

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. 326

ec@dbcs.org

Summer Extended Care (EC) Program

*The mission of Denbigh Baptist Christian School is to
EDUCATE the mind, NURTURE the soul, and SHAPE the character
of each student and staff member in a Christ-centered environment, based on the
Truth of God's Word.*

May 28 - August 9, 2024
Closed May 27 & July 1-5

Hours

Monday — Friday
6:30 am — 5:30 pm

Registration Fee

\$50 per child
\$75 max. per family

Rates

Full Time: \$200 per week
Daily: \$45 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 will allow EC staff to sign children in and out each day.

MEALS/SNACKS — Lunch will be at approximately 11:30AM. Snack time is at 9:30AM and 3:00PM. You may pack your child's lunch and snacks daily, but we will also sell lunch and snack items. You can put money on an account for your child and we will let you know when funds are running low. Water should also be sent with your child, with their name written on it.

REST TIME — Children entering 1st grade and younger will be required to rest. Please pack a blanket and small pillow to leave for the week. Small stuffed animals are permitted.

FIELD TRIPS — We will do weekly field trips.

WATER FUN DAY — Wednesdays, we will have water play at the school.

PERMISSION FORMS — Please sign the permission slip for bug spray and sunscreen application, and for field trips. ***You must provide "SPRAY" sunscreen and bug repellent with your child's name written on the bottles.***

VACATION FORM — Please fill out the Vacation Form to communicate any days you know your child will be absent. This allows me to schedule staff accordingly.

REMIND APP — Please sign up for our Summer Extended Care Remind App. This is where we will send out reminders for upcoming events and general communication.

Please feel free to contact me at anytime.

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

THIS CENTER IS EXEMPT FROM LICENSURE



FINANCIAL INFORMATION SUMMER 2024

1. Registration and Fees

*These fees are **non-refundable***

- * **\$50** Registration fee per student / **\$75** max. per family

2. EC Fee

I understand that my weekly fees are as follows: \$200.00 per child per week.

Session	Monday through Friday 6:30 am-5:30pm <i>Closing: May 27 & July 1-5</i>
Full Time	\$200 Per Week
Daily Rates	\$45 Per Day

3. Fee Schedule

- * A non-refundable annual registration fee of \$50 per child is due at the time of enrollment.
- * All EC fees are due in advance of services rendered.
- * I agree to pay the full EC fee even if my child is absent for one or more days; EC requests a two week notice of an intended vacation.
- * A late fee of \$1.00 per minute per child will be assessed when a child is left beyond the EC's operating hours. *NOTE: 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.*
- * There is no reduction of fees during the school year for absences, illness, holidays, vacations, or emergency closure of EC. If the hours my student attends change in any way, I will notify EC immediately so appropriate staffing may be arranged.
- * Accounts two weeks in arrears may result in immediate termination of service.



SUMMER EC APPLICATION 2024

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 # _____

E-mail: _____ **E-mail:** _____

Family 2

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

Address _____ Address _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Work # _____ Work # _____

E-mail: _____ **E-mail:** _____

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 _____ City _____ State _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

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

ALLERGIES

_____ Yes _____ No

Type (Food, Insects, Drugs, Seasonal, Other)_____

Reaction

Currently prescribed medications and treatments

 Medication needs to be given at school

ASTHMA

Yes No

Triggers

Symptoms _____

Currently prescribed medications and treatments

Asthma Action Plan

_____ Medication needs to be given at school

ADD/ADHD

Yes No

Currently prescribed medications and treatments

_____ Medication needs to be given at school



Health Information Form continued

OTHER HEALTH CONCERNS

Please check all that apply

_____ Bladder Problem
_____ Bleeding Problem
_____ Bowel Problem
_____ Cancer
_____ Cerebral Palsy
_____ Cystic Fibrosis
_____ Dental Problems
_____ Diabetes
_____ Head Injury

_____ Hearing Problem
_____ Heart Condition
_____ Muscle Problem
_____ Seizures
_____ Sick Cell Disease
_____ Speech Problem
_____ Spinal Injury
_____ Surgery
_____ Vision Problems
_____ Other _____

Please explain _____

List all prescription, over-the-counter, and herbal medications your child takes regularly

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 _____



EC SCHEDULE OF CARE

Student's Name: _____ **Nickname:** _____
Last First Middle

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

Date of desired entrance: ____/____/____

Siblings attending Summer EC: _____

Is this for occasional attendance only? _____

Please list your child's approximate arrival and departure times:

	Arrival	Departure
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Child Accepted ____/____/____ EC Billing to begin ____/____/____

Child withdrawn from program ____/____/____

Parent's Name Printed

Parent's Signature and Date

Mrs. Debbie Drivas, EC Director
757-813-1380



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

Closings:

May 27 Memorial Day
July 1-5 4th of July Holiday

☐ May 27—May 31_____

☐ June 3—June 7_____

☐ June 10—June 14_____

☐ June 17—June 21_____

☐ June 24—June 28_____

☐ *July 1—July 5* _____ **CLOSED**

☐ July 8—July 12_____

☐ July 15—July 19_____

☐ July 22—July 26_____

☐ July 29—August 2_____

☐ August 5—August 9_____



EXTENDED CARE HANDBOOK

The Extended Care is a ministry of Denbigh Baptist Christian School, an outreach of Denbigh Baptist Church.

Purpose

The purpose of Denbigh Baptist Christian School is to assist the family in fulfilling their God-given responsibility for training their child. The purpose of Extended Care is to assist working parents by providing care for their children before and after school. This care is provided by nurturing adults in a Christian atmosphere.

Statement of Non-Discrimination

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.

Statement of Code Compliance

Statement of Religiously Exempt Policy

Denbigh Baptist Christian School, located at 13010 Mitchell Point Road, Newport News, Virginia, 23602, is certified as a "Religiously Exempt" school and therefore, has the right to create and set standards. Please read the entire handbook before signing the contract agreement.

Qualifications of Extended Care Personnel

- All staff must have an understanding of child development and a desire to work with young children.
- All staff must believe in and be able to articulate about God's love and Jesus as our Savior.
- All staff must seek to serve as a positive role model.
- All staff must exhibit enthusiasm toward living life, gaining knowledge, and serving Christ.
- All staff must guard their personal testimony from real or perceived blemish.
- All staff must be willing to participate in on-going staff development for professional development and training that is necessary for certification.
- All staff will be certified annually by a practicing physician or nurse practitioner to be free from any disability which would prevent them from caring for children.
- All staff must be able to physically care for young children, including standing for long periods, sitting in small chairs and on the floor, carrying the weight of a preschool child, stooping, bending, etc.
- All staff must provide identification and have a satisfactory criminal history background check.
- The director must have experience working with adults and children, and have experience in supervision.

Physical Facilities for Extended Care purposes include:

- A large parking lot for supervised parent drop-off and pick-up
- A contained playground
- A large soccer field
- A Youth House with covered patio
- A gymnasium
- A kitchen
- Various rooms throughout the church which can be used as needed

Enrollment Capacity: 47 Children

REQUIRED STAFF-CHILD RATIOS:

Age Group	Staff to Children Ratio
36 months to 5 years	1 staff to 10 children
5 years to 9 years	1 staff to 20 children
9 years to 12 years	1 staff to 25 children



Extended Care Handbook cont.

Food Services

During the school year, we sell sealed snacks but encourage parents to provide their own nutritious snacks from home. During the summer:

- Lunch will be from 11:00 AM - 11:30 AM.
- 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.

Public Liability Insurance

- The church is covered by public liability insurance, which provides coverage in the event that someone brings suit against the sponsoring religious institution for personal or bodily harm suffered during the operation of Extended Care as a result of negligence. **This kind of insurance is NOT to be confused with accidental injury insurance, which provides medical benefits to the injured regardless of whether a suit is filed or the injury was a result of the center's negligence.**
- Children are covered by church insurance while at school. The school insurance is with Brotherhood Mutual Insurance Company, an affiliate of NCG Insurance Agency.

Procedures

The school has established and implemented the following procedures.

- Hand washing by staff and children before eating and after toileting
- Appropriate supervision of all children in care, including daily drop-off and dismissal procedures to ensure the safety of children
- Daily simple health screening and exclusion of sick children by a person trained to perform such screenings
- Ensure that a person trained and currently certified in MATS, CPR, and First Aid is present at the school whenever children are present
- Ensure that all children are in compliance with the provisions regarding immunization of children against diseases
- Ensure that all areas of the premises, both inside and out that are accessible to children, are free of obvious injury hazards, including providing and maintaining surfacing material under playground equipment
- Training to recognize the signs of child abuse and neglect and to be aware of their responsibilities as Mandated Reporters

Compliance

The school is in compliance with the requirements of:

- Section 63.2-1724 of the Code relating to background checks
- Section 63.2-1509 of the Code relating to the reporting of suspected cases of child abuse and neglect
- Chapter 3 (Section 46.2-300 et seq.) of Title 46.2 of the Code regarding a valid Virginia driver's license or commercial driver's license; Article 21 (Section 46.2-1157 et seq.) of Chapter 10 of Title 46.2 of the Code regarding vehicle inspections, ensuring that any vehicle used to transport children is an insured motor vehicle as defined in Section 46.2-705; and Article 13 (Section 46.2-1095 et seq.) of Chapter 10 of Title 46.2 of the Code regarding child restraint devices
- Section 63.2-1809 of the Code regarding proof of a child's identity and age, and reports of possible missing children to law enforcement
- Section 54.1-3408 of the Code regarding the qualifications of a person administering prescription medication to a child

Illness

Parents / guardians are asked to keep all students with contagious illnesses and/or fevers (*100.4+ temperature*) home. This is a health consideration for the well-being of all our students, faculty, and staff. Our policy is that a student must stay home with the following conditions:

- Flu symptoms
- Diarrhea (*24 hours fever free without medication before returning to school*)



Extended Care Handbook cont.

- Colored nasal discharge
- Persistent cough
- Fever (*100.4+ temperature and/or change in condition, 24 hours fever free without medication before returning to school*)
- Vomiting due to illness (*24 hours without vomiting before returning to school*)
- Strep Throat (*24 hours on medication before returning to school*)
- Pinkeye (*24 hours on medication before returning to school*)

Students do, at times, come down with illnesses while at school. If a student needs to be sent home, every effort will be made to contact a parent / guardian. If a parent / guardian is not available, an emergency contact person will be notified.

Medications

Please note, the following policies are in accordance with Commonwealth of Virginia law. They are, therefore, non-negotiable:

- During the school year, all medications – prescription or over-the-counter – must be kept in the school office and administered by the school's Medication and Administration Training Staff (MATS). This includes Tylenol, Advil, cough drops, eye drops, etc. The parent / guardian must complete the "Medication Administration Form," available in the school office or on the website.
- During the Summer EC, all medications - prescription or over-the-counter - must be kept in the EC locker and administered by a MATS member. The parent / guardian must complete the "Medication Administration Form," available at EC or on the website.

Transportation

- During the school year, we do not transport children.
- During the Summer EC, our licensed, insured, and DMV-compliant drivers transport the children on field trips.

Fees

School Year

- A non-refundable annual registration fee per child is due at the time of enrollment.
- The school offers a **9 month** payment plan, from **September 1 - May 1**.
- EC charges will be invoiced on the monthly tuition bill. The EC charges fall under the same policy as tuition. Students are at risk of losing EC privileges, should the account become delinquent.
- The student needs to be picked up before the closing time of 6:00 p.m. A late fee of \$1.00 per minute per child will be assessed when a child is left beyond EC's operating hours. *NOTE: 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. This fee is due at the time of pick-up.*
- There is no reduction of fees during the school year for absences, illness, holidays, vacations, or emergency closure of EC. Monthly billing is based on 36 school weeks or 180 days, which is evenly divided over 9 months. If the hours the student attends change in any way, notify EC immediately so appropriate staffing may be arranged.

Extended Care (EC)

- A non-refundable annual registration fee per child is due at the time of enrollment.
- All EC fees are due in advance of services rendered.
- Accounts two weeks in arrears may result in immediate termination of service.
- The student needs to be picked up before the closing time of 6:00 p.m. A late fee of \$1.00 per minute per child will be assessed when a child is left beyond EC's operating hours. *NOTE: 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. This fee is due at the time of pick-up.*
- If the hours the student attends change in any way, notify EC immediately so appropriate staffing may be arranged.
- The full EC is due even if the student is absent for one or more days; EC requests a two-week notice of an intended vacation.



TEXT ALERTS

Join DBCS Summer Extended Care



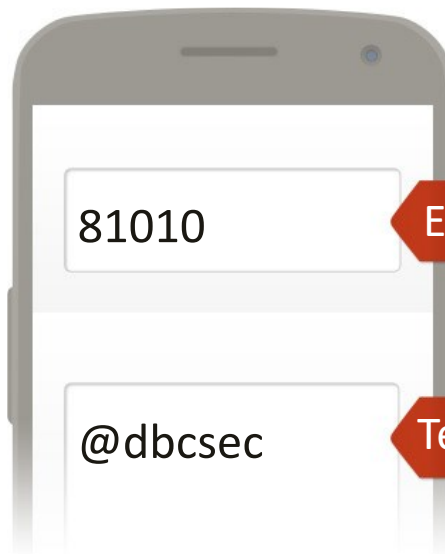
Subscribe to DBCS Summer
Extended Care here
<https://www.remind.com/join/dbcss>

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
@dbcsec to (757) 512-7894 instead.

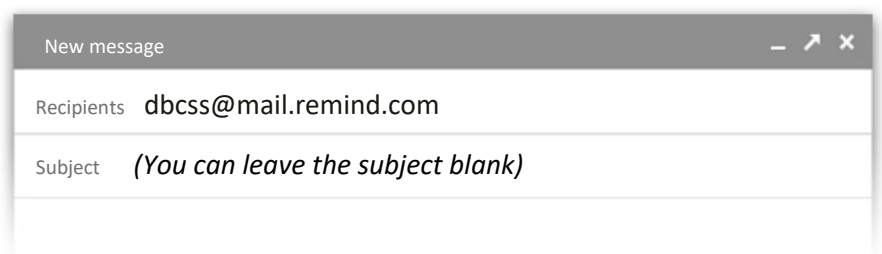
Or to receive messages via email,
send an email to
dbcss@mail.remind.com.

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!



PARTICIPATION AGREEMENT

Participation Agreement

I acknowledge that school attendance involves risk to the student (and to the student's parents or guardians, if the student is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to attend school, parents/guardians of the student acknowledge and expressly accept the risks of injury and/or illness associated with participation. Parents/guardians accept personal financial responsibility for any injury or other loss sustained during school as well as for any medical treatment rendered to the student that is authorized by the school. Further, parents/guardians release and promise to indemnify, defend, and hold harmless Denbigh Baptist Church, Denbigh Baptist Christian School, its directors, officers, employees, volunteers, agents, and representatives, for any injury, claim, expense, causes of action, lawsuits, damages and liabilities that they may have, arising directly or indirectly out of attending school, whether such injury arises out of the negligence of the school, the participant, or otherwise.

Christian Dispute Resolution

If a dispute over this agreement or any claim for damages arises, parents/guardians agree to resolve the matter through the *Rules of Procedure for Christian Conciliation* (a copy of the Rules are published at www.ICCPeace.com). Christian mediation should be attempted, but if it does not resolve the dispute then legally binding Christian Arbitration shall be employed by the Deacons of Denbigh Baptist Church, or individuals selected by the Deacons in accordance with the *Rules of Procedure for Christian Conciliation*. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. Jurisdiction and venue shall be the county and state where the school is located and Virginia law will apply to dispute. Members, pastors, staff or third party vendors/contractors shall understand that these methods shall be the sole remedy for any controversy or claim arising against the Church and expressly waive their right to file a lawsuit in any civil court against one another or the Church for such disputes, except to enforce an arbitration decision. In that case, judgment upon an arbitration award may be entered by any court having competent jurisdiction, in conformity with the laws of the Commonwealth of Virginia.

Student's Name _____

Student Signature (if 18 years of age): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

