



*Home of the
TwoTen Tiger Cubs*

Enrollment Application

Code Compliance Statement

Virginia Beach Free Will Baptist Day School is "Religiously Exempt" from state licenses. However, we pride ourselves on being safety conscious, and our facilities have been constructed with the safety of the children as our first priority. We currently have the ability to care for up to 135 children. State inspections are completed each year regarding the local fire and health departments and submitted to Social Services annually. Our staff meets the requirements as set forth by the Commonwealth of Virginia concerning health exam, physicals, background checks (criminal and child protective services) as well as CPR and/or First Aide certifications.

Non-Discrimination Policy

Virginia Beach FWB Church and Day School is an equal opportunity provider. Applications for enrollment are accepted without regard to race, religion, sex or national origin.

Thank you for your interest in Virginia Beach Free Will Baptist Day School, a ministry of Virginia Beach Free Will Baptist Church. Our Day School supports itself through funds from tuition and fundraisers.

_____ Parent/Guardian Initials
_____ Date

Application For Enrollment

Childs Name: _____

Birth date: _____ Social Security Number _____

Class Entering: _____ Start Date: _____

Tell us a little about your child: _____

How did you hear about us? _____

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Home Number: _____

Email Address for both parents: _____

Mother's Name _____ Social Security Number _____

Occupation _____ Work Number _____

Business Address _____ Cell Number _____

Father's Name _____ Social Security Number _____

Occupation _____ Work Number _____

Business Address _____ Cell Number _____

Does child reside with both parents? Yes ☐ No ☐ If no, who has legal custody? _____

Who will be responsible for tuition payments? _____

_____ Parent/guardian initials

_____ Date



Virginia Beach Free Will Baptist Church & Day School
210 S. Witchduck Road Virginia Beach, VA 23462 757-499-6034

Emergency & Pick-Up Information

Student's Name _____ Age as of 9/30 _____

Address _____ Class _____

City _____ State _____ Zip _____

Students SS# _____ Home Number _____

Parent or Guardian Information:

Name	Work Number	Cell Number
Mother _____	_____	_____

Address (if different from child) _____

Father _____

Address (if different from child) _____

Guardian _____

Email Address _____

Emergency Contacts/Pick-Up Information- Picture ID and child's code is required for dismissal

Name & Relationship To Child	Phone	Please indicate (home, work, or cell)
_____	_____	_____

Name & Relationship To Child	Phone	Please indicate (home, work, or cell)
_____	_____	_____

Name & Relationship To Child	Phone	Please indicate (home, work, or cell)
_____	_____	_____

I understand that I am responsible for obtaining all annual medical exams and updating all shot records for my child in accordance with the Health Department in order to promote the continued health of all children under the care of Virginia Beach Free Will Baptist Day School.

The following information is needed for Virginia Beach FWB Day School to safeguard the well being of your child.

Health Problems such as Asthma, Diabetes, etc. _____

Allergies _____ Emergency Measures _____

Injuries/Restrictions/Limitations _____

Glasses/Braces/etc. _____

Medication _____

Prescription Medication taken at school requires a form available through your administration and must be completed by you and signed by your physician. Non-prescription medication must also be checked in to your administration and proper forms and signatures completed. Under no circumstances will any type of medication to include cold meds, Tylenol, cough drops, etc. be administrated without proper parent/guardian signatures. It is the responsibility of the parent(s) and not the Day School for completion of MEDICAL CONSENT FORMS.

I hereby authorize members of the Virginia Beach Free Will Baptist Church and Day School to take such measures as deemed appropriate when my child is ill and/or injured.

Mother Signature _____ Date _____

Fathers Signature _____ Date _____

Guardian Signature _____ Date _____

Religious Background

Describe a Christian in one sentence: _____

Is the spiritual growth of your child as important as academic growth? YES ☐ NO ☐

Does your family attend church? Regularly ☐ Occasionally ☐ Not At All ☐

Does your family attend Sunday school? Regularly ☐ Occasionally ☐ Not At All ☐

Name of Church _____

Pastors Name _____

Has your child had a born-again experience with Jesus Christ?

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

Are Parents Christians? Father YES ☐ NO ☐ Mother YES ☐ NO ☐

Statement of Faith

• We believe in the plenary (by plenary we mean "full and complete"), verbal inspiration of the scriptures which guarantees their accuracy and establishes them as a man's only authoritative source and guide for life and faith.

• We believe in the One, True, Living, and Eternal God who exists equally in three persons: the Fathers, the Son and the Holy Spirit.

• We believe in the deity, virgin birth, vicarious atonement, bodily resurrection, and the imminent return of Jesus Christ for His Bride, the Church.

• We believe in the necessity of the new birth for all fallen man, which is a work of grace wrought by the Holy Spirit conditioned by a personal faith in Jesus Christ as one's own Lord and Savior.

• We believe the local church is constituted of an assembly of born-again believers who assemble to preach the Gospel, and practice Christian discipline. The universal church is made of all born again believers of all areas and ages.

Do you accept the *Statement of Faith* as stated above? YES ☐ NO ☐

In signing the application, I understand that:

1. My Child will be trained in accordance with the above Statement of Faith
2. I understand that this is a Christian School Environment and Biblical Studies are part of our academic lessons.
3. The teacher has full discretion in the classroom discipline of my child. (not to include corporal punishment)
4. The administration has full responsibility for placing my child in the proper grade.
5. My cooperation is expected in: (a) Regular tuition payment; (b) Practical help; (c) Faithful prayer; (d) Involvement in fund raisers.
6. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

Student Activities and Sports

I give permission for my child/children to take part in all school activities, including sports and school-sponsored trips away from the school premises. Further, in the event my child/children become ill or are injured while under school supervision, I approve the school authorities taking the follow steps:

A. Contact a parent or guardian of the student and follow their instructions.

B. If or when neither parent nor guardian can be reached, contact the student's physician and follow his instructions.

Physician's Name _____ Phone Number _____

C. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed practicing physician and follow their instructions.

D. I agree to relieve Virginia Beach Free Will Baptist Day School, including any of its employees from any liability in connection with these activities and instructions.

_____ Parent/Guardian Initials

_____ Date

General

Has the applicant been involved in any serious offences for which he or she was suspended or dismissed? YES ☐ NO ☐ if yes explain:

Does the applicant have mental, emotional, or physical disabilities, which would affect his/her physical activities or learning ability? YES ☐ NO ☐

If yes, explain: _____

Please list any known allergies: _____

List ALL schools which applicant has attended, with dates:

School Name	Dates	Phone	Contact Person

_____ Parent/Guardian Initials

_____ Date



Home of the
TwoTen Tiger Cubs

Permission to Photograph

Type Of Use	Grant Permission	Decline Permission
Display in school's scrapbook		
Display on bulletin board		
Display on Day School/Church Website		
Use photos on promotional materials		
Display video's on our website		
Use promotional materials		
Other:		

Statement of Cooperation

As a parent it is necessary that you understand that attendance at Virginia Beach Free Will Baptist Day School is a privilege, not a right, and is dependent upon the complete cooperation of parents/guardians and the student with the school. An effective ministry to your child is not possible without parental cooperation. Both the school and the home must have the same logic goals for the student and we must work together in the accomplishment of those goals. Should it become apparent that either the parent(s) or the student(s) harbor attitudes contrary to the school's principles, standards, or goals, or reflects an uncooperative attitude, the school reserves the right to dismiss the student or all students of said family. By signing this agreement I affirm that I have read and understood all policies set forth by Virginia Beach Free Will Baptist Day School.

Signature of Parent or Guardian

Signature of Parent or Guardian

State below the reason(s) you wish to enroll your child(ren) in Virginia Beach Free Will Baptist Day School:

Parent/Guardian Initials

Date



Enrollment Checklist

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TwoTen Tiger Cubs*

- ☐ Enrollment Application
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Immunization Record
- ☐ Emergency Contact
- ☐ Authorization for Pick-Up
- ☐ Physical Form
- ☐ Copy of photo ID (parent/guardians)
- ☐ Registration Fee
- ☐ Voided Check with Tuition Express Form
- ☐ Received French Toast catalog

Registration Fee: \$ _____

Tuition Rates: Weekly \$ _____ 1st/15th \$ _____

Monthly \$ _____ Yearly \$ _____

Parent/Guardian Initials

Date



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Uniform Agreement for Day School

As a parent of Virginia Beach Free Will Baptist Day School I understand there is a dress code in which my child must abide. In signing the application I understand that my child will adhere to a dress code, which includes the following:

Due to color variations only French Toast
Uniforms will be accepted.

Our French Toast School Source Code: QS5SPXR
(use when completing order at check out)

Shoes: closed toe with rubber sole only. NO SANDALS ALLOWED.

Nursery: No Uniform needed

Waddler: navy blue uniform pants/dress/skirt, red polo shirt.

K-2: navy blue uniform pants/dress/skirt, yellow polo shirt.

K-3: khaki uniform pants/dress/skirt, burgundy polo shirt.

K-4: khaki uniform pants/dress/skirt, green polo shirt.

K-5: khaki uniform pants/dress/skirt, purple polo shirt.

Father's Signature

Date

Mother's Signature

Date



*Home of the
TwoTen Tiger Cubs*

Nursery thru Before & After's

A complete change of seasonal clothing must be brought in for your child. Please leave it in your child's cubby.

*This is so important because no matter the age of your child accidents do happen.

_____ Parent/ Guardian Initials
_____ Date



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INCLEMENT WEATHER:

Virginia Beach Free Will Baptist Day School will follow the Virginia Beach Public Schools inclement weather policy. If it is announced that the public schools are closing due to snow, ice, etc., Virginia Beach Free Will Baptist Day School will also be closing. We will announce on wavy.com's website as well as post an announcement on our church website under the Christian School's inclement weather page regarding our school closing as soon as possible. Please be patient and have a back-up childcare plan if Virginia Beach Free Will Baptist Day School is closed. Please note that if a "2 hour delayed opening" is announced for Virginia Beach Public School's, our facility will open at 8:30am (instead of 6:30am).

Father's Signature

Date

Mother's Signature

Date

Sick Child Policies

*This Day School is a well-child facility. We desire to be fair to everyone; therefore we require that you cooperate with us to ensure the health of all children and staff within the facility. **This means that if your child is not feeling well for any reason, you will need to find alternate care.** Please do not bring your child to school if he/she has a contagious illness or exhibits any of the following symptoms:*

- Fever of 99.9 degrees or above ~ within the past 24 hours*
- Vomiting ~ within the past 24 hours*
- Diarrhea ~ within the past 24 hours*
- Conjunctivitis*
- Bleeding other than minor cuts and scrapes*
- Sore Throat*
- Thrush*
- Croup*
- Undiagnosed general rash*
- Blisters on lips*
- Greenish nasal discharge, indicating possible infection*
- Head lice*
- Chicken pox, measles, mumps or other childhood disease's*

Children who exhibit any sign of illness that could be contagious WILL NOT be accepted in our facility. The Staff on duty will have the final decision.

In general, if your child is too sick to go outside and play, then your child is too sick to attend school. If he/she reaches a point when he/she requires constant attention, will not play, cries continuously, whines and wants to be held constantly, then your child will need to stay at home or if he/she is at school you will need to pick your child up immediately.

Any child requiring prescription medication will need to be kept at home for a period of 24 hours until he/she is not longer contagious, unless accompanied by a signed note from the child's medical practitioner.

*The Day School can dispense prescription and/or over the counter medications with a completed and signed **Written Medication Consent Form**.*

Signatures below indicate acknowledgement or receipt of this form and agreement to adhere policies.

Student Name _____ Class _____

Mothers Signature _____ Date _____

Fathers Signature _____ Date _____

For Nap Time Please Bring In These Items Every Monday and Take Home Every Friday to Wash

Waddlers thru K-4

A sheet (crib sheets fits best)



A Blanket



A Pillow



A "favorite" soft item to sleep with if needed



K-5

Rest mats - Blanket - Pillow - "favorite" soft item to sleep with



_____ Parent/Guardian Initials

_____ Date

Item Check List For Nursery:

Please make sure your baby's name is clearly written on each item.

- ☐ Info sheet about your baby (schedule, habits, needs, likes/dislikes)
- ☐ Bottles
- ☐ Pacifier
- ☐ Baby Food
- ☐ Formula / Breast Milk
- ☐ Diapers
- ☐ Baby Wipes
- ☐ Extra Clothing
- ☐ Crib Sheet, Blanket, and favorite soft item to sleep with if needed.

_____ Parent/Guardian Initials

_____ Date



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Virginia Beach FVB Day School
Asthma Action Plan

To be used in accordance with the child's Written Medication Consent Form for specific medication information to be used during an asthma episode or flare-up.

Child's Name: _____ DOB _____

Parent/Guardian Name _____

Emergency phone numbers: Mother _____ Father _____

Primary health care provider's name: _____ Phone _____

KNOWN TRIGGERS for this child's asthma (circle all that apply):

Colds	Mold	Excitement	Tree Pollens	Flowers	Dust
Strong odors	Grass	Weather Change	Animals	Smoke	Exercise
Foods (specify) _____					
Other (specify) _____					

ACTIVITIES for which this child has needed special attention in the past (circle all that apply)

OUTDOORS

Field trip to see animal's
Running hard
Gardening
Jumping in leaves
Outdoors on cold or windy days
Playing in freshly cut grass

INDOOR

Kerosene/wood stove heated rooms
Painting or renovations
Art projects with chalk, glues
Pet care
recent pesticide application
Sitting on carpets

Other (specify) _____

Typical signs and symptoms of the child's asthma episodes (circle all that apply)

Fatigue	Face red, pale or swollen	Grunting	Breathing faster
Wheezing	Restlessness	Dark circles under eyes	Agitation
Sucking in chest/neck		Flaring nostrils	Mouth open (panting)
Persistent coughing		Complaints of chest pain/tightness	

Gray or blue lips or fingernails

Difficulty playing, eating, drinking, talking

Other (specify) _____



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Before & After Pick-Up Schedule

Child's Name: _____

School Name: _____

School Address: _____

School Contact Person & Phone Number: _____

Drop Off Time: _____

Pick-Up Time: _____

Father's Signature

Date

Mother's Signature

Date

COMMONWEALTH OF VIRGINIA

CERTIFICATE OF RELIGIOUS EXEMPTION

Name _____ Birth Date _____

Student I.D. Number _____

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of parent/guardian/student

Date

I hereby affirm that this affidavit was signed in my presence on

This _____ Day of _____

Notary Public Seal



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TwoTen Day School

*A Ministry of Virginia Beach Free Will Baptist Church
210 South Witchduck Road Virginia Beach, VA 23462
Phone: 757-499-6034 Fax: 757-499-0446*

Dear Parents,

At Virginia Beach Free Will Baptist Day School, we are constantly looking at ways to improve on the service we provide to you and your children. With this in mind, we are pleased to announce our method of collecting and processing tuition and payments. Tuition Express allows us to process tuition and fee payments safely, quickly and efficiently.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule that we both agree upon. Virginia Beach Free Will Baptist Day School can produce a receipt for the payment or you can receive instant e-mail notification by signing up at www.tuitionexpress.com

Please look over the attached Frequently Ask Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have any further questions, don't hesitate to ask.

Tuition Express is convenient for you, efficient for us, and best for your children.

TUITION

Express

ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check, or remember your checkbook, as you're picking up your child at the end of a hectic day. Your account will be safely and securely debited by Tuition Express, giving you peace of mind, knowing your tuition is being paid when it's due. It's easy to enroll and even easier to participate. You'll join millions who already pay mortgages, car payments, and childcare tuition automatically. Tuition Express is convenient and safe for you, and it helps us do a better job caring for your child.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, *steal your identity*. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize *your* bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.

TUITION

Express

ProCare Software

***Hop aboard the Tuition Express
and never write a check again!***

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____	
Address _____		Bank or Credit Union Address _____		
City _____	State _____	Zip _____	City _____	State _____ Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Routing Transit Number (see sample below)

Account Number (see sample below)

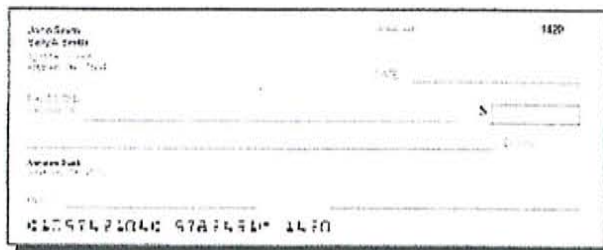
This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____

Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

TUITION

Express

ProCare Software

For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____

Phone # _____

Cardholder Billing Address _____

Account Number _____

City _____

State _____

Zip _____

Expiration Date _____

Cardholder Signature _____

Date _____

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _____

Employee Signature: _____

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A Ministry of Virginia Beach Free Will Baptist Church
210 S. Withduck Road, Virginia Beach, VA 23462
Phone: 757-499-6034 Fax: 757-499-0446

Parent Financial Agreement Weekly

It is my desire to enroll _____ in Virginia Beach Free Will Baptist Day School. I agree to pay the sum of \$_____ every week for tuition. I further understand that the above rate is subject to change as conditions may require.

All weekly tuition fees will be processed on Monday. If Monday falls on a holiday, the tuition payment will be processed on the next business day.

I understand that my child has two weeks vacation and two weeks sick that can be used per year (September to August). Tuition will be $\frac{1}{2}$ price per week for either the vacation or sick child weeks that is being used. Vacation or sick child weeks can only be used when my child is absent for 5 consecutive days in a row. A vacation week/sick child credit week can also be used the last week in August when the school is closed for the annual staff work week (provided they have not already been used during the year).

I also understand that I need to notify the Director with a written notice at least one week in advance when a vacation or sick child week needs to be used.

I understand that if my child is absent due to disciplinary actions, my tuition fees are not be prorated and will be due in full.

I understand that ALL annual registration fees must be paid at time of enrollment. These fees are non-refundable and include all processing costs and other expenses.

I understand that if my child remains at Virginia Beach Free Will Baptist Day School past 6:00PM I will be charged and agree to pay \$1.00 per minute per child starting at 6:05 PM.

I understand that if my child is absent for one week, and the appropriate fee as specified under the "Absentee Policy" has not been paid, my child will automatically be discharged from Virginia Beach Free Will Baptist Day School. Prior to re-admission to the Day School, I will be required to pay re-enrollment fees, past due tuition, and the late fees PROVIDED AN OPENING IS AVAILABLE.

I understand that if after 30 days my account is past due, it will be subject to collections through Small Claims Court. A Disenrollment letter must be completed with a parent/guardian signature in order to keep unwanted and accumulating fees from building.

A TWO WEEK NOTICE IS REQUIRED FOR REMOVING YOUR CHILD FROM VA BEACH FREE WILL BAPTIST DAY SCHOOL.

I UNDERSTAND AND AGREE THAT FOR ANY RETURNED TUITION EXPRESS PAYMENTS, A \$25.00 PROCESSING FEE WILL AUTOMATICALLY BE CHARGED TO MY ACCOUNT.

I HAVE READ THE ABOVE FINANCIAL AGREEMENT, UNDERSTAND AND AGREE TO ALL THE TERMS SET FORTH.

Signature of Father/ Legal Guardian

Date

Signature of Mother/Legal Guardian

Date



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Phone: 757-499-6034 Fax: 757-499-0446

Parent Financial Agreement 1st and 15th

It is my desire to enroll _____ in Virginia Beach Free Will Baptist Day School. I agree to pay the sum of \$_____ on the 1st and the 15th of each month. I further understand that the above rate is subject to change as conditions may require.

All tuition fees will be processed on the 1st and the 15th of every month. If the 1st or the 15th falls on a holiday or weekend, then the tuition payment will be processed on the next business day.

I understand that my child has two weeks vacation and two weeks sick that can be used per year (September to August). Tuition will be $\frac{1}{2}$ price per week for either the vacation or sick child weeks that is being used. Vacation or sick child weeks can only be used when my child is absent for 5 consecutive days in a row. A vacation week/sick child credit week can also be used the last week in August when the school is closed for the annual staff work week (provided they have not already been used during the year).

I also understand that I need to notify the Director with a written notice at least one week in advance when a vacation or sick child week needs to be used.

I understand that if my child is absent due to disciplinary actions, my tuition fees are not be prorated and will be due in full.

I understand that ALL annual registration fees must be paid at time of enrollment. These fees are non-refundable and include all processing costs and other expenses.

I understand that if my child remains at Virginia Beach Free Will Baptist Day School past 6:00PM I will be charged and agree to pay \$1.00 per minute per child starting at 6:05 PM.

I understand that if my child is absent for one week, and the appropriate fee as specified under the "Absentee Policy" has not been paid, my child will automatically be discharged from Virginia Beach Free Will Baptist Day School. Prior to re-admission to the Day School, I will be required to pay re-enrollment fees, past due tuition, and the late fees PROVIDED AN OPENING IS AVAILABLE.

I understand that if after 30 days my account is past due, it will be subject to collections through Small Claims Court. A Disenrollment letter must be completed with a parent/guardian signature in order to keep unwanted and accumulating fees from building.

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I HAVE READ THE ABOVE FINANCIAL AGREEMENT, UNDERSTAND AND AGREE TO ALL THE TERMS SET FORTH.

Signature of Father/ Legal Guardian

Date

Signature of Mother/Legal Guardian

Date



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Parent Financial Agreement Monthly

It is my desire to enroll _____ in Virginia Beach Free Will Baptist Day School. I agree to pay the sum of \$_____ monthly. I further understand that the above rate is subject to change as conditions may require.

All tuition fees will be processed on the 1st business day of the month. If the 1st falls on a holiday or weekend, then the tuition payment will be processed on the next business day.

I understand that my child has two weeks vacation and two weeks sick that can be used per year (September to August). Tuition will be $\frac{1}{2}$ price per week for either the vacation or sick child weeks that is being used. Vacation or sick child weeks can only be used when my child is absent for 5 consecutive days in a row. A vacation week/sick child credit week can also be used the last week in August when the school is closed for the annual staff work week (provided they have not already been used during the year).

I also understand that I need to notify the Director with a written notice at least one week in advance when a vacation or sick child week needs to be used.

I understand that if my child is absent due to disciplinary actions, my tuition fees are not be prorated and will be due in full.

I understand that ALL annual registration fees must be paid at time of enrollment. These fees are non-refundable and include all processing costs and other expenses.

I understand that if my child remains at Virginia Beach Free Will Baptist Day School past 6:00PM I will be charged and agree to pay \$1.00 per minute per child starting at 6:05 PM.

I understand that if my child is absent for one week, and the appropriate fee as specified under the "Absentee Policy" has not been paid, my child will automatically be discharged from Virginia Beach Free Will Baptist Day School. Prior to re-admission to the Day School, I will be required to pay re-enrollment fees, past due tuition, and the late fees PROVIDED AN OPENING IS AVAILABLE.

I understand that if after 30 days my account is past due, it will be subject to collections through Small Claims Court. A Disenrollment letter must be completed with a parent/guardian signature in order to keep unwanted and accumulating fees from building.

A TWO WEEK NOTICE IS REQUIRED FOR REMOVING YOUR CHILD FROM VA BEACH FREE WILL BAPTIST DAY SCHOOL.

I UNDERSTAND AND AGREE THAT FOR ANY RETURNED TUITION EXPRESS PAYMENTS, A \$25.00 PROCESSING FEE WILL AUTOMATICALLY BE CHARGED TO MY ACCOUNT.

I HAVE READ THE ABOVE FINANCIAL AGREEMENT, UNDERSTAND AND AGREE TO ALL THE TERMS SET FORTH.

Signature of Father/ Legal Guardian

Date

Signature of Mother/Legal Guardian

Date