

Who is responsible for paying ELC bills?

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone # () _____ Work Phone # () _____
Signature: _____ Date _____

Should the ELC deem it necessary to pursue legal action or otherwise expend time and resources in an attempt to collect amounts due it under this Agreement, the Parent/Responsible Party agrees to pay any and all reasonable or lawful costs incurred by the ELC in pursuing the amounts owed.

Emergency Contact

In the event that a parent or guardian cannot be contacted during an emergency situation, the following people should be contacted.

1. Name _____ Relationship _____
Home Phone # () _____ Work Phone # () _____
2. Name _____ Relationship _____
Home Phone # () _____ Work Phone # () _____
3. Name _____ Relationship _____
Home Phone # () _____ Work Phone # () _____

Authorization for Release

Name _____ Relationship _____ Code _____

Name _____ Relationship _____ Code _____

My child may be released to the above people. Each authorized person must be at least 16 years old, have a valid driver's license. I understand that I am to notify the ELC Director in writing if someone else will be picking up my child. Photo ID will be required.

Special Instruction Regarding Parental Contact

Please describe any legal issues which would limit a parent's access to child. Original documents from the court are required to deny access to a child by a parent.

Additional Student Information

Allergies (Food, etc.)

Unusual Health Problems? (Please list specifics below)

Special Medications

If my child is accepted into this program, I understand that I am responsible for the timely payment of tuition and fees. Should the ELC deem it necessary to pursue legal action or otherwise expend time and resources in an attempt to collect amounts due it under this Agreement, the Parent/Responsible Party agrees to pay any and all reasonable or lawful costs incurred by the ELC in pursuing the amounts owed. I am also responsible for following the guidelines provided to me in the parent's handbook.

Signature _____ Date _____

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Initial payment in the amount of \$_____ Check #_____ Cash Other

Covering:

- Registration
- Activity fee 50.00
- \$175.00 Field Trip Fee (Nonrefundable) Covers all field Trips for the summer

**Ridgecrest Christian Academy
Early Learning Center
EMERGENCY MEDICAL TREATMENT FORM**

Should my child, _____, become ill or suffer an accident while he or she is in the care of Ridgecrest Christian Academy Early Learning Center, the school is to attempt to contact me immediately. In the event the school is unable to reach me immediately, the school and / or its designated staff is authorized to seek and obtain such medical attention, treatment and services for my child as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred that are not covered by the insurance of Ridgecrest Christian Academy Early Learning Center.

Signature of Parent or Guardian

Date

Insurance Company

Policy Number

Child's Physician

Hospital preference

Witness

Witness