

Amazing Grace Academy
Kindom Village African American Child Development Center

Offered by
Metropolitan African American Baptist Church

5263 Warwick Road Richmond, VA 23224
(804) 303-6295 (804) 303-6197 Fax
www.maabc.org

APPLICATION FOR ADMISSION

September 2021 – June 2022

(Incomplete Applications Will Not Be Processed)

Applying for **Before/After School** **Before Only** **After Only**
Grade/Class _____

Child's First Name: _____ **M.I.** _____ **Last Name:** _____

Nickname _____

Child's Full Address:

Gender: [] Male [] Female **Date of Birth:** _____

Child's S.S.#: _____

Mother/Guardian's First Name: _____ **M.I.** _____

Last Name: _____

Address:

Home #: () _____ **Cell Phone #:** () _____

Employed By: _____

Office #: () _____

Occupation:

Mother's E-Mail Address _____

Father/Guardian First Name: _____ M.I. _____

Last Name: _____

Address:

Home #: () _____ Cell Phone #: () _____

Employed By: _____

Office #: () _____

Occupation:

Father's E-Mail Address _____

RELATIONSHIP OF PARENTS

MARRIED _____ SINGLE _____ DIVORCED _____ LIVING TOGETHER _____

IF YOU AND YOUR SPOUSE ARE DIVORCED OR LEGALLY SEPARATED, WHO HAS LEGAL CUSTODY OF THE CHILD? _____ ***(If Court Ordered, a copy of order is needed)**

Names and Ages of other children in the family

How did you hear of Kindom Village African American Child Development Center ? _____

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Does your child attend church? Yes _____ No _____ Is your child a member of a church ? Yes _____

No _____

If yes, where? _____ Pastor's Name _____

Previous Child Day Care Programs and School Attended:

SCHOOL INFORMATION (BEFORE/AFTER))

Name of School _____

Address _____

City _____ Zip _____ Phone # _____

Teacher's Name _____ Grade _____ Room # _____

Arrival Time _____ Dismissal Time _____ Early Dismissal Time _____

Emergency Information

Name of two (2) relatives or responsible persons to contact in case of emergency and a parent (guardian) cannot be reached.

Name _____

Address _____

Phone # _____

Relationship _____

Name _____

Address _____

Phone # _____

Relationship _____

Please list below four (4) persons who **are authorized** to receive your child at the close of the center day other than parents.

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Please list below persons **who are not authorized** to receive your child at the close of the center day.

Name _____ Name _____

Name _____ Name _____

Permission to Receive Medical Care

Medical Information

Child's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Address: _____ Phone # _____

Pediatrician _____ Phone# _____

Address _____ City _____

Zip _____

Name of Insurance company (hospitalization):

Policy Number: _____

Are there any health conditions, physical conditions, allergies, or special instructions that should be noted to the teacher and/or administration? Yes _____ No _____ If yes, please explain

Does this student have any physical, emotional, or mental condition which may affect progress in learning, conduct, or interaction with others? Yes _____ No _____ If yes, please explain

Does this student take any medication? Yes _____ No _____ If yes, please explain.

Does your child have any allergies relating to food? _____

If so, please list what type of food _____

What physical disabilities or any other condition does the child have, which might limit his/her participation in any activity?

Does your child have allergies (i.e. penicillin, grass, dust, bee sting) Yes_____ No_____

If yes, please list and explain. _____

Does your child have asthma? Yes_____ No_____

If yes, please explain

Does your child have any medication to take in case of allergy or asthma attack?

Yes_____ No_____ Other concerns regarding your child's health: _____

Does your child take any type of medication at the present time? Yes_____ No_____

If yes, please list and explain _____

Agreements

Kindom Village agrees to notify the parent(s)/guardian(s) whenever their child becomes ill, and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

The parent(s)/guardian(s) authorize Kindom Village to obtain immediate medical care if any emergency occurs when parent(s)/guardian(s) cannot be located immediately.

If I cannot be reached in an emergency, I hereby give permission to the physician/hospital selected by Kindom Village African American Christian School Staff to obtain medical treatment for my son/daughter.

I, therefore, release all rights or claims for damages against Kindom Village/MAABC and all individuals assisting in the instruction and conducting of these activities, for all injuries, loss or damage suffered by the participant at, or in any way connected with these activities.

Signature of Parent/Guardian

Name (Printed)

Date: _____

Signature of Director/Executive Assistant

Date

**Kindom Village
Amazing Grace Academy
Field Trip Consent Form
2021**

I hereby give my consent for _____ (Name of Child)

- To attend and participate in all the Field Trip Activities sponsored by the center between the hours of 8:00 a.m. and 5:30 p.m.
- I understand that the center will take every precaution and care to insure my child's safety. Adults who will accompany children will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.
- Parents will review with child the Policies on Transportation Safety & Discipline and return signed copy.

Signature of Parent/(Guardian) Name (Printed) Date

Daytime Phone Number: _____ Cell #: _____

Signature Director/Executive Assistant Date

Effective immediately, NO child will be permitted to attend any of the field trips unless this form has been filled out in advance by the parent or Guardian.

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Enrollment /Financial Agreement

This Enrollment Agreement, effective the _____ day of _____ 20____ is between Kindom Village (School) and _____ (Parent)

Full Name of Child _____

- I/We hereby have been accepted to Kindom Village African American Child Development Center (a ministry of the Metropolitan African American Church) and in doing so, I agree to abide by the following terms and conditions:

Enrollment Agreement/Contract

- Provide accurate information on the application, which is made part of this agreement, as well as to supply the school with a record of my child’s physical examination, immunization records, official birth certificate and social security card.
- **Kindom Village Amazing Grace Academy** calendar year is from September 3, 2021 to June 30, 2022 and that our child’s being enrolled for the entire year would be ideal. However, if for any reason the child development center chooses to terminate your child’s enrollment, we will give you a two-week notice in writing. Also, if you choose to withdraw your child from our school, a 2-week notice **in writing** is required.
- The center is open whenever possible. Should it be necessary to close because of severe weather conditions, the closing will be announced on the local radio and television stations listed on page 9 of this application.
- **Kindom Village** will be closed on the following holidays:

Labor Day,	Veterans’ Day	Thanksgiving Day
Day after Thanksgiving	Christmas Eve	Christmas Day
New Year’s Day	Martin Luther King, Jr.’s Birthday	Presidents’ Day
Good Friday	Memorial Day,	Juneteenth
Day.		
Independence Day		

- Pick up my child from school by 6:00 p.m. each day. I agree to pay the **LATE Pick-up** fee, per child if my child is not picked up from the center after the time listed on page 9.
- To cooperate with the school regarding my child's development, activities, and problems. In case of discipline problems, Kindom Village reserves the right to dismiss children from the program. Before being dismissed, the director, and Executive Assistant agrees to hold a conference with the parents. This gives the child an opportunity to improve.

Financial Agreement

- To fulfill my financial obligation as established by the school. Failure to fulfill financial obligations will result in immediate dismissal from the school.
- I agree to pay a non-refundable REGISTRATION fee of \$50.00, at the time of enrollment and annually each September.
- I agree payments are to be made Monday of each week by 6:00 p.m. Cash, checks, debit cards, credit cards & money orders are accepted. Checks are to be made payable to MAABC/Kindom Village.
 - Credit Card payments are accepted by Givelify.com. Download app and search for Metropolitan African American Baptist Church to be able to use this app. Cash App: \$MAABCRVA
- A **\$25.00 late fee** will be assessed to all payments received after Wednesday. If late payments are frequent, the school reserves the right to give you a two-week notice.
- There will be a **\$35.00 NSF fee** for return checks. If checks are returned twice, cash, money orders or debit/credit cards will be required for payment.
- I agree that if my child is absent for the entire week during the period contracted to attend, my tuition will be half of the weekly tuition. A week is defined as three consecutive days Monday-Friday. If my child attends (3) days or more, the full week's tuition is due. Two (2) days or less is the half of the weekly fee.
- If payments are past due for two or more cycles, this will result in immediate dismissal from school. Legal action will be taken if financial obligations are not fulfilled or current. If a lawyer is needed, I understand I am responsible for lawyer, cost of court and any other fees associated with the matter.

Signature of Parent/Guardian: _____

Date _____

Director's/Executive Assistant's Signature _____

Date _____

STATEMENT OF COOPERATION

In making application for my (our) child I (we) understand it is a privilege and not a right to attend Kindom Village Amazing Grace Before & Afterschool, and it is my desire to have him/her complete the academic year. It is also my understanding that I have provided the accurate information on my application of admission and that I will supply the school with records of my child’s official Birth Certificate, Social Security Card, physical examination and immunization record. Kindom Village African American Christian School does not discriminate based on race, color, and national or ethnic origin.

I(we) have carefully read the Enrollment & Financial & Agreements and hereby agree to the conditions of each regarding my(our) child.

I (we) agree to abide by the policies as put forth in the Student & Parent Handbook. (A copy can be emailed upon request)

Signature of Parent/Guardian:
Name (Printed)
Date

<i>For Office Use Only</i>	
Date Application Received _____	Registration Fee Received (Amount) _____
Official Birth Certificate _____	Student’s Social Security Card _____
Immunization Record _____	Physical Form _____

Hours of Operation

Monday – Friday - 6:30 a.m. -6:00 p.m.

Radio/TV Stations to watch in case of inclement weather:

WTVR Channel 6: Metropolitan African American Baptist Church

Facebook: Metropolitan African American Baptist Church

Email (please make sure your email is up to date)

Late Fees

A Late Fee will accrue for each 10 minutes after 6:00 p.m. that I am late and for each child! Late pick-up fees begin at exactly 6:01 p.m. and they are as following:

6:01 p.m. – 6:10 p.m.	\$5.00
6:11 p.m. – 6:20 p.m.	\$10.00
6:21 p.m. – 6:30 p.m.	\$15.00
6:31 p.m. – 6:40 p.m.	\$20.00
6:41 p.m. – 6:50 p.m.	\$25.00
6:51 p.m. -7:00 p.m.	\$30.00

All late fees are due within 24 hours of notice in cash. (Repeat offenders may be asked to leave KDV)

Certification: I certify that I have received, read and understand the above information. I agree to the financial terms and conditions and fee schedule listed above.

Signature of Parent or Guardian

Printed

Date

Signature of Director/Executive Assistant

Printed

Date

Child Pick Up Policy

Kindom Village ask that parents contact us by phone or in writing when someone other than persons listed on (Authorized Pickup List) picks up your child. All persons **must** report to the KDV Office first with proper picture identification. **Your child will not be released without the proper identification and/or notification.** Also, children will not be released to anyone under the age of 18 years old. **(NO EXCEPTIONS)**

TERMINATION POLICY

Enrollment of your child will be terminated for the following reasons:

1. If a parent/guardian does not provide information required by the Commonwealth of Virginia Department of Social Services, Division of Licensing, (i.e. completed application, social security card, birth certificate, medical/immunization records, agreements/contracts etc.)
2. If a parent/guardian does not maintain up-to-date tuition payments, late fees, registration or other fees owed to the center.
3. Child repeatedly exemplifies in appropriate discipline behaviors or displays continuous behavior inappropriate to philosophy of the center.
4. Parent/guardian repeatedly abuses or neglects the Center's Policies.

Note: Notice to bring the situation to your attention will be given followed by a written warning of suspension of your child. Depending on the nature of the situation, your child may be given a three-day suspension, or termination from the program if the situation continues.

Certification: I certify that I have received, read, agree to, and understand the Policies and Procedures *of Kindom Village African American Christian Child Development Center* offered by the *Metropolitan African American Baptist Church*. This agreement is subject to change by *KDV/MAABC* with a written notice of changes distributed to parent(s) guardian of enrolled child.

Signature of Parent/Guardian_____ Date_____

Director's/Executive's Signature_____ Date_____