



Child Name: _____

Parent/Guardian Name: _____ Date: _____

BEACH FRIENDS REGISTRATION CHECKLIST

In This Packet:

1. Child Profile _____
2. Schedule Agreement _____
3. Payment Agreement _____
4. COVID-19 Policies _____
5. Emergency Information _____
6. Emergency Contacts _____
7. Approved Pick-Up Persons _____
8. Received Documents _____

Waivers/Forms:

1. Pre-Registration Packet _____
2. Medical Statement _____
3. COVID Waiver _____
4. Parent Handbook _____
5. Non-Medication Form _____
6. General Liability Release _____
7. Calendar _____
8. Evacuation Plan _____

Payments:

1. Registration Fee _____
2. Security Deposit _____

Notes:

CHILD PROFILE:

Name: _____

Date of Birth: _____

Parent/Guardian Names & Occupations:

Parent/Guardian 1: _____

Parent/Guardian 2: _____

What would you like most for your child to experience with us?

What does your child enjoy doing the most?

What are your child's favorite toys?

With whom does your child reside?

What language is spoken at home?

Please describe your child below. Please provide some additional information about your child's family, your child's eating habits, sleeping habits, and any other information.

SCHEDULE AGREEMENT:

SECURITY DEPOSIT: _____ (2 weeks) Paid on: _____ VIA: _____

REGISTRATION FEE: _____ Paid on: _____ VIA: _____

START DATE: _____

It is hereby between _____ (Parent's name) and BFSC that the following schedule will be available for _____ (Child's name) commencing on _____ (Date). I agree that I am responsible for the payment of the amount of \$ _____.00 each day X the amount of days per month. (variable rate)

Monday _____ Time: _____

Tuesday _____ Time: _____

Wednesday _____ Time: _____

Thursday _____ Time: _____

Friday _____ Time: _____

X _____

(PARENT/GUARDIAN SIGNATURE/DATE)

PAYMENT AGREEMENT

I AGREE TO PAY A ONE-TIME REGISTRATION, NON-REFUNDABLE FEE OF \$75.00. I AGREE THAT THE REGISTRATION FEE OF \$75.00 WILL BE PAID IN FULL BEFORE ENROLLMENT AS WELL AS A 2 WEEKS SECURITY DEPOSIT. I AGREE TO PAY A REGISTRATION FEE OF \$75 AND 2 WEEK SECURITY DEPOSIT (2 WEEKS PAYMENT OF SCHEDULED DAYS) IN THE AMOUNT OF \$ [REDACTED] TO ENROLL MY CHILD. **AS DEFINED IN THE SECURITY DEPOSIT POLICY, MY SECURITY DEPOSIT WILL BE RETURNED IF 2 WEEKS PROPER NOTICE IS GIVEN BEFORE MY CHILD'S LAST DAY IN THE PROGRAM. PROPER NOTICE IS DONE IN WRITING THROUGH MAIL, HIMAMA MESSAGE, OR EMAIL 2 WEEKS BEFORE MY CHILD LEAVES THE PROGRAM. I AGREE PAYMENTS ARE DUE IN FULL ON THE 1ST OF THE MONTH. I AGREE THAT PAYMENT IS DUE BEFORE THE FIRST WEEK OF ATTENDANCE FOR THE MONTH, AND THAT IF PAYMENT IS NOT SUBMITTED, MY CHILD CANNOT ATTEND SCHOOL UNTIL PAYMENT IS MADE.** I AGREE TO PAY A DAILY FEE OF \$ [REDACTED] X THE AMOUNT OF DAYS ENROLLED FOR THE MONTH REGARDLESS OF PERSONAL VACATION TIME, SCHOOL VACATION TIME, OCCASIONAL SICKNESS, OR ANY OTHER REASON, SUCH AS A NATURAL DISASTER/ACTS OF GOD, STATE LOCKDOWN, PUBLIC HEALTH EMERGENCY, OR ANY OTHER UNFORESEEN CIRCUMSTANCES.

I AGREE BILLING IS AT A VARIABLE RATE- IT IS A SET DAILY FEE FOR YOUR CHILD ON THIS PLAN THAT APPLIES TO YOUR ENROLLMENT SCHEDULE. I AGREE CARE IS GIVEN AND PAID ON A MONTH-TO-MONTH BASIS. I AGREE I WILL NOT LEAVE IN THE MIDDLE OF THE MONTH AND/OR BEFORE OR AFTER HOLIDAY BREAKS/SCHOOL VACATIONS/PERSONAL VACATIONS AND/OR SICKNESS. I AGREE I WILL BE RESPONSIBLE TO PAY A FULL MONTH. I AGREE TO PAY THIS AMOUNT IN FULL REGARDLESS OF PERSONAL VACATION TIME, SCHOOL VACATION TIME, OCCASIONAL SICKNESS, OR ANY OTHER REASON, SUCH AS A NATURAL DISASTER/ACTS OF GOD, STATE LOCKDOWN, PUBLIC HEALTH EMERGENCY, OR ANY OTHER UNFORESEEN CIRCUMSTANCES.

I UNDERSTAND NO ALLOWANCES, CREDITS, REFUNDS, AND MAKEUPS SHALL BE MADE FOR OCCASIONAL ABSENCES OR IN THE EVENT WE NEED TO CLOSE DUE TO A LOCAL/STATEWIDE EMERGENCY ISSUED. I AGREE A LATE FEE OF \$30.00 WILL BE CHARGED IF PAYMENT IS NOT RECEIVED FOR EACH DAY UNPAID. I AGREE AND UNDERSTAND THAT IF MY ACCOUNT IS DELINQUENT FOR MORE THAN 2 WEEKS, I MAY BE ASKED TO WITHDRAW MY CHILD UNTIL THE ACCOUNT IS MADE CURRENT. I AGREE THAT MY CHILD'S SPOT MAY OR MAY NOT BE HELD WHEN A CHILD IS WITHDRAWN. I AGREE MY CHILD WILL NOT BE ABLE TO RE-ENROLL IF A ONE MONTH NOTICE WAS NOT GIVEN OR IF MY ACCOUNT IS NOT CURRENT. I AGREE THAT ANY UNPAID FEES MAY BE SENT TO A THIRD-PARTY COLLECTION AGENCY. I AGREE MY SECURITY DEPOSIT WILL BE HELD IF THE TERMS ARE NOT FOLLOWED. I AGREE TO PAY A \$50.00 SERVICE FEE FOR ALL CHECKS RETURNED BY THE BANK. I AGREE THAT IF I PICK UP MY CHILD AFTER SCHEDULED CLOSING, I WILL BE CHARGED A LATE FEE OF \$1.00 PER MINUTE THAT I AM LATE UNTIL MY CHILD IS PICKED UP. I UNDERSTAND THAT IF MY CHILD ATTENDS FULL TIME, A TEN PERCENT DISCOUNT IS OFFERED FOR EACH ADDITIONAL CHILD FROM THE IMMEDIATE FAMILY. I UNDERSTAND THAT I MUST PROVIDE A ONE MONTH WRITTEN NOTICE OF WITHDRAWAL OR CHANGE OF SCHEDULE/CHANGE OF CONTRACT. I UNDERSTAND THAT IF MY CHILD IS WITHDRAWN, THE CHILD WILL ONLY BE ELIGIBLE FOR READMISSION BASED UPON SPACE AVAILABILITY. BY SIGNING BELOW, I AGREE TO THESE TERMS.

I, _____ understand these terms listed above.

X _____

(PARENT/GUARDIAN SIGNATURE/DATE)

I understand by signing the schedule agreement that my start date is the date
my child will be enrolled.

X_____

(PARENT/GUARDIAN SIGNATURE/DATE)

COVID-19 POLICIES

1. Parents drop off at the door only.
2. Children must wash hands upon arrival.
3. Health check will be done.
4. Please no outside toys at the school.
5. Parents will pick up by gate only.
6. Parents will socially distance themselves when entering the school.
7. If you suspect you are sick or tested for Covid-19, you must supply a clearance letter to the school.
8. Updated medicals are required.

I, _____ agree Beach Friends Sensory Club will not be held responsible for any COVID-19 illnesses and I _____ will bring my child _____ at my own will.

X_____

(PARENT/GUARDIAN SIGNATURE/DATE)

EMERGENCY INFORMATION

Name of Child: _____

Date of Birth: _____

Gender: _____

Address: _____

Phone: _____

Email: _____

EMERGENCY CONTACTS

Name/Relation: _____

Phone: _____

Email: _____

Name/Relation: _____

Phone: _____

Email: _____

Name/Relation: _____

Phone: _____

Email: _____

APPROVED PICK UP PERSONS

Name, Relation, Phone #

1. _____

2. _____

3. _____

DAILY SCHEDULES - School Year 2022/2023

Nursery

8am - Breakfast/Outside
8:30am - Gym/Classroom Play
9am - Circle Time
9:30am - Gym & Special
10am - Academic
10:30am - Snack
11am - Outside & Sensory Centers
11:30am - Quiet Time
12pm - Dismissal

Preschool

8am - Breakfast/Gym
8:30am - Outdoor Play/Classroom Play
9am - Circle Time
9:30am - Academic
10am - Snack
10:30am - Outside & Gym
11am - Special
11:30am - Social/Emotional Learning
12pm - Dismissal

RECEIVED DOCUMENTS

I hereby agree and understand that I have received the necessary documents, including a copy of the daily schedule, behavior management plan (if applicable), and emergency/evacuation plan.

X_____

(PARENT/GUARDIAN SIGNATURE/DATE)