to help with field trips.

PARENT OR GUARDIAN

DATE



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SWIMMING POOL/WATER PLAY PERMISSION FORM

My child _____ has my permission
to participate in supervised swimming play time in wading pools and water sprinklers
with his/her class.



PARENT OR GUARDIAN

DATE





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SICK CHILD POLICY



Children attending **CUMC PRESCHOOL AND CHILD CARE CENTER** are expected to be able to participate in all activities. Parents are responsible for bringing their child to the Center in good health and capable of participating the day’s activities. We are not able to provide one-on-one supervision.

Children with short-term contagious illnesses are not allowed to attend the preschool. You are required to inform the school within 24 hours of your child getting sick. You will need a note from your child’s doctor stating that the child is no longer contagious. Our school is not licensed to care for sick children.

Outside play is an integral part of a healthy day at **CUMC PRESCHOOL AND CHILD CARE**. Licensing requires us to provide at least one hour of outdoor play (weather permitting). If a child is not well enough to play outside, the parent must keep him/her at home.

If a child is at home with a communicable illness other than a routine cold, the parent **MUST** alert the Center within 24 hours so that we can advise the other parents to look for symptoms. Such illnesses may include strep throat, chicken pox, measles, mumps, rubella, flu-like symptoms, or a high fever. Any life threatening diseases **MUST** be reported immediately. Your child may not return to school without a note from the doctor stating that he/she is no longer contagious.

When, in the opinion of the Center staff, a child arrives at preschool and is ill, we cannot admit the child. When a child becomes ill at school, we will immediately notify the parent or caregiver, and if necessary, isolate the child until he/she is picked up.

Parents or caregivers are requested to pick up sick children within one hour of being called.

Our sick policy is designed to protect all of the children enrolled at **CUMC PRESCHOOL AND CHILD CARE CENTER** and to promote the highest possible level of health. Your adherence to our health policies will benefit everyone.

Signature

Date



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POLICY REGARDING INTOXICATED PARENTS

While the staff of **CUMC PRESCHOOL AND CHILD CARE CENTER** does not wish to interfere in any manner with private life choices of the families we serve, we are responsible for the safety of the children in our care and believe that it is our obligation to prevent children from being released to persons who, in our opinion, may be unable to provide safe transport upon leaving our school. Further, **CUMC PRESCHOOL AND CHILD CARE CENTER** cannot and does not accept responsibility for the well-being of children once the children have been released to their parents or other authorized adults. There are instances, however, when as an entity dedicated to the well-being of children, we may be placed in a position in which we believe that we must take certain actions solely for the purpose of securing the safety of children enrolled at **CUMC PRESCHOOL AND CHILD CARE CENTER**.

The following policy sets forth actions which we believe may be necessary to take should a parent or authorized driver arrive to pick up the child in a condition which appears to us to indicate the influence of drugs, alcohol, or other influences which may endanger the safety or well-being of the children in their custody.

If a parent or authorized driver arriving to retrieve a child is considered by at least two staff to possibly be in an intoxicated or otherwise in an unfit condition to transport children safely, the driver may be asked to seek alternative transportation home for both themselves and the child. If the parent desires, we will call a friend, relative, or taxi to take the driver and child/children home at the parent's expense.

In the event the parent or authorized driver does not accept the staff recommendations to obtain alternate transportation, the staff has been instructed by Child Protective Services to call the local Police Department and request assistance to prevent the parent or authorized driver from attempting the unsafe transportation of the children. Subsequently, police officials could elect to charge the authorized driver with a crime such as public drunkenness, and/or driving under the influence of alcohol or drugs, or may recommend that the authorized driver be reported to Child Protective Services for child abuse.

Please sign below to attest that you have read, understand, and agree to the above policy; and you will comply with this policy as a condition for the enrollment of your child at **CUMC PRESCHOOL AND CHILD CARE CENTER**. Thank you. (All parents or guardians must sign)

Signature

Printed Name

Date

Signature

Printed Name

Date



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DIRECTORY INFORMATION SHEET

If you wish to be included in the **CUMC PRESCHOOL AND CHILD CARE CENTER DIRECTORY**, please complete this form and return it to the office. Thank you very much.

CHILD'S NAME _____

PARENTS' NAMES _____

CHILD'S BIRTHDAY _____

CHILD'S CLASS _____

HOME ADDRESS _____

HOME PHONE _____

FAMILY E-MAIL ADDRESS _____

The signature below authorizes the inclusion of this information in the **CUMC PRESCHOOL AND CHILD CARE CENTER Family Directory** to be distributed to all parents and employees at **CUMC PRESCHOOL AND CHILD CARE CENTER**.

Signature

Date

Printed Name





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FINANCIAL POLICIES (2009-2010)

Chesterbrook UMC Preschool and Child Care (CPAC) is open year round, Monday through Friday from 6:45 am - 6:30 pm. Fees vary according to the child's age and the services provided and rates are reevaluated every year. There are two programs: 1) preschool and partial-day child care and 2) full-day child care with three-hours of preschool for two to five days depending on the age of the child.

PRESCHOOL AND PARTIAL-DAY CHILD CARE TUITION RATES

Age(s)	Child Care or Preschool	Monthly Tuition
2 yrs to Elementary	Before school child care, 6:45- 8:45 am	\$240
2 years old	Preschool, T and Th, 9:15 am -12:15 pm	\$235
2 years old	Preschool, M, W, and F, 9:15 am -12:15 pm	\$335
3 years old	Preschool, T and Th, 9:15 am -12:15 pm	\$235
3 years old	Preschool; M, W, F, 9:15 am -12:15 pm	\$335
Transition	Preschool, M-F, 9:15 am -12:15 pm	\$550
Pre-K	Preschool, M-F, 9:15 am -12:15 pm	\$550
Kindergarten Enrichment	Afternoons, 12:30-3:30 pm	\$380
2 yrs to Pre-K	Child care, 12:30-3:30 pm	\$340
2 yrs to Elementary	Child care, 3:30-6:30 pm	\$340

FULL-DAY, FIVE-DAYS/WEEKLY CHILD CARE TUITION RATES

Age		Monthly Tuition
2 years old	Monday-Friday	\$1,200
3 years old	Monday-Friday	\$1,150
4 years old	Monday-Friday	\$1,100
Pre-K	Monday-Friday	\$1,000

INITIAL FEES

Applications for registration must be submitted with a non-refundable registration fee of \$125.00. **FULL REGISTRATION PACKETS ARE DUE JUNE 15th FOR SEPTEMBER ENROLLMENT.** A check for September tuition should be included, as well as 1/2 of the annual \$220 activity fee. The 2nd half will be due with the January tuition payment.

PAYMENT SCHEDULE

Tuition is due in full by the fifteenth of each month in advance of the monthly tuition period. (e.g., October's tuition is due by September 15th). Checks or money orders should be made payable to Chesterbrook Preschool (or CPAC). There is a \$35.00 returned check charge and a \$50.00 late fee for tuition received in our office after the due date. **Please review the payment discount offering attached.**

CHANGE OF CLASS OFFERINGS, TUITION RATES, AND FEE AMOUNTS, ABSENCES AND REFUNDS

Chesterbrook UMC Preschool and Child Care reserves the right to change class offerings, tuition rates, and fee amounts with a 30-day written notice to all current enrollees.

No refunds or reductions can be made for a child's absence. Tuition paid is non-refundable.

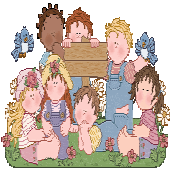
Holidays, delayed openings, closings due to weather and pre-scheduled staff training are considered in setting tuition rates. No other reductions can be made for these days that fall within the school week.

You must provide Chesterbrook Preschool 30 days notice prior to removing your child from our care.

I have read and agree to comply with the financial policies of Chesterbrook Preschool and Child Care Program.

Signed _____ Date _____

Signed _____ Date _____



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REDUCE YOUR TUITION PAYMENT BY \$5.00 EACH MONTH!

We have a solution for the times you just forget to make the payment by the due date, or when you slip the payment into your child's backpack and it doesn't make into the office in time.

Schedule your payments as an automatic monthly payment directly from your bank, set them to arrive in our office by the 13th of each month, and you can decrease your total payment by \$5.00.

This process removes the possibility of your being assessed a late fee when your check doesn't reach us on time.

The check **MUST** be a bank-issued check, set to arrive automatically, for you to be eligible for this payment reduction.

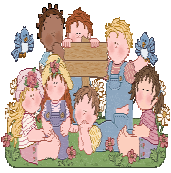
Sign below to indicate that we should reduce your payment amount because you plan to participate in this program. Then make sure to schedule the payment with your bank.

Dear Chesterbrook Preschool,

You can expect to receive our discounted monthly tuition payments on the 13th of each month, directly from our bank.

Name

Date



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PARENT VOLUNTEER INTEREST FORM

I would to volunteer to help with the following activities and/or events:

	Room Parent (My child is in _____)
	Classroom Volunteer
	Back-to-School Barbeque on September 19
	Scholastic Book Fair October 5-9
	Monthly Parent Coffees
	Organizing Volunteers
	Halloween Parties October 29-30
	Trunk or Treat October 31
	Breakfast With Santa December 5
	Christmas Celebration December 13
	Cookie Exchanges December 17-18
	End of the Year Parties May 27-28
	Garage Sale TBD
	FUNDRAISING TBD
	Office Help
	Career Day, Country-of-Origin Day

Name

Date