



**The Village School of North Bennington  
Before and After Care Program  
CHILD'S ADMISSION FORM**

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

**Please note:** This form is required **prior to enrollment** of your child(ren). Child care services will not be rendered until all admission requirements have been received. In addition to completing the information below, please include a recent copy of your child(ren)'s immunization records or an immunization exemption form.

I, \_\_\_\_\_, understand that I will be required to pay for the services given and understand that invoices will be emailed or mailed to me on a weekly basis every Thursday. I understand that my payment must be received by the following Thursday. I also understand that if a payment is not received within four weeks of the invoice date, my child(ren) will no longer be eligible for child care services.

I, \_\_\_\_\_, understand that I will be charged \$1.00 per minute after 5:30 pm if my child has not been picked up *and* signed out properly.

I, \_\_\_\_\_, understand that if I receive subsidy, I will be responsible for any copay balance remaining.

Parent Name (printed): \_\_\_\_\_

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

Email Address for Invoice: \_\_\_\_\_

The cost of the program this year is:

**Before Care (7:00 am - 8:00 am):** \$6.00 per day, per child in attendance.

**After Care (3:00 pm - 5:30 pm):** \$10.00 per day, per child in attendance.

**Half Day Aftercare:** \$4 per hour, per child in attendance

**After Care Drop-In Rate:** \$12 per day, per child in attendance.

*\* **Please note:** Pre-registration for the week is required by 8:30 am each Monday in order to lock in the above rates. Drop-ins for **After Care only** will be allowed on a daily basis for **K-6 students** at a rate of \$12 per day, per child, but parents must inform the Main Office prior to 2:30 pm. Drop-ins will not be allowed for Pre-K students unless the parent has made arrangements with Pre-K staff in order to ensure coverage.*

Please list any child you plan on enrolling in either the Pre-K (ages 3-5) or the School Age (K-6th grade) Before or After Care Programs. Please print clearly.

CHILD'S NAME	BIRTH DATE	CHILD'S GRADE LEVEL

**PERMISSION STATEMENTS**

Please initial to demonstrate your understanding of the following statement.

\_\_\_\_\_ I understand that every effort will be made to contact me in the case of an emergency.

\_\_\_\_\_ I hereby authorize the Village School Before & After Care and Pre-K Programs to obtain emergency medical care for the following child(ren): \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ The Village School Before & After Care and Pre-K Programs have informed me that they do have liability insurance coverage.

\_\_\_\_\_  
 Parent/Guardian Printed Name

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Pre-K Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 School-Age Director Signature

\_\_\_\_\_  
 Date