



**PARKVIEW BAPTIST
EARLY LEARNING CENTER**

6301 Camphor St. | Metairie, LA 70003
info@pbelc.org | Phone: (504) 456-0115 | Fax: (504) 887-9909

September–May Registration Forms 2023–2024

General Information

Child's Name _____ Gender _____ Birth Date _____

Child's preferred name (name child is called) _____

Mother's name _____ Father's Name _____

Please print clearly.

Mother's email address _____

Father's email address _____

Mother's religious preference _____

Member of a church? If so, where? _____

Father's religious preference _____

Member of a church? If so, where? _____

These next questions will help us better care for your child:

Describe your child's past illnesses _____

Describe any developmental delays _____

Please tell us about your child's:

Likes

Dislikes

Any additional information that you would like to share with us? Please use the space below or the back of this packet, if needed.



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Tuition Agreement

Child's Name _____

Date of Admission: _____

I agree to pay a non-refundable registration fee of \$ _____.
(Registration fee is prorated if child starts after September)

I agree to pay a supply fee in the amount of \$ _____.

I agree to pay a weekly tuition fee in the amount of \$ _____.

I understand that **tuition is due every Monday by 5:00pm**. Tuition not paid in a timely manner may result in the dismissal of my child from the program. Tuition payments may be made by cash, check, money order, and credit or debit card. **A fee of \$10.00 will be charged for all NSF checks.** A written two-week notice is required in order to withdraw a student. A charge for two additional weeks will occur if a child is removed without notice.

I understand that except for the discount during the one-week Thanksgiving Break, two-week Winter Break, one-week Mardi Gras Break and one-week July Center closure, there is no discount in tuition for holidays, sickness, emergency closings, absenteeism, or vacations. I agree I am paying for my child's spot and not his/her attendance.

Mother's Signature

Date

Father's Signature

Date



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Family Information

Child's Name _____ Gender _____ Birth date _____

	Mother	Father
<i>Name</i>		
<i>Address</i>		
<i>Employer</i>		
<i>Cell #</i>		
<i>Work #</i>		
<i>Home #</i>		

Which individual listed above would you like us to call first? _____

Person(s) with whom the child lives:

Please list your child's allergies

Dietary restrictions (please sign additional paperwork, if needed)

Child's Doctor's Name _____ Phone _____

Child's Dentist's Name _____ Phone _____

Hospital Preference _____

Please remember that we need a *current* immunization for your child upon registration



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Emergency Information

Individuals to contact in case of emergency:

Individual's name	Relationship to child	Phone numbers

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to the emergency contact persons listed above. (Families, please notify these individuals that they may be asked to show proof of identity.)

Individual's name	Relationship to child	Phone numbers

I hereby authorize Parkview Baptist Early Learning Center:

1. To care for my child during the time he/she is in the center.
2. To administer medicine that has been authorized in writing by the parent or guardian.
3. To secure emergency medical care for my child if unable to reach me or those that I have listed on this page.

Mother's Signature

Date

Father's Signature

Date



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Security/Observation Recordings

Parental Awareness of Recordings

I am aware that Parkview Baptist Early Learning Center utilizes recordings and/or taping of my child such as digital recordings, videotaping, audio recordings, or web cam while in the center and its premises (i.e., playgrounds and parking lots) for observation/security purposes.

Mother's Signature

Date

Father's Signature

Date



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Recordings and Photographs

Please Check One

PBELC uses photographs and videos of PBELC for a variety of purposes. However, we understand parents have varying levels of comfort with their children being photographed. Please indicate below your preference.

_____ I **give** permission for Parkview Baptist Early Learning Center to use photographs and videos of my child in the following ways:

- In the classroom (e.g. decoration/crafts)
- In the hallways (e.g. decoration, cubby identification)
- In the PBELC newsletter
- On PBELC social media
- In promotional material (e.g. brochures/website)

_____ I **do not** give permission for Parkview Baptist Early Learning Center to use photographs and videos of my child in any way.

Please Agree to the Following

In the event that the ELC sends me a picture with more than my child in the frame, I agree not to share it on public publications such as social media, without written consent from all of the children in the group.

Please note: This authorization releases Parkview Baptist Early Learning Center from any liability and responsibility for disclosure of any and all photographs published by other ELC families, not employed by the ELC. These pictures might be taken at holiday parties, PreK celebrations, or other special events.

_____ I Agree

Mother's Signature

Date

Father's Signature

Date



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Release of Personally Identifiable Information

The Family Educational Rights and Privacy Act (FERPA) requires Parkview Baptist Early Learning Center (hereafter referred to ELC) obtain your written consent prior to the disclosure of appropriately designated personally identifiable information from your child’s records. The Early Learning Center may disclose information to the licensing authority of Licensing Division upon request without written permission. According to Bulletin 137, the licensing regulations of Louisiana’s Early Learning Centers, the ELC must obtain written consent from the parent prior to releasing any information, recordings or photographs except to authorized state and federal agencies (151.4.B) The ELC is to maintain confidentiality and security of all records of children. Center staff is prohibited from disclosing or knowingly permitting the disclosure of any information concerning the child or the family of the child, either directly or indirectly, to any unauthorized person (1515.4.C).

- As a ministry of Parkview Baptist Church, Parkview Baptist Early Learning Center requests your permission to share contact information, such as address, email address, etc. for the purpose of sharing with you particular events the church is sponsoring such as Vacation Bible School, Parent’s Night Out, Easter and Christmas cantatas, etc.

Please initial one of the boxes below and sign the bottom of the page:

_____ I give Parkview Baptist Early Learning Center my permission to share contact information with Parkview Baptist Church.

_____ I ***DO NOT*** give my permission to Parkview Baptist Early Learning Center to share my contact information with Parkview Baptist Church.

Mother’s Signature

Date

Father’s Signature

Date



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Parent Handbook

I have received a copy, either a hard copy or electronically, of the parent handbook. I have read and understand the contents of the Parkview Baptist Early Learning Center Parent Handbook. I agree to the policies written therein.

I also received a list of parent resources, which is located on the back page of the parent handbook.

Mother's Signature

Date

Father's Signature

Date



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Most Easily Missed Policies

The following policies are contained in the parent handbook but are often missed by parents. Please place a checkmark on each policy and sign below indicating you understand and agree to abide by these policies.

_____ The center’s regular schedule is 7:00am–5:00pm.

_____ Children must be dropped off before 9:00am each morning. Late drop-offs in excess of 5 incidents annually (without an excused written note) will be charged a \$10 late drop-off fee per late drop-off.

_____ If a child is picked up after 5:00 p.m., a \$20 late pick-up fee along with a \$1 per minute charge will be billed to your account.

_____ A written two-week notice is required in order to withdraw a student. A charge for two additional weeks will occur if a child is removed without notice.

_____ Tuition discounts are not given for the following: holidays, sickness, emergency closures or absenteeism. The exception to this is a ½ tuition discount for the one-week Thanksgiving Break, two-week Winter Break, one-week Mardi Gras Break, and one-week Teacher Development week in July.

_____ Tuition is due every Monday. If tuition is paid bi-weekly or monthly, payment must be made in advance. If PBELC is closed on Monday, tuition is due on the first day PBELC is in operation.

_____ Tuition payments more than one week past due may result in the dismissal of your child from the program.

_____ When notified that my child has an illness or other reason they need to be picked up, I or someone on my emergency contact list will arrive at PBELC within an hour of being contacted.

_____ For the safety of our children, PBELC will exclude from attendance any child with a combination of two or more of the following symptoms: rising temperature, chills, nasal congestion, runny nose, loss of taste/smell, shortness of breath/difficulty breathing, diarrhea, vomiting, stomachache, fatigue, lethargy, headache, muscle/body aches, poor appetite/feeding (if any such symptoms are normal for your child, only unusual symptoms for your child will be considered.) The child may return when free from symptoms for 24 hours.

_____ Because of changes in state law or unforeseen circumstances, it may be necessary to make changes to the handbook during the school year. PBELC reserves the right to modify or revoke any policies, procedures, practices, and statements at any time. PBELC will make every effort to inform parents of changes.

Mother’s Signature

Date

Father’s Signature

Date



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Non-Vehicular Excursion* Authorization

My child, _____, has my permission to participate in all of the following off-site activities when the children are walking and accompanied by staff of the center:

Type of activity	Location of activity	Purpose
Bye-Bye Buggy or Neighborhood walk	Around the block	Experience outdoors, etc.
Visit Fellowship Hall	Fellowship Hall	Rainy/Heat Advisory play, etc.
Other on-campus locations	Parking Lot, Sanctuary	Special events

This authorization is valid for one year.

Mother's Signature

Date

Father's Signature

Date

*Examples of non-vehicular excursions would be a nature walk around the neighborhood, walking to the library, fellowship hall, sanctuary, etc.



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Bottle Authorization

I give permission for my child _____ to hold his/her own bottle.
(Child's name)

Mother's Signature

Date

Father's Signature

Date



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Authorization for the Application of Topical Products

Child's Name: _____

I give permission for center staff to apply the following topical products to my child whether center provided, or parent provided:

Yes No

() () sunscreen

() () diaper rash cream

() () other _____
(name of other counter topical product)

() () other _____
(name of other counter topical product)

This one-time authorization will remain in effect until a new authorization is signed.

Mother's Signature

Date

Father's Signature

Date



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Water Play Activities Permission Form

My child _____ has permission to participate in the following type of water play activity:

Water tables, and water play days in the summer months, which may include sprinklers and other water play day activities.

Location of activity:
Parkview Baptist Early Learning Center play yards and classrooms.

This authorization is valid for one year.

Mother's Signature

Date

Father's Signature

Date



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Participation in Food–Related Activities

Child's Name: _____

To comply with Child Care Licensing Regulations, parents and legal guardians of children attending the Center must be advised in advance that children may participate in food-related activities during the school year. Parent consent to participate in special occasion food events such as group snack provided by a parent, birthday celebrations and/or similar events where food will be served, must be obtained in writing. Consent must also be obtained for children to participate in learning activities where food may be consumed, such as classroom cooking activities. Signed consent forms will be maintained in each child's file (one consent form must be completed for each child enrolled in the program).

Yes No

I give permission for my child to participate in classroom food-related learning activities such as cooking.

I give permission for my child to participate in group snack events where food is provided by a parent.

I give permission for my child to participate in special occasion food events such as birthday treats.

Mother's Signature

Date

Father's Signature

Date



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Religious and/or Personal Statement for Food Substitution

Date: _____

Child's Name _____

Food(s) to be Omitted

Recommended Food Substitution(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above-named child requires the food substitution(s) as described for religious and/or personal reasons:

Mother's Signature

Date

Father's Signature

Date

Lead Teacher's Signature

Date

Center Cook's Signature

Date



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Choking Hazard/Restricted Food List

The following foods are prohibited at PBELC:

- Carrot Rounds
- Popcorn
- Hard Candy
- Hard Pretzels
- Nuts and Seeds
- Meat Chunks
- Rice Cakes
- Chips
- Whole Grapes
- Marshmallows
- Hot Dogs
- Any round, hard, small, thick, sticky, smooth, compressible, dense or slippery foods

Food larger than ¼ inch for infants: (image for size reference)

Food larger than ½ inch for toddlers: (image for size reference)

_____ I agree not to bring the above items as meals/snacks for my child or as celebration foods for the classroom.

Mother's Signature

Date

Father's Signature

Date