

**Neighborhood Christian Learning Center**  
**815 Irving Rd**  
**Eugene OR 97404**  
**541-688-4121**  
[nagdc@comcast.net](mailto:nagdc@comcast.net)  
**Rate Sheet**

AGE	97-160 Hours	41-96 Hours	40 OR Less Hours
<b>INFANTS: 6 WKS - WALKING</b>	<b>\$894.00</b>	<b>\$544.00</b>	<b>NA</b>
<b>TODDLERS: WALKING – 30 MONTHS</b>	<b>\$843.00</b>	<b>\$513.00</b>	<b>NA</b>
<b>OVER 30 MONTHS: 2.5 TO 5 YEARS</b>	<b>\$678.00</b>	<b>\$415.00</b>	<b>\$182.00</b>
<b>LATCHKEY: KINDER – 12 YEARS Summer (July-August)</b>	<b>\$584.00</b>	<b>\$358.00</b>	<b>\$158.00</b>
<b>LATCHKEY: KINDER – 12 YEARS School session (Sept – June)</b>	<b>31-60 Hours</b>	<b>16-30 Hours</b>	<b>15 or less Hours</b>
	<b>\$256.00</b>	<b>\$142.00</b>	<b>\$76.00</b>

**We reserve the right to review your child's attendance and make adjustments accordingly.**

**Information Sheet**

1. There is a \$30 a month transportation fee for latchkey in order to have the added benefit of our van dropping off or picking up your child at school. This will need to be paid the month prior to the van service. This fee is applied to each child needing this service
2. Please notify office of schedule change (going to be late, need in earlier, etc.). There is a \$5.00 no show/no call fee. All schedule changes **MUST** be approved by the office!
3. There is a \$50 non- refundable processing fee per family.
4. You must give child schedule to the office no later than the **25<sup>th</sup>** of the prior month attending. The hours you have signed your child up for will be the hours your child can attend. Your payment is due by the **5<sup>th</sup>** of the attending month.
5. If you are going to pick your child up from child care later than 6:00pm because of any reason, please call to inform us before we close when your arrival time will be. You will be charged \$1 for every minute, per child, past 6:00pm until the child is picked up. It is the parent's responsibility to pay for the extra charges.

**If you have any questions, please contact 541-688-4121 (phone and message phone),  
541-689-8055 (fax).**

**JoNel Abodeely – Director/Head Teacher**

### Enrollment and Authorization Form

Name of Child \_\_\_\_\_ Date entered care \_\_\_\_\_

Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_ Age at entry \_\_\_\_\_

**Allergy Alert:** Does your child have allergies? Yes  No  To What? \_\_\_\_\_ *(list details on back of form)*

**Parent(s) or Guardian(s) Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

Employer/worksites/hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell and/or pager number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

Employer/worksites/hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell and/or pager number \_\_\_\_\_

**We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Other people authorized to pick up child in non-emergency situations:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

*(please complete allergy and health issues section on back of form)*

Insurance Information (if applicable) \_\_\_\_\_

School-age Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

*(If no dentist, then list dentist of record for child care facility)*

**My Signature gives permission for the following:**

In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by Dr. on call. (Parents are always notified as soon as possible.)

**Please list any restrictions to permission:**

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication).

My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. (See back of form for special transportation arrangements).

My child may participate in swimming or other water activities under required supervision. (Child Care Division requires approved lifeguard).

My child may be photographed for publicity or news purposes. \_\_\_\_\_ on site \_\_\_\_\_ off site

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.

General Information

Has your child had previous experience in child care?  yes  no. Type of care \_\_\_\_\_ How long? \_\_\_\_\_

Reason for requesting care \_\_\_\_\_

Please give any information concerning your child which will assist us in providing the best care for your child:

Play \_\_\_\_\_

Eating habits and schedule \_\_\_\_\_

Sleeping habits and schedule \_\_\_\_\_

Fears \_\_\_\_\_

Likes and dislikes \_\_\_\_\_

Special words and their meanings \_\_\_\_\_

Other children in the household

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Does your child have allergies?  yes  no

Has your child had chickenpox?  yes  no

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between the child care facility and parents for children who come and go for school and other extracurricular activities. The following indicates our plan:

\_\_\_\_\_ (child) attends \_\_\_\_\_ (school). He/she will be transported/escorted between the child care facility and school by: \_\_\_\_\_ school bus, \_\_\_\_\_ Head Start bus, \_\_\_\_\_ Child Care Facility, or \_\_\_\_\_ arrive/depart unescorted with my permission. If my child is not at the designated pickup site or does not arrive as planned, please contact: \_\_\_\_\_ parent or \_\_\_\_\_ the school to confirm the child's whereabouts and/or devise a plan as needed to locate the child. My child also has permission to (please specify, i.e., work with teacher after school, attend extracurricular classes or meetings, depart for home at a specific time, etc.,) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

