



Summer Enrichment Ministry Enrollment Contract 2019  
June 17<sup>th</sup>, 2019-August 23<sup>rd</sup>, 2019, 7am-6pm  
Registration Fee: \$20.00 for Current/Returning Enrollees  
\$25.00 for New Enrollees (\$35.00 for ALL parents after May 17<sup>th</sup>)

Tuition: \$110.00 Per Week, Activity Fee: \$150.00

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Parent's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Parent's Employment Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Contact's Phone \_\_\_\_\_  
Emergency Contact's Address \_\_\_\_\_

PLEASE CHECK OUT THE FOLLOWING

\_\_\_\_ I hereby enroll the following child/ren in the Sonlight Learning Center After-School Enrichment Program (Sept-June)

1. Name \_\_\_\_\_ Age \_\_\_\_\_ M or F Date of Birth \_\_\_\_\_  
Nickname (Name your child would like to be called): \_\_\_\_\_  
School \_\_\_\_\_ Grade in the fall \_\_\_\_\_
2. Name \_\_\_\_\_ Age \_\_\_\_\_ M or F Date of Birth \_\_\_\_\_  
Nickname (Name your child would like to be called): \_\_\_\_\_  
School \_\_\_\_\_ Grade in the fall \_\_\_\_\_
3. Name \_\_\_\_\_ Age \_\_\_\_\_ M or F Date of Birth \_\_\_\_\_  
Nickname (Name your child would like to be called): \_\_\_\_\_  
School \_\_\_\_\_ Grade in the fall \_\_\_\_\_

### Transportation & Child Safety Seat

Virginia State Law mandates that all children up to age eight must be transported with a child safety seat.

(Please check one of the following):

My child is age seven (or younger), will be transported by SLC, and **will need** to have a child safety seat, that I will provide. (Must provide before the start of the program).

My child is age eight (or older) and **does not** need a child safety seat.

My child is age seven (or younger), and **will ride a public school bus** and therefore does not need a child safety seat. (Parent will need to supply one for special outings).

### MEDICAL INFORMATION

*(Please submit a **separate** copy of your child's medical information, **including** an immunization record, proof of allergy (if any), and directions from your doctor regarding the administration of any medication)*

Please list any allergies or pertinent medical information that we need to know about. If your child is on medication, please give schedule of administering and name of medication.

Allergies \_\_\_\_\_ Other \_\_\_\_\_

Medication(s) \_\_\_\_\_ To be taken \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Tel \_\_\_\_\_

Please indicate whether child can be given Aspirin or Children's Tylenol \_\_\_\_\_

I give my consent for the administration of this program to administer any medical care as described above. In case of accident, injury or medical emergency, permission is granted for my child to be given reasonable first aid and to be taken to the nearest medical facility for treatment. Attached, I have also included a copy of my child's immunization report, allergen report (if any) and directions from my child's physician regarding how to administer any medication to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Information Received By \_\_\_\_\_ Date: \_\_\_\_\_

I have read the conditions of this enrollment contract and I hereby enroll my child(ren) according to the following terms:

In the event of accident or injury, parents and/or the person to be contacted for emergencies will be notified immediately. Please initial: \_\_\_\_\_

In the event that I am notified that my child is sick, I or someone in my approved pick-up list must pick up my child. Please initial: \_\_\_\_\_

**SLC Agreement of Tuition Payment**

***Please read before initializing. Your initials acknowledge both receipt and full compliance of this contract. If there are any questions, please contact the Program Director.***

The hours for the Summer Enrichment Program will be 7:00am-6:00pm, Monday-Friday. We are closed July 4<sup>th</sup>, for Independence Day. Your child must be picked up by 6:00pm sharp or your account will be subject to a late penalty. Please initial: \_\_\_\_\_

Tuition is due on Monday. Any other payment arrangements must be cleared by the program director. Any and all payment arrangements outside of Monday and not approved by program director are considered late and can be subject to a late penalty. Any outstanding balance that meet or exceed two weeks' worth of payments will result in an automatic dismissal from the program. Please initial: \_\_\_\_\_

Tuition is charged, regardless of the child's attendance or lack thereof. Fees are also due regardless of early dismissal from the program. Additionally, parents are responsible for communicating their child's specific needs to the program director and program staff. Any specific accommodations must be made in writing and approved by program director. I agree to pay the designated tuition in adherence to these guidelines. Please initial: \_\_\_\_\_

I understand that SLC accepts cash, credit/debit, checks, and money orders for tuition payments. SonLight Learning Center also accepts tuition payments through Givelify and GooglePay applications, which can be used on both Android and Apple devices. Givelify users must add \$3 to their payments for Givelify's convenience fee. Please see the director for more information. A charge of \$25.00 will be assessed for any returned checks. Personal checks will not be accepted after three (3) returned checks. Please initial: \_\_\_\_\_

Any and all withdrawals from the program must be made to the program director in writing two weeks before the child's last day in the program. This is the same in terms of vacations, doctor's visits or any other situation (besides sickness) whereby the child is absent. Any and all documents may given to staff or sent to the following email: [sonlightlearningcenter@gmail.com](mailto:sonlightlearningcenter@gmail.com)

I understand that my child(ren) will neither be allowed to attend the program, later volunteer in the program, or participate in any scheduled activities during the school year or the summer if program and activity fees have not been paid. Please initial: \_\_\_\_\_

All children are expected to abide by all guidelines on the van, in our facility, and on any trips. Failure to abide these guidelines can result in dismissal from the program, to which the parent is still responsible for any and all outstanding balances. Please initial: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Received by Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

**SonLight Learning Center**  
**Summer Weeks Program Attendance Agreement 2019**

*Please read before signing. Your signature acknowledges the both receipt and full compliance of this contract. If there are any questions, please contact the Program Director.*

Going on vacation? Traveling during the summer? Please indicate the weeks that your child will be in attendance to our summer program. This information allows us to budget for your child's meals and materials. It also helps to ensure adequate staff to student ratios, as mandated by the Department of Social Services. If there are any absences or emergencies, please notify your Program Director. Form due by June 7<sup>th</sup>.

**Please Indicate the Following:**

\_\_\_\_\_ My child will be attending the SonLight Learning Center Program for the entire 2019 Summer Term (10 Weeks, \$110 per week). (May include an occasional absence, e.g.: doctor's visit, illness)

\_\_\_\_\_ My child will be attending the SonLight Learning Center Program for the following weeks **only**:

\_\_\_ June 17<sup>th</sup>-June 21<sup>st</sup>

\_\_\_ June 24<sup>th</sup>-June 28<sup>th</sup>

\_\_\_ July 1<sup>st</sup> -July 5<sup>th</sup>

\_\_\_ July 8<sup>th</sup>-July 12<sup>th</sup>

\_\_\_ July 15<sup>th</sup>-July 19<sup>th</sup>

\_\_\_ July 22<sup>nd</sup> -July 26<sup>th</sup>

\_\_\_ July 29<sup>th</sup>-August 2<sup>nd</sup>

\_\_\_ August 5<sup>th</sup>-August 9<sup>th</sup>

\_\_\_ August 12<sup>th</sup> -August 16<sup>th</sup>

\_\_\_ August 19<sup>th</sup> -August 23<sup>rd</sup>

(Tuition for the weeks selected is still \$110.00 per week)

**Please note the following:**

-Tuition for the weeks selected is still \$110.00 per week. Drop-in rates for individual days are \$30.00

-Forms not received by June 7<sup>th</sup>, will automatically be invoiced as **full-term**.

-There are no refunds for breaking this agreement. Broken agreements (whether adding or subtracting days) will be subject to added expenses.

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Child(ren) Name: \_\_\_\_\_ Date: \_\_\_\_\_



At SonLight Learning Center, Character Counts!

The SonLight Learning Center Community operate under the following Six Pillars of Character: **Trust, Respect, Responsibility, Caring and Citizenship**. These six pillars of character will shape our rules and conduct inside and outside of our classroom. Your child will be expected to know and to adhere to these six pillars. Failure to do so will result in disciplinary actions such as **time-out, phone calls home, dismissal from trips, or from the program**. Please make sure you review these with your children.



**At SonLight Learning Center:**

- Trust means: **“Faith!”** (Be honest! Do what you say you will do!)
- Respect: **“Honor!”** (Treating Others with Respect)
- Responsibility: **“My job!”** (Be accountable for your words, actions, and attitudes)
- Fairness: **“What is Right!”** (Play by the rules, take turns, listen to others)
- Caring: **“We Love!”** (Be kind, help others in need, forgive others and express gratitude)
- Citizenship: **“I Belong!”** (Cooperate! Cooperation is the key to success. This makes our community better! We always do it better together!)



**PICK UP AUTHORIZATION FORM**

I authorize the following individual(s) to pick up my child(ren) from SonLight Learning Center each day. I understand that I must notify the Program Director if other arrangements are necessary. I also understand that my child(ren) may not be allowed to be picked up if the individual is not designated on this form or if prior arrangements have not been approved. Students must be signed out by an adult, and a picture ID may be required.

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent's Signature

Date

Received By: _____	Date: _____
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First Shiloh Baptist Church/Sonlight Learning Center Media Release Form

FSBC/Sonlight Learning Center  
8150 Walnut Grove Road  
Mechanicsville, Virginia 23111

08/03/2016 (updated)

Permission to Use Photograph/Video

Subject: Sonlight Learning Center Website/Social Media Use

I grant to First Shiloh Baptist Church/Sonlight Learning Center its representatives and employees the right to take photographs of my child in connection with the above-identified subject. I authorize FSBC/Sonlight Learning Center its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that FSBC/Sonlight Learning Center may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

In our project(s) we—FSBC/Sonlight Learning Center—commit to:

- Only posting pictures of children with release forms
- Only documenting pictures of ministry/after-school/summer activities
- **Only using pictures for FSBC/SLC social media purposes, if authorized by parents**
- **Never posting personal information of any child at any time (names, ages, addresses, medical conditions, schools, bus routes, etc.)**

I have read and understand the above:

Child's name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_

- I hereby authorize FSBC/SLC to use my child's media for the **website and for social media use** as long as these guidelines are followed.
  - I hereby authorize FSBC/SLC to use my child's media for FSBC/SLC website, **only**.
- 
- I **do not wish** for my child to be recorded in anyway, nor do I authorize any child to have media presented on any website/social media extensions of FSBC/SLC.



## **Emergency Preparedness Plan**

### **Fire**

In case of a fire emergency (in a case where the fire alarms have sounded or when the director/staff calls notices or receives notice of a fire) ALL students will:

Remain calm and walk swiftly, orderly towards the emergency fire exit located to the right of the youth pastor's door (if facing the three offices upstairs). The exit sign is highlighted.

Once exiting the door, students are to walk with staff to the back end of the parking lot and then walk to the church next door, away from the fire and away from any traffic. Once at the church, staff will account for each child, relay this information to the fire department. Parents will be notified.

Staff members will be able to take roll using a prepared "go bag" (emergency bag) full of information on each child, or by using their electronic devices to pull up their role sheet.

According to the Fire Marshall, even the students within the back classroom should be able to get out through the emergency exit back steps, in under two minutes. In the event the children are trapped, the next safest plan for the back classroom would be to close the door, to place something under the door to conceal the smoke and to try notifying for help through the window. Due to the age of the children (K-2) in the back classroom, it is NOT recommended to have chain ladders reserved for the windows.

### **Tornado Warning/Watch & Bomb Threat Situation**

In case of a tornado warning/watch, (initiated when inclement weather presents an unsafe situation for the children [for ex. Power outages, strong winds, trees coming down] or when notified of a tornado situation or when notified of a potential bomb threat situation).

ALL students will:

Remain calm and walk swiftly/orderly down to the first floor and to remain in the middle hallway until told otherwise. Staff are to close the doors to the bathrooms and to the door near the steps and have the children to sit calmly on the ground. According to the Fire Marshall, this is the safest place in the building in case of a tornado.

In the event that the hallway is unavailable or in the event that there are more people in the building during the tornado warning/watch, the 2<sup>nd</sup> safest place in the building is what we term "the multipurpose room." Even with windows, it can still house protection for large groups of people, according to the Hanover Sheriff's Department.

In both scenarios, staff members are to immediately take roll to account for all children, relay this information to the Fire Department and to notify parents. Staff are to use the "go bags" (emergency bags) to accomplish this.



## **SonLight Learning Center Emergency Preparedness Plan (Continued)**

### **Lockdown**

In case of a lock down procedure (which is initiated if notified by the police that there is a threat in the area or if the director feels as if there is a situation that will place students in immediate danger) ALL students will:

Remain calm and follow staff directions. The first plan of action is to transport all children to the fire exit steps. This allows not only for shelter, but also for easy escape.

If this is not an option, here are the alternatives:

- (1) If in the back classroom, staff members are to close and lock the door. Lights are to be turned off.
- (2) If in the large classroom (and the back steps are not an option), the three office rooms can be used for shelter. Staff members will turn off lights and place a cover on the windows of the door for security.

In either situation, staff will members will take roll, relay any information to the police and notify parents. “Go Bag” emergencies.



*Emergency Preparedness Plan Acknowledgement Form*

I have read, understood and I am now in full acknowledgement of the SonLight Learning Center Emergency Preparedness Plan that covers Fire, Tornado, Bomb Threat, or other Lockdown procedures.

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

Parent's Name \_\_\_\_\_

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

Please return to the Program Director immediately.



Directory/General Information	
Senior Pastor	Rev. Dr. R. Neal Siler
Youth Pastor/SLC Director	Rev. Wayne E. Credle, Jr.
SLC Location	FSBC Youth Center
SLC Address	8150 Walnut Grove Road, Mechanicsville, Virginia 23111
After-School Hours	Monday-Friday, 2pm-6pm
Summer Hours	Monday-Friday, 7am-6pm
DSS Subsidy Vendor	Yes
Administrative Numbers	
SLC Office	804-730-1706
FSBC Office	804-730-1348
FSBC/SLC Fax	804-730-6830
SLC Email	sonlightlearningcenter@gmail.com