

ZION BUDS OF PROMISE CHRISTIAN ACADEMY
2017 – 2018 Before/After Care APPLICATION AGREEMENT

Date: _____

Child's Name: _____

Before Care: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. _____ / _____
Hours: From To

After Care: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. _____ / _____
Hours: From To

Extended Care (After Care that exceeds 3 hours OR care between 5:30 p.m. and 6:00 p.m.)

at the Daily Rate Weekly Rate Annual Rate of _____

I understand that Zion Buds of Promise is not a "drop in" center, that I am contracting to reserve a class slot, that the tuition rate listed above must be paid in ten (10) installments on the first business day of each month (or state-determined co-pays on the first business day of each month) regardless of attendance to maintain the class slot and that withdrawn families choosing to re-enroll must pay a re-enrollment fee.

Initials

My payment is state subsidized. I will pay the state determined co-pay amount on the first business day of each month along with any outstanding account balance.

My payment is not currently state subsidized, but I have applied. If my subsidy application is not approved, I understand that I am responsible for paying the full per week tuition amount for all weeks enrolled. If my subsidy application is approved, I understand that my advance payments will be returned to me (less appropriate fees and co-payment amounts) when Zion receives my Action for Children approval letter and payment covering the time attended.

My payment will not be state subsidized. I will pay the full tuition amount on the first business day of each week along with any outstanding account balance.

Transportation Service Name, Telephone

Est. Pick Up Time

Est. Drop Off Time

I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy Parent Handbook.

Father or Guardian's Name (Printed)

(Signature)

Mother or Guardian's Name (Printed)

(Signature)

I (We), were recommended to Zion by: _____

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____
Address _____
Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____	Address _____
Phone Number _____	Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____	Address _____
Phone Number _____	Hospital or Clinic _____

PROGRAM

Days per week _____	Hours of care _____
Rate of pay (optional) _____	

Signature of parent or other person placing child

Signature of caregiver

Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

EMAIL ADDRESS(ES) FOR COMMUNICATIONS REGARDING THIS CHILD

PERSONS AUTHORIZED TO PICK UP THIS CHILD (INDICATE RELATIONSHIP)

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

I authorize Zion Buds of Promise Christian Academy to provide first aid treatment to my child in the case of an accident. I additionally authorize Zion Buds of Promise Christian Academy, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well as, consent for medical treatment of my child at said facility. A staff person for the Zion Buds of Promise Christian Academy will accompany my child should he/she be transported to a medical facility. Zion Buds of Promise Christian Academy will notify parents/guardian immediately. As a parent/guardian, I will notify Zion Buds of Promise Christian Academy in writing of any changes in my address, employer, workdays and hours and respective phone numbers. I will also notify Zion Buds of Promise Christian Academy of any other changes in my child's student information.

I have received a copy of the Zion Buds of Promise Christian Academy Parent Handbook, Fundraiser Schedule and Guidance & Discipline Policy. I understand that Zion Buds of Promise Christian Academy is a religious based program, that religious instruction is a part of the curriculum and that all subject matter will be presented from a Christian perspective. I give consent for my child to go on walking trips through the neighborhood. I give consent for the program to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in prayer and in the religious instruction that is a part of Zion Buds of Promise Christian Academy's childcare program.

Parent/Guardian Signature

Date

If the child has any of the following, please explain:

Medical problems _____

Physical handicaps _____

Restrictions for play – outdoors _____

Restrictions for play – indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____
Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

Guidance and Discipline Policy

Here at ZBOP, our philosophy is for each child to be nurtured in a non-threatening environment, which does not include the use of corporal punishment. Staff shall help ensure children develop self-control and assume responsibility for their own actions. Limits and consequences shall be clear and understandable to children, consistently enforced and explained to the child before and as part of any disciplinary action.

Firm positive statements about behaviors or redirection of behaviors shall be our goal. In circumstances where a child may need to be removed from the group to help a child gain control, it shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.

Children shall not be disciplined for toilet accidents. Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear, any threatening or actual withdrawal of food, rest or use of the bathroom; abusive or profane language, or public or private humiliation, including threats of physical punishment or any form of emotional abuse, including shaming, rejecting, terrorizing or isolating a child will not be acceptable or tolerable.

Children shall have reasonable opportunity to resolve their own conflicts. Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

Our goal here at ZBOP is to assure the success of each and every child. Therefore should there be an issue to resolve, we will not only contact the parents, but we will work with the parents to develop an intervention plan. The center Director will monitor the implementation by staff and keep all parties apprised of the plan's progress.

In certain circumstances, where ZBOP has been unsuccessful in resolving the child's behavior, we will, as we will throughout this process, request assistance of the child's parents. Any program developed with the assistance of the parent will include Director, Staff and Parents monitoring the progress of this plan of action.

When efforts by ZBOP have been unsuccessful, a clinical behavior management plan may be developed to meet the needs of a particular child, if developed with the parent and a professional clinician. These efforts will be documented in the child's file, along with the appropriate consents. All staff working with the child shall receive training on implementing the plan.

Parent/Guardian Signature

Parent/Guardian Signature

2017 – 2018 Fundraiser Schedule

1.	Affy Tapple Apple Sale	October 2 – 20, 2017
2.	Candy and Popcorn Sale	January 12 – February 2, 2018
3.	Spring Jubilee Dinner/Fashion Show	April 22, 2018

Zion Buds of Promise Christian Academy will sponsor fundraisers during the school year. This is a shared responsibility that all ZBOP families are urged to participate in, selling a minimum amount that will be established for each event. Fundraisers generate monies that are used solely for the purpose of improving our facility, curriculum and equipment.

Families who choose not to participate in fundraising efforts are urged to volunteer 3 (three) hours for each missed fundraiser event (9 hours max). Volunteers will be asked to assist with Zion Buds of Promise events (i.e. Christmas Program, Movie Night, Science Fair or Affy Tapple, Cookie Dough or Spring Jubilee fundraisers).

Families who choose not to participate in any fundraising efforts and choose not to volunteer will have a \$120 family fundraiser allotment amount added to their account balance on May 1st. Unpaid allotments will result in outstanding account balances which will affect report card/progress report distribution, standardized test score distribution, graduation participation and, possibly, school attendance.