

**Summer 2024, Fall 2024 & Spring 2025**

**University Presbyterian Day School - Application**

**Master Card**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

	Mother	Father
Name:		
Address:		
Employer:		
Home Phone #		
Work Phone #		
Cellular Phone #		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Individuals to contact in case of emergency:

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

Does your child have any food allergies?                      Yes    No

Does your child have any other allergies?                    Yes    No

Does your child have any dietary restrictions?            Yes    No

Please explain any "yes" answers here:  
 \_\_\_\_\_

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

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Email address: \_\_\_\_\_

University Presbyterian Church  
Day School

3240 Dalrymple Drive  
Baton Rouge, LA 70802  
(225) 344-8077  
[upcdayschool@upcbr.org](mailto:upcdayschool@upcbr.org)

**For Office Use Only**

Teacher \_\_\_\_\_

Admission Date \_\_\_\_\_

Application  Child Care Agreement  Health & Habits

Profile  Immunization Record

Withdrawal Date: \_\_\_\_\_

**Summer 2024, Fall 2024 & Spring 2025**

**Enrollment Application for Three Sessions**

**Summer 2024 – Fall 2024 & Spring 2025**

**Registration Fee is \$250.00 and \$150.00 Supply Fee Ages 2 years old and under**

**Registration Fee \$250.00 and \$200.00 Supply Fee Ages 3-4 years old**

**(ALL Registration Fees are NON-REFUNDABLE)**

**ALL PROGRAMS ARE FULL TIME**

**UNIVERSITY PRESBYTERIAN DAY SCHOOL NO LONGER OFFER MOTHER'S DAY OUT OR MORNING ONLY PROGRAMS**

**Summer 2024, Fall 2024 & Spring 2025**

**Five days a week- Check one**

- \_\_\_ Busy Bees -1-year-old..... \$840.00/month
- \_\_\_ Kittens – 1-year- old.....\$840.00/month
- \_\_\_ Baby Birds -1-year-old.....\$840.00/month
- \_\_\_ Little Lambs -2-years-old.....\$840.00/month
- \_\_\_ Bunnies -2-years-old.....\$840.00/month
- \_\_\_ Cookie Monsters-2-years-old.....\$840.00/month
- \_\_\_ Teddy Bears -3-years-old.....\$775.00/month - (Must be Fully Potty Trained)
- \_\_\_ Tiger Cubs -4-years-old.....\$775.00/month - (Must be Fully Potty Trained)

**Fulltime Hours – 7:30a.m. – 5:30p.m.**

I agree that the information I have provided is correct and current. I understand that if any information changes, I will notify the office as soon as possible so that it can be updated. I have completed the enrollment paperwork and will provide the required information for my child to be admitted to University Presbyterian Day School.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CHILD CARE AGREEMENT

Please read and initial each point and sign and date at the bottom. This is  
**IMPORTANT INFORMATION** you need to know

Email Address: \_\_\_\_\_ I, \_\_\_\_\_ am  
the parent/guardian of \_\_\_\_\_

- I understand that my financial obligation to University Presbyterian Day School is to **pay tuition in full, in advance, before care will be provided for my child/children.** \_\_\_\_\_ (Check or money order, NO CASH allowed).
- I understand that **tuition is to be paid before the 7<sup>th</sup> of each month** in Full. \_\_\_\_\_
- I understand that there will be a **\$25.00 late fee charged after the 7<sup>th</sup> of each month** if there is an unpaid balance, unless other arrangements have been made with the office. \_\_\_\_\_
- I understand a **Registration fee is required upon enrollment and is non-refundable.** \_\_\_\_\_
- I understand that if **I enroll my child/children for a program then withdraw them or are a no-show, I have withdrawn them from all the school's programs. If I wish to bring them back I will have to re-register and pay another registration fee.** *Ex. You register for the Summer and the Fall/Spring, then decide in June to keep the child out for the summer then wish to return in the Fall (if the space has not been filled). You will be dropped from all programs at the time you withdrew them. You can choose at the time of your initial Registration which programs you want, however, once you are in and decide to withdraw and come back another time that is when you will be recharged.* \_\_\_\_\_
- I understand that a fee of **\$35.00 will be charged for returned checks (NSF).** \_\_\_\_\_
- I understand that a late fee of **\$5.00 per minute per child will be charged a after 5:30p.m. for full time children and the late fee is due immediately upon picking up my child/children.** \_\_\_\_\_

- I understand the University Presbyterian Day School requires a **written 2-week notice**, in the event of removal of my child/children from the school.  
\_\_\_\_\_
- I understand that **tuition will be due for the remainder of the two (2) week notice**, should I choose to remove my child/children prior to the end of the two (2) week notice. \_\_\_\_\_
- I understand there is **no reduction in fees due to holidays, absences, family vacations, or closures of the Day School** and I agree to pay fees accordingly. \_\_\_\_\_
- I understand that the **school opens at 7:30am** and if I come before then I **must stay with my child until that time.**
- I understand that when I **drop-off** my child/children, I **must bring them all the way into the classroom, or into the playground** and make sure a **staff member has acknowledged that they are aware that my child has arrived.** \_\_\_\_\_
- I understand that at the time of **pick-up, no person under the age of 16 may sign my child/children out and must be on the pick-up list.**  
\_\_\_\_\_
- I understand that all **classes begin at 9:00am** and my child/children will **not be allowed in school after 10:00am**, unless for unusual circumstances such as a Doctor's appointment. \_\_\_\_\_
- I understand that if my **child is late (after 10:00am) I must let the office know in person, along with signing them in.** They will not have a plate set for them otherwise. \_\_\_\_\_
- I understand that if my child/children have a **fever of over 100F, vomiting, or diarrhea, I cannot bring them to school until they are 24 hours free of symptoms without the aid of using any medication to suppress it.**  
\_\_\_\_\_
- I understand that registration is per semester and the entire tuition is due at the beginning of each semester. As a courtesy we allow you to make a monthly payment. \_\_\_\_\_

- I give **permission** to University Presbyterian Day School staff to administer and/or **secure medical treatment** for my child/children in the case of an emergency. \_\_\_\_\_
- I understand that University Presbyterian Day School staff will administer **medications** during the hour of **11:30am and 12:30pm**. \_\_\_\_\_
- I understand that the **prescribed medication** must be accompanied by a doctor's **note that includes the frequency and number of times** the medication is to be administered. \_\_\_\_\_
- I understand **over the counter medications** shall not be administered to any child if not **prescribed or recommended by a licensed health care provider** (physician, dentist, nurse practitioner) and accompanied by a signed health care provider's note. \_\_\_\_\_
- I understand that a **medication authorization form shall be completed daily** for each and all medications administered to children in childcare. In the case when the same medication is administered over a period of time, the medication administration form shall be reviewed and signed daily by a parent. \_\_\_\_\_
- I understand that if my child has an allergy, it will be posted in the classroom and cafeteria. \_\_\_\_\_
- I understand the **Day School does not transport any child/children unless** it is in an **emergency situation** and I have given my permission to the Day School staff to do so only in such an event. \_\_\_\_\_
- I understand that if I ask a Day School employee to **baby sit for me personally** that the **University Presbyterian Church and/or the Day School** is **not responsible** or liable for any child/children once the child/children are under the care of the Day School Employee.  
\_\_\_\_\_
- I understand that by signing the Childcare Agreement, I agree to (A) **accept the requirements and policies of the University Presbyterian Day School as stated in the current Parent Handbook; and (B) the policies concerning payment of tuition and fees as stated in the current Parent Handbook.** \_\_\_\_\_

- In return for said agreement, the **University Presbyterian Day School** agrees to provide care for my child/children by the standards and guidelines set forth by the State of Louisiana, the Department of Social Services, and the Parent Handbook. \_\_\_\_\_
- My **signature** below affirms that I have read, understand, and accept the policies and conditions of the University Presbyterian Day School.

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Parent/Guardian Signature

Date

# University Presbyterian Church Day School

## Permission Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child's picture to be taken and possibly posted within the Day School and/ or the Church. I also give permission for my child to be photographed by the media on those rare occasions that they may come to photograph an event. I also, give permission for his/her picture to be posted in their cubby.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Signature \_\_\_\_\_

I give permission for my child's teacher to pass out a class list with my child's name, address, phone number, birthdate and parents' names to others in my class.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Signature \_\_\_\_\_

## Authorization for the Application of Tropical Products

Child's Name: \_\_\_\_\_

I give permission for center staff to apply the following tropical products to my child which I will provide.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Sun Screen
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellant
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Rash Ointment
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

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

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**Parent's Signature**

**Date**



## HABITS & HEALTH PROFILE

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Eating/Sleeping Habits: \_\_\_\_\_

Fears/Anxieties: \_\_\_\_\_

Food Allergies/Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Toilet Habits: \_\_\_\_\_

Handicaps/Physical Limitations: \_\_\_\_\_

Vision Problems: \_\_\_\_\_

Hearing Problems: \_\_\_\_\_

Maintenance Medication: \_\_\_\_\_

Child's Doctor (Name and Phone#): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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

A copy of this form is given to your child's teacher. It is important to keep this information current. If anything changes, please contact the office for a new form to fill out and we will pass on the new information to the teacher.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

