

DENBIGH BAPTIST CHRISTIAN SCHOOL

13010 Mitchell Point Road ✧ Newport News ✧ Virginia ✧ 23602-6912
(757)249-2654 FAX(757)249-9480



*A Ministry of
Denbigh Baptist Church*

Debbie Drivas
Summer EC Director
Day Care

(757) 813-1380

(757) 249-2654 ext. 317

ec@denbighbaptist.org

Summer Extended Care (EC) Program

May 27 — August 10, 2018

Closed May 28 and July 4

Hours

Monday — Friday

6:30 am — 6:00 pm

Registration Fee

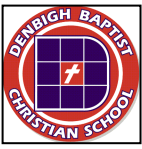
\$25 per child

\$50 max. per family

Rates

Full Time: \$125 per week

Daily: \$30 per day



WELCOME LETTER

Dear Parents of Summer EC,

We are looking forward to a fun and exciting Summer EC program this year. We are so happy you have chosen to be a part of it.

FEE - Payments are due on the **Monday** or the first day of attendance each week. Weekly payments are NOT billed through the school office. Please hand your Payment to the EC Director when you arrive in the morning so we can correctly update your account.

SIGNING IN & OUT- Parents are required by the State of Virginia to sign their child or children in and out each day. This also gives the staff the opportunity to speak with you about any questions or to communicate any changes to the daily schedule.

MEALS - Breakfast will be provided from 7:00- 8:00 am. Any child that arrives after 8:00 am will need to have breakfast before they arrive or they may bring their own. Lunch will be from 11:30 - 12:00. Children may bring their lunch as well as drinks and snacks to sustain them throughout the day. Lunch, snacks and drinks will also be available for purchase. Please send a water bottle each day or one may be left at the center during the summer. Write your child's name on all of their belongings.

REST TIME - Children going into 1st grade will be required to rest. Please bring a blanket and small pillow to leave for the week. Small, stuffed animals are permitted.

FIELD TRIPS- Scheduled field trips will be taken twice a month. On field trip days it is very important that everyone arrives on time. Please see the calendar for information on the scheduled field trips. All field trips are subject to change. Please be sure to fill out the field trip permission form in your packet.

WATER FUN DAY- Once a week will be "Water Fun Day" weather permitting. Please have your child dressed in their "swim gear" (under their clothes) at the beginning of the day. Also be sure to fill out the Sunscreen Permission Slip that is in your packet and send a towel.

VACATION FORM - Lastly, please fill out the Vacation Form to let us know any days you know your child will be absent. This allows me to schedule staff accordingly.

Please feel free to contact me at anytime.

Sincerely,
Debbie Drivas
Summer EC Director
(757) 813-1380
ec@denbighbaptist.org

THIS CENTER IS EXEMPT FROM LICENSURE



FINANCIAL INFORMATION SUMMER 2018

1. Registration and Fees

These fees are non-refundable

- * **\$25** Registration fee per student / **\$50** max. per family

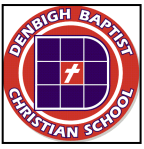
2. EC Fee

I understand that my weekly fees are as follows: \$125.00 per child per week.

| | |
|--------------------|---|
| Session | Monday through Friday 6:30 am-6:00pm Closings: May 28 and July 4 |
| Full Time | \$125 Per Week |
| Daily Rates | \$30 Per Day |

3. Fee Schedule

- * A late fee of \$1.00 per minute per child will be assessed when a child is left beyond the Center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service, nor will the late fee be applied toward the EC fee.
- * EC fees are not subject to proration for illness, holidays, or emergency closure of the Center. If the hours my child attends change in any way, I will notify the Center immediately so appropriate staffing may be arranged.
- * I agree to pay the full EC fee even if my child is absent for one or more days; however, for each full calendar week my child is absent, the EC fee will be discounted to **\$40.00** per week per child as a reservation fee. I understand I will receive (2) reservation weeks per year and the payment for reservation fees should be made in advance of the absence when possible. The Center requests a two week notice of an intended vacation.
- * All EC fees are due in advance of services rendered.
- * A non-refundable annual registration fee of \$25 per child is due at the time of enrollment.
- * Accounts two weeks in arrears may result in immediate termination of service.



SUMMER EC APPLICATION 2018

Denbigh Baptist Christian School adheres to a policy of admitting students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded, or made available to students at the school. DBCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, athletic, or any other policies or school-administered programs. However, DBCS reserves the right to refuse admission to, or dismiss, any student if they or their family profess, promote, or participate in a lifestyle that is contrary to the established teaching of Denbigh Baptist Church.

Student's Name: _____ Goes by: _____
Last First Middle

Date of Birth: ____/____/____ **Age:** _____ **Grade:** _____ **Sex (M/F):** _____

Address: _____

City State Zip Code

Family 1

Father/Guardian _____ **Mother/Guardian** _____

Address _____ Address _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Work # _____ Work # _____

Family 2

Father/Guardian _____ **Mother/Guardian** _____

Address _____ Address _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Work # _____ Work # _____

Child's Physician _____ Office # _____ Preferred Hospital _____

Any Known Allergies _____

All ongoing prescription medications _____

Please give 2 contacts that can pick up your child in case of sickness, should both parents be unreachable:

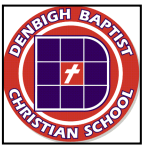
Name/Relationship _____ Home# _____ Work# _____ Cell# _____

Name/Relationship _____ Home# _____ Work# _____ Cell# _____

Persons authorized to pick up your child _____

Persons NOT allowed to pick up your child _____

Please provide any other information regarding your child you would like us to be aware of _____



Summer EC Application continued

Give two LOCAL emergency contacts who can pick up your child at school in case of an illness or an emergency school closing, if we are unable to reach you

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Condition of student's health: Excellent _____ Good _____ Fair _____ Poor _____

Does your child have any disability or medical condition that may require special services or care?

_____ No _____ Yes If "Yes" please explain _____

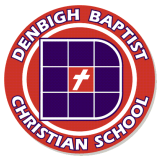
Does your child suffer from any allergies? _____ No _____ Yes

If "Yes", what is the allergy?

What is the treatment ?

What medication is needed ?

Names and grades of siblings attending Summer EC _____



HEALTH INFORMATION FORM

This form must be completed each school year.

Student's Name _____ Male Female
Last First Middle

Date of Birth ____/____/____ Age _____ Grade _____

Student's Address _____
Street Address City State Zip

Parents _____
Names Best Phone Number(s) in case of emergency

ALLERGIES

Allergy Type

- Food Allergy List food(s) _____
- Medication Allergy List medication(s) _____
- Bee Sting
- Other (List) _____

Reaction Type

- Mild Severe Date of last severe reaction _____
- Coughing Hives Rash
- Difficulty Breathing Local Swelling Wheezing
- Generalized Swelling Nausea Other _____

Currently prescribed medications and treatments

- Oral Antihistamine (Benadryl, etc.) Epinephrine Other _____
- Medication needs to be given at school**

ASTHMA

Triggers

- Exercise Environmental Other _____

Symptoms

- Difficulty breathing Chest discomfort Throat itch, tightness, or soreness
- Coughing Hoarseness Wheezing
- Other _____

Currently prescribed medications and treatments

- Inhalers Oral antihistamines Oral steroids
- Nebulizer Other _____
- Medication needs to be given at school**

DIABETES

Currently prescribed medications and treatments

- Insulin Syringe Pump
- Blood Sugar Testing Glucagon Other _____
- Oral Mediation (s) _____
- Medication needs to be given at school**

Continued on reverse



Health Information Form continued

SEIZURE DISORDERS

Type of Seizure _____ Explain _____

Currently prescribed medications _____

Medication needs to be given at school

ADHD

Currently prescribed medications _____

Medication needs to be given at school

OTHER HEALTH CONCERNS

Cancer Heart Condition (be specific _____)

Hemophilia Sickle Cell Anemia

Other _____

Other _____

MEDICAL PROVIDER INFORMATION

| | Name | Phone |
|------------------------------------|------|-------|
| Pediatrician/Primary Care Provider | | |
| Dentist | | |
| Eye Doctor | | |
| Other Specialist | | |
| Preferred Hospital | | |

Please note: A Medication Authorization Form must be completed for every medication that needs to be given at school.

I, _____, hereby authorize my child's health care provider and designated provider of health care in the school setting, including all school-sponsored activities (e.g. athletic programs, field trips, etc.) to discuss my child's health concerns and/or exchange information pertaining to this form. Any photocopy of this form carries the same authority as the original.

Parent/Guardian Signature

Date



PERMISSION FORMS

Bug Spray Permission Form

I give permission for the staff of DBCS Summer EC to apply bug spray on my child, _____ . I understand I must provide the bug spray to be used. The bug spray I provide must be labeled with my child's (family) name and cannot be used for any other non-family child at the school.

Signature _____ Date _____

Sunscreen Permission Form

I give permission for the staff of DBCS Summer EC to apply sunscreen on my child, _____ . I understand I must provide the sunscreen to be used. The sunscreen I provide must be labeled with my child's (family) name and cannot be used for any other non-family child at the school.

Signature _____ Date _____

Field Trip Permission Slip

Field Trip Location: See Calendar
Date and Time: See Calendar

My child, _____ , has permission to attend the above named Summer EC field trip. I understand that my child will be accompanied by the Summer EC staff members and are subject to all daycare rules and regulations.

I also give permission for emergency medical treatment as deemed necessary by attending medical personnel while my child is under the supervision of DBCS Summer EC Program.

Signature _____ Date _____



VACATION FORM

Please write your child's name at the top and the reason by the week / days you know they will not be attending Summer EC.

Name _____
Last First Middle

May 28—EC is Closed: Memorial Day

May 29—June 1 _____

June 4—June 8 _____

June 11—June 15 _____

June 18—June 22 _____

June 25—June 29 _____

July 2—July 6 _____

July 4: EC IS CLOSED—Independence Day

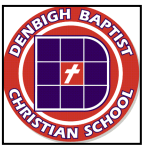
July 9—July 13 _____

July 16—July 20 _____

July 23—July 27 _____

July 30—August 3 _____

August 6—August 10 _____



TEXT ALERTS

Join DBCS Summer Extended Care



Reminders & Alerts!

Subscribe to DBCS Summer
Extended Care here
<https://www.remind.com/join/dbcss>

To receive messages via text, text
@dbcss to **81010**. You can opt-out
of messages at anytime by replying,
'unsubscribe@dbcss'.

Trouble using 81010? Try texting
@dbcss to (757) 512-7894 instead.

Or to receive messages via email,
send an email to
dbcss@mail.remind.com.

To unsubscribe, reply with
'unsubscribe' in the subject line.



Enter this number

Text this message



What is Remind App and why is it safe?

Remind App is a free, safe, and simple messaging tool that helps teachers and staff share important updates and reminders with students and parents. Subscribe by text, email, or using the Remind App. All personnel information is kept private. Teachers and Staff will never see your phone number, nor will you see theirs. Visit remind.com to learn more.

Stay informed about Summer EC news. Sign up today!