Barton County Community College
Child Development Center
245 Ne 30 Road
Great Bend, KS 67530
620-792-9360
Hours: Monday – Friday 7:00am – 6:00pm

Today's Date:_____ First date of attendance:_____
(Month/day/year)

1. Child's Name:_____
First Middle Last
2. Name child goes by if different from above:_____
3. Birthdate: _____
4. Home address: _____ Telephone: _____

   City_____ State _____ Zip _____

   If no home telephone, message phone #_____
5. Mom SS#_____ Dad SS#_____
6. Mother's Name_____ Telephone_____

   Business Address_____ Telephone_____
7. Father's Name _____ Telephone_____

   Business Address _____ Telephone _____
8. Biological parents relationship

   Married _____ Divorced ____ Separated ____ Other ____

   Child is in custody of
   _____
9. Other members of household – relationship – age
   _____
   _____
10. Person to contact if parents cannot be reached
    Name: _____
    Address: _____
    Telephone: _____
    Relationship: _____
11. Name of persons that child may be released to when driver's license is presented:
    _____
    _____

Authorization and Agreement

1. My child/children have my permission to use all the play equipment and participate in all activities provided.
   Yes_____ No___ If no specify _____

2. My child/children have my permission to accompany their group on all supervised campus field trips and campus walks.
   Yes ____ No ___ If no specify _____

3. My child/children may be transported by staff.
   Yes ____ No ___ If no specify _____

4. Any pictures taken of my child/children may be used in newspapers, displays, bulletin boards, or other types of educational publications.
   Yes ____ No ____ If no specify _____

5. In case of emergency and neither parent nor guardian can be contacted, provider has my permission to secure needed emergency medical care.
   Yes ____ No____ If no specify _____

   I agree to hold the college harmless for any and all damages, injuries, or claims of any nature whatsoever, for myself or my child/children's enrollment in the Child Development Center further, I agree to indemnify Barton County Community College for any expenses, costs, fees, or other claims for which it may be liable as a result of this agreement.

Parent/Guardian:_____ Date: _____

Rules and Procedures

In order to assure that parents clearly understand the procedures and policies of the Barton Child Development Center, we ask all parents to read and initial each of the following items.

1. I understand that I am responsible for paying fees on time. A late fee of $10 will be added to bills not paid by the end of the month. If a bill is not brought current in that next two week period, child care services will be terminated. Bills more than 60 days old will be turned over to our college collection agency.
   Yes, I Understand _____

2. I will provide a completed, current (less than 1 yr. Old) medical health assessment form and enrollment form for each child I enroll (to be held in the BCCC Child Development Center files.)
   Yes, I Understand_____

3. I understand that I will not be charged when the Child Development Center is closed (the Barton Community College campus is closed). These dates are stated each year on the yearly calendar handed out to all parents and on the Barton Child Development Center Facebook site under files.
   Yes, I Understand_____

4. A.) I must walk into the building and into the center with my child/children each day and make certain the child's teacher knows he/she is there.
   B.) I, or a responsible designated adult, will walk into the building and into the center to pick up my child/children and inform a teacher that they are leaving.
   Yes, I Understand_____

5. I agree not to bring my child/children to the center when he/she exhibits the following symptoms: fever, diarrhea, vomiting or other symptoms of a communicable disease in the previous 24-hour period. Children too sick to participate in the full program, including outdoor play, need to be kept at home. I also agree to notify the center staff as soon as possible if my child/children have been diagnosed with a communicable disease or any affliction that is transmittable. I also understand that if my child becomes ill at school I am responsible for picking him/her up immediately and taking him/her home.
   Yes, I Understand_____

6. I will make certain that there are 2 complete changes of clothing for my child/children at the Center at all times, with the child's name on each item.
   Yes, I Understand_____

7. will inform the center staff as soon as possible of changes in my schedule, address, phone number, employer, emergency information, DCF status, and/or family relationships which affect who has legal custody of the child/children or affect attendance, activities, or behavior of the child/children.
   Yes, I Understand_____

8. The Child Development Center strives to create a positive environment for children to learn and grow. Even in the best environments, children sometimes display inappropriate behaviors. The child's teacher or the Center Director will discuss any behaviors with you and ask for your help in addressing them. The Child Development Center staff will use positive discipline techniques, such as praising good behavior and teaching positive ways for children to communicate their needs. Please let the child's teacher or Center Director know if you are seeing behavioral issues at home, so we may work on them together.
   Yes, I Understand_____

9. Overtime fees:
   A.) I understand that my child needs to be picked up by 6:00pm when the CDC closes. Each child here after that time will be charged $1.00 per minute late fee which will be added to the next month's bill.
   Yes, I Understand _____

10. I will notify the Director TWO WEEKS IN ADVANCE before my child in to be withdrawn permanently from the Center. I understand that I will be charged the full two weeks or 10 days.
    Yes, I Understand _____

11. If, after a reasonable period of time, it is found that a child is unable to adjust to the center, the Center reserves the right to request withdrawal of the child/children. This decision is left to the discretion of the Director.
    Yes, I Understand _____

12. I understand that when attending any field trip, I must provide the center staff with a completed verification form 24 hours prior to the field trip.
    Yes, I Understand _____

13. I understand that field trips may have an added expense for my child to attend. These fees will need to be paid before the child can attend the field trip. If I choose for my child not to attend the field trip, I will need to make other arrangements for child care services that day.
    Yes, I Understand_____

14. I understand that once I enter the center and remove my child from his/her classroom I am responsible for my child.
    Yes, I Understand _____

15. I understand that I am to notify the Center staff by 9:00 a.m. if my child will be absent.
    Yes, I Understand _____

16. I understand that the staff will not and can not release my child to me if they suspect alcohol or drug use.
    Yes, I Understand _____

17. I agree to abide these rules and regulations. I understand failure to do so can result in termination of care for my child/children.
    Yes, I Understand _____

By signing this contract, parent(s)/guardian(s) agree to abide by the written policies of the Child Development Center. The Child Development Center may amend the policies by giving the parent(s)/guardian(s) a copy of the new changed policies at least 2 weeks before they go into effect.

Please sign below:

Parent/Guardian:_____ Date: _____

Parent/Guardian:_____ Date: _____

Provider's signature _____ Date: _____