

RETURN COMPLETED REGISTRATION PACKET IN PERSON TO MS. JUDI OR MS. KRISTI BY FRIDAY, FEBRUARY 9 TH .					
\$225.00 ANNUAL REGISTRATION FEE AUTO DRAFTS ON FEBRUARY 15TH \$75.00 ANNUAL CURRICULUM, MATERIAL, AND SUPPLY FEE AUTO DRAFTS ON AUGUST 1ST					
PLEASE CHECK	<u>CONE</u>				
6 weeks-16m 8am-3pm	6 weeks-16m 8am-6pm	16m to 3 years 8am-3pm	16m to 3 years 8am-6pm	Pre-Kindergarten 8am-3pm	Pre-Kindergarten 8am-6pm
TUITION FEE SCHEDULE SEPTEMBER 2024 THROUGH AUGUST 2025					
	8:00-3:00 PM (p	part-time)	8:00- (6:00 PM (full-time)	
Infant	Toddler (6weeks-1				035.00
	o 3 years old:	\$ 700.00	16m to 3 years	,	910.00
	Pre-Kindergarten (4's): \$ 727.00 Pre-Kindergarten (4's): \$ 935.00				
IMPORTANT NOTE: You must choose the full-time option if you cannot pick up by 3:00 PM. The 3:00 PM pick-up time will be strictly enforced. A \$25.00 fee for late pick-up after 3 PM will be charged per child.					
Rates are based on the child's age at the time of registration and will remain the same until August 2025					
Carefully choose which session meets your family's needs for the entire school year. For budgetary and staffing reasons, we do not allow session changes to part-time once you have chosen a full-time option.					
SNEAK PEAK SEASIDE'S 11-WEEK SUMMER PROGRAM REGISTRATION BEGINS MARCH 1 st SUMMER REGISTRATION FEES ARE SEPARATE FROM THE REGULAR SCHOOL YEAR					

SEASIDE PHILOSOPHY

Seaside offers a nurturing, educational program for infants to pre-K-aged children. We believe each child is a unique and special individual with the right to safe, stimulating, and educational care regardless of race, gender, religion, economic background, national origin, culture, or ancestry.

Our commitment to families is to provide a safe, healthy, Christ-loving environment that promotes high-quality childcare. We understand how hard it is to leave your child in the care of another, but please rest assured that your child will be cherished and kept safe while you are away.

In your child's daily environment, we will promote physical, social, emotional, spiritual, and cognitive development and respond to your family's needs. Behavior guidance of children will be constructive and age-appropriate, and redirection will resolve conflicts. We partner with parents, working together to help our children grow happy, healthy, and strong and build a relationship of mutual trust and respect.

Hours of Operation 8:00am-6:00pm 212 19th Street Virginia Beach, VA 23451 757-428-7727 ext. 205 or 206

School Director: Judi Gray jgray@vbumc.org School Assistant Director: Kristi Wilmoth kwilmoth@vbumc.org



CHILD INFORMATION FORM

Name:							
Last		First		N	Aiddle Name/Initio	al Nickname	
Birthdate:	Gender:			ts marital st			
MMDDYY		Male/Female	е		Married,	/Single/other	
Child Lives with:	Prima						
Mother/	Father/both /other		Street		City	State	Zip
Primary phone number:		_List previou	ıs Child Care, i	if any:			
Sibling:			Age:	Relation	onship:		
Sibling:			Age:	Relation	onship:		
Other family members living	in home:			Relatio	onship:		
Other family members living	in home:			Relatio	onship:		
Nap Habits:			_ Hours of sleep	o a night:	Special item: _		
Describe child's appetite:							
	(ex: always hungry, picky, l	ikes to snack, e	ats at mealtimes	s, has to be co	paxed to eat)		
Is your child generally	cooperative shy	happy	aggressive	sensitive	submissive	angry	
Please list any other behavior	or or helpful characteristics	you would like	us to know abou	ut:			
PHOTO CONSENT Seaside	takes pictures and videos	to share on soo	cial media.				
Please sign here if you DO I	NOT want your child's pictu	ire to be shared	l:				
This section is to be filled fully potty trained, in unde		•	d or who will be	three years	old by September	· 30, 2024. Children	n must be
Is your child toilet trained, w	earing underwear daily, an	d at naptime wit	th minimal accid	ents?			_
Does the child use particula Any special bathroom routin	r words for toileting?	ld he aware of		_ Does child	need assistance		
7 try opeoidi battiroom routin	es of other timigs we should	ia be aware or _					
BIRTH CERTIFICATE IDENTITY	VERIFICATION	Offic	e use only				
Legal Name Listed on Birth Certific	cate:				DOB:		
Place of Birth:		Birth Certificate	Number		Filing Date:		
Person Viewing:		Da	ate Viewed:				
Proof of the child's identity ma copy of the placement agreem							assport,



PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION FORM

Parent #1 Last	Relationship to Child:			
	First		. —	
Physical Address:		City		Zip
Email Address:			Cell Number:	
Place of Employment:	Work Number: Home Number:			
PARENT/ GUARDIAN #2				
		Relation	ship to Child:	
Last	First			
Physical Address:		City		 Zip
Email Address:	Cell Number:	Work Number:		
EMERGENCY CONTACT (Name of first Emerge	First	Relationship to Child:		
Physical Address:				
Street Address		City		
- "*"		Oity	State	Zip
Email Address:	Cell Number:	•		
Is Emergency Contact Authorized to pick up child			Work Number:	
	yes/no (p.	icture ID required	Work Number:	
Is Emergency Contact Authorized to pick up child	yes/no (p.	icture ID required reached)	Work Number:	
Is Emergency Contact Authorized to pick up child EMERGENCY CONTACT (Name of first Emergent Last	yes/no (p. ncy contact if a parent can't be First	icture ID required reached)	Work Number: if new emergency contact)	
Is Emergency Contact Authorized to pick up child EMERGENCY CONTACT (Name of first Emerger	yes/no (p. ncy contact if a parent can't be First	icture ID required reached) Relation City	Work Number: if new emergency contact) ship to Child: State	Zip
Is Emergency Contact Authorized to pick up child EMERGENCY CONTACT (Name of first Emerger Last Physical Address: Street Address	yes/no (p. ncy contact if a parent can't be First Driver's License:	icture ID required reached) Relation City	Work Number: if new emergency contact) ship to Child: State Cell Number:	Zip
Is Emergency Contact Authorized to pick up child EMERGENCY CONTACT (Name of first Emerger Last Physical Address: Street Address Email Address:	yes/no (p. ncy contact if a parent can't be First Driver's License:	icture ID required reached) Relation City	Work Number: if new emergency contact) ship to Child: State Cell Number:	Zip



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Child Name:	Date of Birth:			
ALLERGIES (Please write N/A if	not applicable)			
Medication or Food:				
Please list all				
is there a current medical action plan to	r allergies: Are allergies life-threatening:			
SPECIAL MEDICAL CONDITIONS (ex	amples: asthma, diabetes, or other)			
List medical condition here:				
Medications taken:	Any medical action plans:			
Seaside School is required to call 911 ir Parents must submit medical action plan	nmediately after the use of an Epi-pen ns and state-required authorization forms before enrollment into Seaside School			
Any special marks, scars or birthmarks:				
Pediatrician name:	Phone			
Preferred Hospital Facility:				
PARENT SIGNATURE SECTION				
This Document authorizes Seaside Schabsence of parent(s) or legal guardian(s	ool to administer emergency medical treatment of the above-named minor child (under age 18) in the s).			
By signing below, you also understand	the following:			
	the parent(s)/guardian(s) whenever the child becomes ill, and the parent(s)/guardian(s) will arrange to have the			
	as soon as possible if so requested by the center. uardian(s) authorizes Seaside School to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) and immediately.			
	inform Seaside School within 24 hours or the next business day after his child or any immediate household ble communicable disease.			
Parent Name: Please print clearl	Parent Signature:			
Please print clean	y			



PARENT AGREEMENT FORM

TUITION AND ENROLLMENT For your convenience, the school year's annual tuition, from September through May, is broken down into 9 monthly payments. Summer School is an 11-week program.

ANNUAL FEES Seaside Annual Registration Fees for the school year and summer are non-refundable. Registration fees reserve and hold your child's spot. Summer registration fees are collected every March

TUITION automatic payments are the only accepted form of payment for fees. Parents are required to enter their banking information into Procare before enrollment. Procare generates an invoice emailed to you, and payment is withdrawn on the 1st of every month. An automatic \$35.00 return payment fee will be added to your family account in Procare. Arrangements must be made with the Director within five business days of the return. Childcare services can be suspended for non-payment of tuition.

PROCESSING FEES: Automatic payments by ACH are \$1.00 per transaction

Automatic payments by Debit/Credit card are 2.7% plus .30 cents of the total.

*Please remember that if you signed up with ACH but paid early and used a debit or credit card, the 2.7% plus .30 cents processing fee will be adjusted to your family account.

YEARLY TAX STATEMENTS Parents can download year-end tax statements from the Procare app.

STUDENT RECORDS: When a family enrolls, we request information about the child and family. Your child's record is confidential and stored in a secure and private location. Parents must inform the administration of any personal changes, including addresses, phone numbers, medical history, or custody documents.

REQUIRED PAPERWORK Parents must complete all required paperwork before enrollment and yearly.

Complete registration packets include

- 1. Tuition Agreement Form
- 2. Child Information Form (new families must submit a birth certificate for verification)
- 3. Medical history and authorization for emergency treatment Form (immunization record/updates, medical action forms must be included)
- 4. Parent and emergency contact information form

WITHDRAWAL 30-day written notice is required to terminate the agreement.

SCHOOL CLOSINGS/ABSENCES Seaside School VBUMC <u>will not</u> refund or rebate any monthly tuition costs for days that school is closed for federal holidays, church holidays, winter break, spring break, staff development days, child sick days, family vacations, inclement weather.

ENROLLMENT STATUS: The administration reserves the right to terminate a child's enrollment at any time if they feel it is in the best interest of the student and/or school.

SCHOOL CLOSURE DATES Seaside School year start and end dates may differ from Virginia Beach Public Schools. Holidays we are closed are Labor Day, Veterans Day, Thanksgiving Break (TBD), Winter Break (TBD), Martin Luther King Jr. Day, {Presidents Day, Spring Break (TBD), Memorial Day, Juneteenth, and Independence Day. Church holidays will be provided in the parent handbook in August.

DAILY PROCEDURES

DAILY COMMUNICATION AND PROCARE is an important part of our program. Parents will download and use the Procare app. Upon enrollment, parents must upload their child's photo, parent photo, and emergency contact photo. This is a security feature that helps staff identify allowable pick-up contacts. This app enables parents to send and receive messages. Teachers can complete daily notes and upload pictures. Teachers are given time during rest periods to answer questions and send pictures. We also encourage other forms of communication, such as email, phone calls, and in-person conversations.

Parents' messages left in Procare past 6 PM will be answered by the morning. Teachers are not expected to answer questions in Procare after 6 PM.

PARKING Parents must park in a parking spot and avoid fire lanes and handicapped slots for dropping off or picking up their child.



ABSENCES Parents will notify a child's absence in Procare.

DROPING-OFF Parent drop-off begins at 8:00 AM. Classroom instruction begins at 8:30 AM. The latest drop-off time is 9 AM. We understand that children may have appointments, or you might just be running late. Parents can avoid a \$15.00 late drop-off fee, as long as we are notified ahead ot time. Children will be marked absent if no notification is sent. When parents drop off past 9 AM, it disrupts the whole class and delays plans and activities.

When dropping off, please remember that making it quick and easy is best. Ages 2 and up should be able to walk independently and put their backpack, lunch, or other items in their cubbies. Teachers will assist and work on mastering self-help skills. Teachers are required to prompt children to wash their hands upon arrival. It's important not to spend extra time with teachers because they must monitor, help, and assist all children in the class.

PICKING-UP You must choose the full-time option if you cannot pick up by 3:00 PM. The 3:00 PM pick-up time will be strictly enforced. A \$25.00 fee for late pick-up after 3 PM will be charged per child.

OPEN DOOR POLICY Parents are welcome to visit whenever their child attends. We strongly encourage parent involvement.

STAFF-TO-CHILD STATE RATIOS

Birth up to 16months- 1 staff to 4 children 16 months to 24 months- 1 staff to 5 children 2-year old's- 1 staff to 8 children 3-year old's up to school age eligible- 1 staff to 10 children

Ratios double during rest periods for ages 16m to school age eligible when children are resting or inactive.

POTTY TRAINING

Teachers will assist children and families with potty training in the 2-year-old class as students begin to demonstrate readiness. Parents and teachers will work on a plan collaboratively once it's determined that a child is developmentally ready.

Children must be fully potty trained and wearing underwear for classrooms aged three and up.

CLASSROOM DAILY SCHEDULES A routine provides children with a stable sequence of events. This stability gives children a sense of security and order. A good schedule meets the needs of all children in care and includes well-planned times for personal care needs such as washing, toileting, snacks, drinking water, and rest. Schedules will balance active and quiet activities and indoor and outdoor play.

APPROPRIATE DRESS FOR SCHOOL: Clothing should be appropriate for the season. Children may get messy with different activities that take place daily, so we recommend that children not wear anything that parents don't want to get stained. Two extra sets of seasonal clothes are kept at the school for accidents. Closed-toe shoes are required for safety. Jackets, hats, and gloves are recommended for the colder months.

LABELING ALL CHILDREN'S BELONGINGS Label backpacks, lunch boxes, jackets, hats, blankets, sheets, extra clothes, gloves, and cups. Seaside will not be responsible for lost items.

BEHAVIORAL GUIDANCE Seaside will guide and promote the child's physical, intellectual, emotional, and social well-being and growth and shall interact with the child and provide help, comfort, and support. The guidance shall be constructive and age-appropriate, and redirection will resolve conflicts.

OUTSIDE RECREATION TIME Outdoor activities are required, weather and air quality permitting, for at least 30 minutes daily. Children must have coats in cold weather.

MEALS I understand I must provide my child's meals daily and a water bottle.

TOYS may not be brought to school unless for a special event in the child's classroom



PARENT SIGNATURE FORM

Seaside School fully meets the requirements for schools operated under the Religious Exempt Licensure set forth by the (VDOE)

I have read, understood, and accepted all of the terms in this Agreement. I will promptly update any information provided in this Agreement if any information changes. School management only has the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. We reserve the right to alter policies and/or programs anytime

required) either verbally or in writing. We reserve the right to alter policies and/or programs anytime	э.
Parent Signature:	Date:
(OPTIONAL)	
Do you currently have a home church?	
If not, would you like more information about Virginia Beach United Methodist Church? YES OR NO)
VBUMC has many opportunities to help serve our community. Please ask your Director if you wou one of the below:	uld like to help serve by volunteering or contacting
Children's Ministry Director: Jodi Fox jfox@vbumc.org	
Missions Director: Mandi Cutchins mcutchins@vbumc.org	