WELCOME

FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM ENROLLMENT PACKET



DIRECTOR: DEANNA "DEE DEE" REEDY
ASSISTANT DIRECTOR: SYDNEY WHITE
SCHOOL AGE PROGRAM DIRECTOR: ALYSSA BAZAN

WELCOME TO FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM!

First Christian Church Child Care Center

1880 SW Gage Topeka, KS 66604

Phone 785-272-4291 Fax 785-272-8318

childcare@fcctopeka.org

Dee Dee Reedy Program Director

Sydney White
Assistant Director

Alyssa Bazan
School Age Director

First Christian Church (Disciples of Christ)

Rev. Bonnie GoodwinSenior Minister

Attached you will find an enrollment packet. Please make sure that each form is filled out completely. If a question does not apply to you, please write n/a or not applicable.

These forms need to be completed and returned:

- FCCSAP Tuition Agreement Form
- FCCSAP Enrollment Information Sheet (front and back)
- FCCSAP Photo/Social Media Form
- KDHE Authorization for Emergency Medical Care
- KDHE Child Health History
- CACFP Eligibility Form (see director for form)

FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM

1880 SW GAGE BLVD, TOPEKA, KS 66604



2024 FCCCCC TUITION AGREEMENT

| Before School Care | Weekly | Monthly |
|---------------------------------------|----------|----------|
| | \$60.00 | \$262.00 |
| After School Care | Weekly | Monthly |
| | \$94.00 | \$402.00 |
| Before & After School Care | Weekly | Monthly |
| | \$107.00 | \$462.00 |
| School Age Summer Program | Weekly | Monthly |
| | \$143.00 | \$572.00 |

| Child's Name: | Child's Name: |
|--|----------------------|
| Child's School: | |
| I/We agree to abide by the terms included in thi | s tuition agreement. |
| Parent/Guardian signature: | Date: |
| Provider signature: | Date: |

FIRST CHRISTIAN CHURCH SAP ENROLLMENT

| | | | Registration Date: |
|--|--------------------|--------------|-------------------------------------|
| Parent/Guardian Information | | | |
| Mother/Guardian First Name: | | _ M.I | Last Name: |
| Address: | | | |
| Occupation: | Н | Iome Phon | e: |
| Employed By: | C | Office Phon | e: |
| Work Address: | Hours: _ | | Cell Phone: |
| [] Custodial Parent (If married, | mark both parents | s) Email: _ | |
| Father/Guardian First Name: | | _ M.I | Last Name: |
| Address: | | | |
| | | | e: |
| Employed By: | C | Office Phon | e: |
| Work Address: | Hours: | | Cell Phone: |
| [] Custodial Parent (If married, | mark both parents | s) Email: _ | |
| Child Information | | | |
| First Name: | M.I | La | st Name: |
| | | | Male [] Female D.O.B.: |
| Child's Address: | | | |
| Check Class: Before School Care - | · After School Car | e - Before | & After SC - School Age Summer Camp |
| List any existing medical condition | ns, medication and | d/or special | attention your child may require: |
| | | | |
| | | | ne Phone: |
| Additional Comments & Information that | | to our ma | nagement and teaching staff? |
| | | | |

FIRST CHRISTIAN CHURCH SAP ENROLLMENT

| Relationship to the child: | 1st Contact Pick Up Name: | | Phone: |
|---|---|---------------------|--|
| [] Able to pick up all children in the family [] Able to pick up the following children: | | | |
| Phone: | | | |
| Relationship to the child: | [] Able to pick up the following children: | | |
| [] Able to pick up all children in the family [] Able to pick up the following children: | 2nd Contact Pick Up Name: | | Phone: |
| [] Able to pick up the following children: | Relationship to the child: | Address: | |
| 3rd Contact Pick Up Name: Phone: Phone: Phone: Address: Phone: Address: Phone: Phone: | [] Able to pick up all children in the family | | |
| Relationship to the child: | [] Able to pick up the following children: | | |
| Able to pick up all children in the family [] Able to pick up the following children: 4th Contact Pick Up Name: Phone: Relationship to the child: Address: [] Able to pick up all children in the family [] Able to pick up the following children: Tuition/Payment Information Current Tuition amount: [] Weekly [] Bi-Weekly [] Monthly [] Other: Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents a divorced and split tuition payment or if tuition payment is the responsibility of an adult other than a parents listed above. Signature | 3rd Contact Pick Up Name: | | Phone: |
| Address: Address: | Relationship to the child: | Address: | |
| Address: | [] Able to pick up all children in the family | | |
| Relationship to the child: Address: | [] Able to pick up the following children: | | |
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| | Please outline below whom is responsible for pa divorced and split tuition payment or if tuition p | nyment of tuition a | and fees. Please fill out if parents are |
| | Signature | | |
| | Parent's Signature: | | Date |

FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM: SOCIAL MEDIA/PHOTO FORM

The main purpose of this form is to safeguard the pupils who attend the child care center. It also provides guidelines, which minimize legal risk and protect the reputation of the center and staff.

Purpose of Facebook

First Christian Church School Age Program has a Facebook page available. This is used as a communication tool for the center. We use it for the following purposes:

- Promote events such as social events
- Parent communication
- Update parents on staff training and development
- Share news on events around Topeka for families to enjoy
- Provide ideas of activities to do at home
- Share news about the church or center
- Show photos of activities, artwork, and crafts
- Allow for parental feedback, comments and communication

We will NOT

- Show photos of any children that will identify them (ie. by name)
- Discuss any issues of personal nature
- Share any information of any parent or child attending this center

After reviewing, please select Yes or No for the following:

| 1. First Christian Church Child Care Center may post photos of my child on Facebook. | | |
|--|---|--|
| []Yes | [] No | |
| 2. First Christian Church Chil | ld Care Center may use photos of my child for the monthly newsletter. | |
| []Yes | [] No | |
| D (0' | D 4 | |
| Parent Signature: | Date: | |