Grace Children's Learning Center

A Ministry of Grace United Methodist Church
9750 Wellington Rd Manassas, VA 20110
703-393-2345 GCLC@umcgrace.org
umcgrace.org/gclc

2025 Summer Camp

Child's Legal Last Name | **Child's First Name** | **Middle Name** | **Date of Birth** | **Name to be used in Class**

Child's Gender: **M** **F**

Home Street Address | **City** | **State** | **Zip**

PERMISSION TO SEEK EMERGENCY MEDICAL TREATMENT

In the event of an illness or accident requiring immediate care, I give permission for the staff of Grace Children's Learning Center to authorize such treatment. I will not hold GCLC or medical personnel responsible. _____(initials)

PHOTOGRAPHY PERMISSION

From time to time photographs of your child may be taken for educational and classroom purposes. I **grant** permission for my child, to be photographed for classroom purpose and in-house activities as specified above. This permission is applicable for current as well as future project use. These photographs will not be used in any social media, websites or other use by GCLC. _____(initials)

PARENT HANDBOOK

I have read the policies in the Parent Handbook, found on the website, or given to me via an electronic and/or hard copy and understand the application to me and my child. _____(initials)

FINANCIAL AGREEMENT

I agree to pay my weekly tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, **I understand that I will be charged a $25 late fee.** I also understand that if I do not pick-up my child by the center's closing time, I will incur a late pick-up charge. I also agree to pay all costs and expenses including, without limitation, court costs, reasonable attorney fees and reasonable collection agency fees incurred by Grace Children's Learning Center in connection with the collection of tuition and the enforcement of this agreement.

I understand that Grace Children's Learning Center and its authorized agents will use any personal contact information home, work, cell and addresses provided by us on this document in an attempt to collect any outstanding balance on the account.

_____ _____

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

CAMP POLICIES

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that Grace Children's Learning Center will release children to either parent unless legal paperwork stating otherwise is provided to the Directors. I agree to give to the center a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parent/legal guardian. For certain prescriptions, a signature from a licensed authorized prescriber is also necessary.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children as well as the staff.
6. I understand that the school administrative staff will notify me whenever my child becomes ill, and I agree to pick up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever free, vomit free, diarrhea free and symptom free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to school.
8. I understand that I am required to inform GCLC within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that childcare services may be terminated for any of the following reasons: • My child's tuition account becomes more than two weeks in arrears. • Failure to respond in a timely manner when contacted by the center to pick up my child when he or she is sick. • Failure to adhere to the 24-hour illness recuperation period. • Failure to provide the center with up-to-date emergency contact information for my child. • My child's behavior threatens his or her own health and safety or threatens the health and safety of other children and staff. • My child wanders, runs away from or otherwise leaves his/her designated classroom or safe area.

_____ _____

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

HOLD HARMLESS

I/we, _____ (please print full legal names), the parents/guardians of _____ (please print child's full legal name), agree to release and hold harmless Grace Children's Learning Center and its employees, from and against any and all liability and responsibility whatsoever, for any and all damages, claims, or causes of action, that my minor child or I may have for any loss, personal injury, or death, arising out of any injury or accident sustained by my child which was not a result of GCLC negligence, including but not limited to, any injury or accident resulting from a food allergy, health issue (including Covid-19), disability, or other matter unique to my child unless such food allergy, health issue, disability, or other matter was disclosed to GCLC on the registration form.

We agree and hold harmless Grace Children's Learning Center and its employees, for any accident or harm that may occur should I retain the services of any Grace Children's Learning Center employee for the care of my child(ren) outside the child care center. If I retain the services of any Grace Children's Learning Center employee in such capacity, Grace Children's Learning Center has no responsibility and is held harmless from any incident which may occur.

_____ _____

Signature of Parent/Legal Guardian Date Signature of Parent/Legal Guardian Date

Shannon Pendleton & Belinda Ryberg 03/10/2025

Signatures of Directors Date