



Families,

Thank you for your interest in the Early Learning Center at University Baptist Church!

Registration has now begun for the 2019-2020 school year. **To reserve a spot for your child, please complete the attached registration form and return it with the appropriate, non-refundable registration/supply fee.** The registration/supply fee is used to pay for professional development for your child's teacher and to cover the cost of supplies.

**Registration/Supply Fee (non-refundable):**  
**Returning Student - \$130**  
**New Student - \$160**

The Early Learning Center offers classes on Tuesdays and Thursdays. You may choose either the half day or full day program. We also offer extended care in the morning and afternoon. Please see the ELC tuition schedule for class options, tuition, and fees.

Monthly tuition is due on the first day of each month and can be paid using the Brightwheel app or by check at the ELC office. There is no cost to families for using Brightwheel. The ELC will pay the direct deposit processing fees incurred when using Brightwheel. A \$10 fee will be applied to late payments.

We would love for your child to stay for extended care. However, availability for extended care is limited. Please let us know your family's needs. Extended care fees will be rolled into your child's monthly tuition.

Please be aware of these important registration dates:

**February 25 - Returning Student Registration Opens**  
**February 4 - Returning Student Registration Closes**  
**March 5 - New Student Registration Opens**

If you have any questions, please feel free to call me at 817-926-3318 or email me at [april@ubcfortworth.org](mailto:april@ubcfortworth.org).

Sincerely,

April Lintz  
Early Learning Center Director  
Preschool and Children Director



# UNIVERSITY

BAPTIST CHURCH

## EARLY LEARNING CENTER - TUITION & FEES SCHEDULE

SUMMER TUITION & FEES - 2019				
REGISTRATION & TUITION	REGISTRATION & SUPPLY FEE	JUNE 9:00 am - 12:00 pm	JULY 9:00 am - 12:00 pm	DAILY RATE 9:00 am - 12:00 pm
		\$70	\$130	\$130
FALL & SPRING TUITION & FEES - 2019 - 2020				
REGISTRATION & TUITION	TUESDAY & THURSDAY HALF DAY PROGRAM 9:00 am - 12:00 pm		TUESDAY & THURSDAY FULL DAY PROGRAM 9:00 am - 2:00 pm	
REGISTRATION & SUPPLY FEE	<b>\$130</b> - RETURNING STUDENTS (non-refundable) <b>\$160</b> - NEW STUDENTS (non-refundable)			
FALL SEMESTER <i>DUE: SEPTEMBER 1</i>	<b>\$640</b> SEPTEMBER - DECEMBER		<b>\$900</b> SEPTEMBER - DECEMBER	
SPRING SEMESTER <i>DUE: JANUARY 1</i>	<b>\$800</b> JANUARY - MAY		<b>\$1,125</b> JANUARY - MAY	
MONTHLY INSTALLMENTS	<b>\$170</b> (a \$10 late fee will be charged to late payments)		<b>\$235</b> (a \$10 late fee will be charged to late payments)	
EXTENDED CARE FEES (FALL & SPRING ONLY)	<b>MORNING CARE</b> 8:00 am - 9:00 am (LIMITED AVAILABILITY)		<b>AFTER CARE</b> 2:00 pm - 3:00 pm (LIMITED AVAILABILITY)	
PER MONTH FEE	<b>\$55</b>		<b>\$55</b>	
DAILY RATE (with 24 hour advanced notice)		<b>\$10 PER MORNING, \$10 PER AFTERNOON</b>		
LATE PICKUP FEE		<b>\$10</b>		



## EARLY LEARNING CENTER REGISTRATION

**CHILD'S NAME** \_\_\_\_\_

Child's Gender \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Returning Student (Yes/No) \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Child's Address \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

Mother's Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

Father's Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE SELECT THE PROGRAMS FOR WHICH YOU WISH TO REGISTER:**

	Tuesday & Thursday - <i>Early Care</i> , 8:00 am - 9:00 am
	Tuesday & Thursday - <i>Half Day Program</i> , 9:00 am - 12:00 pm
	Tuesday & Thursday - <i>Full Day Program</i> , 9:00 am - 2:00 pm
	Tuesday & Thursday - <i>After Care</i> , 2:00 pm - 3:00 pm

*\* For Office Use Only \**

Registration Fee \_\_\_\_\_

\_\_\_ Bill on Brightwheel \_\_\_

Paid on Brightwheel \_\_\_

Paid - Check # \_\_\_\_\_

I understand that a ***non-refundable registration fee*** will be required upon registration. I agree to pay for the above reservations and understand that there will be no refunds due to absence, sickness, or inclement weather. Tuition will be due on the first day of each month. Late payments will incur a late fee of \$10. If I decide to withdrawal my child I must notify the director in writhing 30 days prior to withdrawal or a full month's tuition will be due.

I understand that my child may not attend the ELC while they are ill. Symptoms of illness include a fever of 100.0 or higher, vomiting, diarrhea, lethargy, & unusual irritableness. If my child becomes ill during the school day I will be notified and will arrange I understand that ***all ELC students must have current immunization records on file with the ELC*** in order to attend.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_



UNIVERSITY  
BAPTIST CHURCH

# MEDICAL WAIVER

## THIS SECTION TO BE COMPLETED ON BEHALF OF A CHILD UNDER 18 YEARS OF AGE

I, \_\_\_\_\_ (parent/guardian), the parent/guardian of \_\_\_\_\_ (name of child) a minor, hereby acknowledge that the said minor is presently under my care, custody, and/or control. I hereby give \_\_\_\_\_ (name of child) my express permission to go on 2019-2020 ministry activities with University Baptist Church, Fort Worth, Texas. I furthermore grant permission for my child to participate in all activities as my child is capable.

In the event an emergency necessitating medical or surgical attention arises, I hereby consent and give my permission to the University Baptist Church staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I, \_\_\_\_\_ (parent/guardian), the parent/guardian of \_\_\_\_\_ (name of child), do release, acquit, discharge, and covenant to hold harmless University Baptist Church, its staff, its representatives, and the sponsors from any and all actions, causes of actions, damages, or liabilities, and financial responsibility for all medical treatment provided during the attendance of 2019-2020 ministry activities sponsored by the University Baptist Church, Fort Worth, Texas.

I have read this Medical Release Form and agree to the terms of this document, and agree that I am signing it on the behalf of the above named party.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

## THIS SECTION TO BE COMPLETED FOR ADULTS 18 YEARS OF AGE OR OLDER

In the event an emergency necessitating medical or surgical attention arises, I, \_\_\_\_\_ (self), hereby consent and give my permission to the University Baptist Church staff, its representatives, and the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless University Baptist Church, its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, or liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of 2019-2020 ministry activities sponsored by University Baptist Church, Fort Worth, Texas.

I have read this Medical Release Form and agree to the terms of this document.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# MEDIA RELEASE

## THIS SECTION TO BE COMPLETED ON BEHALF OF CHILDREN OR FOR ADULTS

I, \_\_\_\_\_ (parent/guardian/self), give permission for images of my child and/or myself, captured during regular and special University Baptist Church activities through video, photo, and digital camera, to be used solely for the purposes of the University Baptist Church promotional material and publications.

SIGNATURE OF PARENT/GUARDIAN/SELF \_\_\_\_\_ DATE \_\_\_\_\_



## EMERGENCY INFORMATION & STUDENT HEALTH RECORD

CHILD'S NAME \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

### APPROVED PICK-UP AND EMERGENCY CONTACT

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#### APPROVED TO PICK-UP (OPTIONAL)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

#### EMERGENCY CONTACTS (ONLY ONE IS REQUIRED)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### MEDICAL RELEASE

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#### PRIMARY CARE DOCTOR

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

### RECORD OF STUDENT HEALTH

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#### DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? PLEASE EXPLAIN.

Allergies - \_\_\_\_\_

Physical or Mental Illness - \_\_\_\_\_

Recent Serious Illness - \_\_\_\_\_

Chronic Illness or Hospitalization - \_\_\_\_\_

Medications Prescribed on a Regular Basis - \_\_\_\_\_

Other Concerns - \_\_\_\_\_

Should medical attention be required, List any special instructions needed, such as being allergic to penicillin, or other medications - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**\*\*\* THIS SECTION IS TO BE COMPLETED BY THE CHILD'S PHYSICIAN \*\*\***  
**PLEASE INCLUDE A COPY OF THE CHILD'S IMMUNIZATION RECORD SIGNED BY THE PHYSICIAN**

\_\_\_\_\_ (Name of Patient/Student) has been examined by me within the past 12 months and is found to be free of any contagious disease and is able to participate in a preschool program.

Signature of Physician - \_\_\_\_\_ Date of Last Exam - \_\_\_\_\_

Physician's Address - \_\_\_\_\_

Physician's Phone Number - \_\_\_\_\_ Today's Date - \_\_\_\_\_