



# 2024-2025

332 Spencerport Rd  
Rochester, NY 14606  
585-247-8620

Office Use Only

Reg. Fee (\$40) Pd \_\_\_\_\_

FT Fee (\$30) Pd. \_\_\_\_\_  
(3's & 4's school year)

Child's Name:

\_\_\_\_\_

Sex: M or F Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Select One:

Preschool Only \_\_\_\_\_

Preschool & Daycare \_\_\_\_\_

School Aged Care \_\_\_\_\_

Time in: \_\_\_\_\_

Time out: \_\_\_\_\_

Circle Days Attending:

M T W T H F

Desired Start Date:

\_\_\_\_\_

My child's race is:

- American Indian/ Alaska Native
- Asian
- Black/ African American
- Hispanic
- Native Hawaiian/ Pacific Islander
- White
- Other: \_\_\_\_\_
- Prefer Not to answer

Parent/ Guardian 1 Name:

\_\_\_\_\_  
Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/ Guardian 2 Name:

\_\_\_\_\_  
Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child lives with (circle):

Both Parents    Parent/ Guardian 1    Parent/ Guardian 2    Other: \_\_\_\_\_

## Emergency Contacts allowed for pick up (Other than Parent/ Guardian 1 & 2)

Name: \_\_\_\_\_

Cell#: \_\_\_\_\_

Relationship To child: \_\_\_\_\_

Name: \_\_\_\_\_

Cell#: \_\_\_\_\_

Relationship To child: \_\_\_\_\_

Name: \_\_\_\_\_

Cell#: \_\_\_\_\_

Relationship To child: \_\_\_\_\_

Northstar Christian Academy Daycare and Preschool will ask to see a photo ID for ANY individual that a staff member does not know. Please inform any of the above individuals to be prepared to present his/her ID. Children must be escorted to and from the daycare and must be signed in and out with the responsible parties name.

**Non Authorized Pick up (Court Document Required)** \_\_\_\_\_ Dated: \_\_\_\_\_

Please initial each section below after reading

Dr. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_ I give permission for pictures/video of me or my child taken by a First Bible Baptist Church/Northstar Christian Academy Daycare and Preschool volunteer photographer/videographer and to be used for ministry promotional purposes for this or future calendar years. I understand that if the video or photograph appears in a public place (website, brochure, video, newspaper, etc.), no identifiable information (first and/or last name, address, age, etc.) will be used in conjunction with the publicly displayed photo or video unless we contact you specifically and receive your permission to do so.

\_\_\_\_ I understand that any changes for registered children require a two-week notice, in writing. This includes children leaving our program or children changing hours of attendance while in our program. This does NOT include vacations. You are still responsible for payment vacation weeks.

We are required to provide adequate staffing on all the days your child is expected to attend.

\_\_\_\_ I understand that a late pick up fee of \$1 per minute after closing will be charged, per child. I understand that the center clock is the time that is logged at arrival and departure time and the staff will document on the sign in and out if my written time differs from the facility clock.

\_\_\_\_ I understand payment is due each FRIDAY, prior to the week of care. ANY staff member can take a payment. There is a \$40.00 fee for any returned checks. All returned checks are required to be settled no later than the Friday of the week of notification. We do not accept checks from out of the area.

\_\_\_\_ I have read and reviewed the Parent Handbook and all NCA Daycare and Preschool Policies and Procedures which are available on the daycare website (www.northstardaycare.com). I understand and agree to follow and abide by all such policies. I am aware that a copy of these procedures is available for review at my child's program site, and the daycare office during normal business hours. Policies and Procedures are subject to change with written notification to parents.

\_\_\_\_ I understand that if my child's class goes outside, my child will not be able to stay inside as we do not have the staffing to split the classrooms.

\_\_\_\_ Children in our program need to be toilet trained and self-sufficient in the toileting area. Please provide extra clothing in the event your child has an accident. We can assist your child, but they must be able to dress and undress themselves and be able to meet their personal needs.

\_\_\_\_ I hereby agree to accept full responsibility for fees and tuition for my child(ren) to attend Northstar Christian Academy childcare programs. Weekly or monthly payment are required in order for your child(ren) to attend. You are responsible for noted holidays that the daycare is closed as well, with the exception of shut down week in July. Notification of vacation is appreciated, however you are obligated to all childcare fees during your child absence.

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In the event that I default on the above agreement and do not make a payment, my child's enrollment will be terminated and I will be responsible for the cost of collection at that time.

\_\_\_\_\_  
Parent/Guardian 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2

\_\_\_\_\_  
Date

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Northstar Christian Academy Daycare, a ministry of First Bible Baptist Church (FBBC), 990 Manitou Road, Hilton, NY admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the daycare programs. NCAD nor FBBC do not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational polices or other school administered programs.