# BELLAIRE LEARNING CENTER REGISTRATION PACKET 2020-2021



# Mrs. Mary Collier

LEARNING CENTERS' ADMINISTRATOR 318.698.1600 or 318.746.3996

Hours of operation: 6:30 AM-5:30 PM (Monday – Friday)

### **MAIN CAMPUS**

**1210 BELLAIRE BOULEVARD • BOSSIER CITY, LA 71112** 318.746.3996

MRS. TERRI BANES, DIRECTOR
MS. RHODA DUHON, ASSISTANT DIRECTOR/CURRICULUM COORDINATOR

### **SOUTH CAMPUS**

4330 PANTHER DRIVE • BOSSIER CITY, LA 71112 318.698.1600

Mrs. Kaniece Bowditch, Assistant Director Ms. LYNN OWENS, DIRECTOR

www.bellairelearningcenter.org
Revised March 2020



MARY COLLIER
LEARNING CENTERS' ADMINISTRATOR

### **Dear Parents:**

On behalf of our Pastor, I want to say how delighted we are to have you and your family as part of the Bellaire Baptist Church Learning Center program. The Pastor and Learning Center Staff understand the gift of children and take seriously the trust you put in us in caring for your child. Please know it will always be our main goal to provide developmental care in a Christian atmosphere that helps your child grow mentally, physically, spiritually, socially and to give them the loving care and guidance they need during their formative years.

If you do not have a church home, I invite you to join us at Bellaire Baptist Church. Check out our website, <a href="https://www.bellairebaptist.org">www.bellairebaptist.org</a> for a complete list of activities and events happening at our Church. We also have a very active Children's Ministry full of fun and exciting opportunities to make memories while growing in Christ. To see what's happening this month, visit <a href="https://www.bellairekids.org">www.bellairekids.org</a> or "like" Bellaire Kids on Facebook.

It is my prayer it will be apparent how much we love your child and want to continue providing for their safety and security while they experience Christ's amazing love at Bellaire Baptist Church Learning Centers. If you have any questions, please feel free to contact one of our Directors or me at 746.3996. Thank you again for sharing your child with us and we look forward to learning and growing together!

In HIS Service,

s/Mary Collier

MARY COLLIER, Learning Centers' Administrator

"See that you do not despise one of these little ones. For I tell you that their angels in heaven always see the face of my Father in heaven".

Matthew 18:10

### **GENERAL INFORMATION**

Child's Full Name:		
		ue Date:
Allergies and/or Dietary Restrictions:		
If School Age, Grade Child will be ent	ering in fall 2019:	
If School Age, School your Child will a	ittend in fall 2019:	
Mother's Name:		
Are you a Member of Bellaire Baptist		
If No, which Church do you attend: _		
Home Address:		
Phone Numbers: (HOME)	(WORK)	(CELL)
Father's Name:		
E-Mail Address:		
Are you a Member of Bellaire Baptist	Church?YES	NO
If No, which Church do you attend: _		
Home Address:		
Phone Numbers: (HOME)	(WORK)	(CELL)
Child's Physician:		Phone:
Child's Dentist:		Phone:
Person to contact in case of emergrence remove your child from the Center:	pency in the event the Parent c	cannot be reached. This person is authorized to
Name:		Phone:
Relationship to Child:		
Name:		Phone:
Relationship to Child:		
SUMMER ONLY FALL (	ONLY SUMMER AN	D FALL PreK ONLY
Parent Signature:		Date:

# **TUITION CONTRACT**

Child's Name:					
Name of individual respon	nsible for payment:				
Billing address:					
	eet/PO Box #)	(City)		(State)	(ZIP)
Weekly R	illing ( <b>every Friday</b> )	or	_ Monthly Billing ( <b>la</b> s	st business day o	of the month)
Yearly Registration Fee \$5				-	/
Yearly Curriculum Fee: \$ \$.	100.00/three and four y 50.00/two year olds	ear olds	Date Paid: Date Paid:	/	/
The Tuition Fee Sch	nedule is as follows:				
Infants-2 years			\$130.00 per week		
Three-Four year old			\$120.00 per week or	\$563.33 monthly	
Preschool only fees			\$240.00 per month	\$225 00 magnification	
School Age (Before)	/After School Program)		\$ 75.00 per week or \$ \$130.00 per week	325.00 monthly	
_	to hold spot for following	school year)	\$150.00 per week		
	hool care: When Bossier		re closed and vour chi	d will be attending	the Learning Center
<u></u>			ge, per child, per day v		,
All account must enroll in receive instant email noting.  A <u>\$35 late fee</u> will be charmy child's teacher for any later that the prescribed assessed. This applies for	Tuition Express. Bella fications by signing up a rged to your account for additional time workers schedule. (5:31 pm	ire Learning Cont or any unpaid bed, a late pickuis is considered	enter can produce a express.com  palance. I understan up charge will be ad late.) \$10.00 for e	receipt for your d that because t ministered wher	payment or you can he Center has to pay n a child is picked up
	All accounts should be cu A late fee of \$35 will be o				
<b>Refunds/Credits</b> : There we in full before your child ca			_	stration Fees. Ac	counts must be paid
<b>Returned Payments</b> : A c be reconciled manually w	_	sessed for all r	eturned or declined	payments. Retu	rned payments must
Withdrawal: Should you notice in order to activate					
I have <u>read and understa</u>	<u>nd</u> the above informati	on and agree	to abide by all the te	erms stated.	
Parent/Guardian Signatur	e:		Dat	e:	

### PROCEDURE AGREEMENT

Please read the following statements before signing at the bottom.

- 1. I give the Bellaire Learning Center Staff permission to care for my child during the time they are present at the Center, and away on Field Trips.
- 2. I give the Bellaire Learning Center Staff permission to transport my child on the Learning Center bus and/or van, to and from their appropriate schools. This includes the following schools: Curtis Elementary, Sun City, Bellaire Elementary and Elm Grove Middle.
- 3. I give the Bellaire Learning Center staff permission to transport my child on the Learning Center bus and/or van to and from designated field trips.
- 4. I give the Bellaire Learning Center staff permission to walk my child to and from Bellaire Elementary. (Bellaire Main Campus only)
- 5. I agree to sign my child into and out of the Center. NO CHILD IS TO BE DROPPED OFF AT THE DOOR.
- 6. I will notify the Center about anyone who does not normally pick up my child or is not on the authorized list.
- 7. I will notify the Center (School Age Parents) when my child will not need to be picked up from school.
- 8. I will give notice of two (2) weeks in advance if removing my child from the Center.
- 9. I give permission for photographs and videos to be taken of my child while participating in the program.
- 10. I understand and fully acknowledge that my child will be monitored by closed circuit video in their classroom.
- 11. I fully understand that the closed circuit video will be monitored for security reasons only.
- 12. I understand Tuition is due in advance to services being rendered.
- 13. I understand all accounts are direct pay and agree to sign up with Tuition Express.
- 14. I agree to pick up my child within the ten hour maximum time of care each day, or pay \$1.00 per minute that I am late.
- 15. Potty Training: I understand students that are promoting to the three year old classes must be potty trained.
- 16. Monthly payments are due on the 1<sup>st</sup> of each month.
- 17. I have read the Parent Handbook and agree to abide by the policies set forth in it.

Parent's Signature: _	 _ Date:

### **HOLIDAY SCHEDULE FOR 2020-2021**

The Learning Centers are closed on the following holidays:

- February 17, 2020 (President's Day)
- April 10, 2020 (Good Friday)
- May 25, 2020 (Memorial Day)
- July 4, 2020 (Centers Closed July 3<sup>rd</sup>.)
- September 7, 2020 (Labor Day)
- November 23-27, 2020 (Thanksgiving Break)
- December 23-25, 2020 (Christmas Break)
- December 31, 2020-January 1, 2021 (New Year Break)
- February 15, 2021 (Presents Day)

One Friday for Annual Teacher Training (TBA and posted in advance)

Tuition is due regardless of absences or holidays. The same weekly tuition fees still apply when a week contains a holiday. The same weekly tuition fees still apply for the three days of Thanksgiving break, the three days of Christmas break, and the two days of New Year's break.

Half-day Pre-School classes follow Bossier Parish School schedules.

**Weather Closing**: The Center will close under weather conditions if the Pastor and/or the Learning Center's Administrator declare the weather conditions to hazardous to open. No refund will be given for these days. Local radio and television stations will be notified if the Center is closed. If Bossier Parish closes the schools in the middle of the day, it is the parent's responsibility to pick up their child from school. We are not allowed to take the bus/van out with hazardous road conditions.

Parent's Signature:	Date:	
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# NON-VEHICULAR EXCURSION AUTHORIZATION

My child,	, has my permission to participate in the
following off-site activities when the children are walkin	ng and accompanied by staff of the Center:
Type of Activity	Location of Activity
Chapel (BLCM)	Sanctuary/Music Ed Building
Nature Walk	Neighborhood
Games and Activities outside	Gym, Outside Yard Area
Buggy Rides	Around Buildings and Parking Lot
Games and Music (BLCM)	Fellowship Hall/Music Ed Building
This authorization is valid for one year.	
Parent's Signature:	
Date:	

# **AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS**

Child	s Na	am	e:
			ission for the Learning Center Staff to apply the following topical products to my child whether Center parent provided:
YES	<u>N</u>	<u>0</u>	
( )	(	)	Sunscreen
( )	(	)	Insect repellant
( )	(	)	Diaper rash ointment (Over Counter, age appropriate)
( )	(	)	Teething gel
( )	(	)	Topical Ointment
This c	ne '	tim	ne authorization will remain in effect until a new authorization is signed.
Paren	t's :	Sig	nature: Date:

# **WATER ACTIVITIES PERMISSION FORM**

My child	_ has permission to participat	e in the following
type of water activity: <u>water slides, water balloons, water sprinklers</u>		
Location of Activity: <u>Bellaire Learning Center</u>		
(Description of all types of water activities included)		
(Parent's Signature)	(Date)	

Permission must be updated at least annually.

# **BOTTLE AUTHORIZATION**

I give permission for my child		to hold his/her bottle while		
	(Child's Name)			
sitting in an upright position.				
(Parent's Signature)		(Date)		

# **Emergency Medical Treatment**

i authorize bename Learning Center to secure er	nergency medical deadment for my child,
(Child's Name)	
Parent's Signature:	Date:

## PHOTO RELEASE FORM

I give permission for photos/names, of the persons listed below to be produced in various publications of Bellaire Baptist Church. This includes the Church website, the Learning Center website, Bellaire Baptist Learning Center Face Book Page, newsletters, bulletin announcements and other publications. I understand that these images can be viewed by the general public. I also understand that if I give notice to the webmaster that I object to any particular picture of the site, it will be removed as soon as possible.

<ul> <li>We will publish the images of minors only under the following guide</li> <li>The address, phone number, last name or email address of a</li> <li>Images or photographs of large groups of children may be per</li> </ul>	
· ·	
<ul> <li>Images of priotographs of large groups of children may be plong as individual children are not singled out or identified Easter Egg Hunt, etc.)</li> <li>Parental permission is given for small groups or individual printed church materials. (For purposes of recognition of aw</li> </ul>	osted on the website without parental permission as in any way (i.e. Church assembly, activity or event, I children to be published on the website or other
I hereby release, hold harmless, indemnify and defense, Bellaire Ba officers, agents, directors, employees and volunteers from any and related to such work or images being published on the Church web with the Church's publishing procedures and guidelines, State and Fe	all liability and legal or equitable claims of any kind osite or other printed Church material in accordance
Child's Name:	DOB:

(Date)

(Parent's Signature)

## **AUTHORIZATION OF EMAIL UPDATES**

### **FROM**

### **BELLAIRE BAPTIST CHURCH**

### **BELLAIRE LEARNING CENTER**

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Our new Church software system offers us the availability of sending out blanket emails to our parents. This will be used for updates, announcements of impending holidays, registration information, account balances, and other important information concerning you and your child. Please feel out the form below so that we can add you to our email service.

information concerning you and your crima.	lease reer out the form below so that we can dud you to our eman service.
Mrs. Mary Collier, Bellaire Learning Centers' A	Administrator
Name of Child:	DOB:
Name of Child:	DOB:
Name of Child:	
Name of Child:	DOB:
Name of Parent:	
Date:	
Email address:	

This email address will be used solely for the purposes of Bellaire Baptist Church and Bellaire Learning Center.