



Registration /Tuition/Fees¹

Application fees:	\$25.00 (for the first child enrolled at BESTOW)
Initial Supply fee	\$80.00 per child
Annual Supply fee	60.00 (after the first year—Due in July of each year)

(supply fees include all curriculum material & supplies for all ages)

Infants

6 weeks-11 months \$150.00 per week

Toddler

12mos-3years \$120.00 per week

Preschool

3--5 years \$115.00 per week

* Please note that an application is not valid without registration & supply fees. All children are admitted on a first come-first served basis and subject to BESTOW admission criteria. BESTOW reserves the right to reject any application and not admit a student. When fees are received, a space will be held specifically for your child. All fees are non-refundable. Prices are subject to change without notice

¹ For OSR First Class K-4 rates see attached Parent Sliding Fee Scale



Application

Name of Child _____
 First Middle Last

Age _____ Sex _____ Birth Date _____

Anticipated Start date _____ Primary Language: _____

Does child have any special needs? Yes or No (please circle)

Father/Guardian

Mother/Guardian

Name _____

Name _____

Address _____

Address _____

City _____ St ____ Zip _____

City _____ St ____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Marital Status of Parents: _____

Any court orders, in place or pending, concerning visitation? _____

Individuals authorized to pick up my child or for emergency contact:

Name _____ Relation _____ Home# _____ Wk _____

Name _____ Relation _____ Home# _____ Wk _____

Name _____ Relation _____ Home# _____ Wk _____

Name _____ Relation _____ Home# _____ Wk _____

Health History

Name of Family Physician: _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Date of last physical exam _____

Operations of serious illness: _____

Disability or recurring illness _____

Activities limited by a physician _____

Dietary modifications _____

Allergies _____

Which of the following has your child had?

measles chicken pox German measles mumps hepatitis

Use this space to provide any additional information about your children what we should be aware of

Waiver

This health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that, "*BESTOW SCHOOLS & ELC*," assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation at the *BESTOW SCHOOLS & ELC*." I expressly acknowledge that my child has been medically cleared to participate in rigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the *BESTOW SCHOOLS & ELC*, its staff and volunteers for accidents or injuries arising out of his/her participation in any activity.

I agree to have my child examined, prior to enrollment, within a reasonable time period by the family physician stating he/she is free of communicable disease and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by The *BESTOW SCHOOLS & ELC*'s Director to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided by BESTOW and I will be responsible for any and all charges related to my child's care.

Media Release

I give permission to the *BESTOW SCHOOLS & ELC*, without limitation or obligation to use photographs, film footage, social media, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting "*BESTOW SCHOOLS & ELC*," programs and release "*BESTOW SCHOOLS & ELC*," from any claim of liability.

Field Trip Release

I give my consent for my child to leave the "*BESTOW SCHOOLS & ELC*," site to participate in field trips, including walking field trips, and to ride in authorized vehicles for the purpose of transportation in connection with the "*BESTOW SCHOOLS & ELC*" program.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY THE *BESTOW SCHOOLS & ELC* PROGRAM.

Signature

Date



Parent Agreement

1. In return for services I receive, I agree to pay \$_____ weekly/monthly on Monday of each week (if monthly option is chosen then fees are due on the first day of each month). Fees should be made payable to: *BESTOW SCHOOLS & ELC*. All fees must be paid prior to attending BESTOW.
2. I understand that ALL application & supply fees are **non-refundable**.
3. I have read the Parent Handbook and Information and agree to abide by all the policies and procedures listed.
4. I hereby release BESTOW SCHOOLS & ELC from any liability for injuries or illnesses resulting from conditions or circumstances beyond the control of BESTOW SCHOOLS & ELC.
5. I understand that BESTOW SCHOOLS & ELC will assume responsibility for my child ONLY when he/she is delivered into the center and is acknowledged by the center personnel.
6. AUTHORIZATION FOR EMERGENCY MEDICAL CARE: In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize BESTOW SCHOOLS & ELC to administer any emergency treatment deemed necessary by licensed, trained medical personnel called to BESTOW and/or take my child to the nearest licensed hospital.

I have read and fully understand statements numbered 1, 2, 3, 4, 5 & 6.

Signature of Parent/Guardian

Date



Bestow Infants Supply List

(6 weeks to 22 months)

1 nose bulb syringe

Bottles

Formula

Bottled or distilled water

3 sets of EXTRA clothes (including socks in a Ziploc bag with child's name on all items)

**1 case baby wipes

**Diapers

1 pacifier (to be left at the center)

1 pacifier holder

**As needed for children throughout the year.

☺ It is very important that you put your child's name on all of their bottles, cups and extra clothing that is brought to school. Also, please make sure that you put their name on all bags and outerwear (i.e. jackets, sweaters hats and gloves).



Bestow Creeper's Supply List

(12 mos. to 23 mos.)

2 sets of EXTRA clothes (including socks and underwear in a Ziploc bag with child's name on all items)

**Diapers or pull-ups

**1 case of baby wipes

1 pack of little swimmers (for outdoor water play during summer months)

1 roll mat with pillow and blanket attached (these can be purchased at "Teaching Things," Parent Teacher Store, or online @ amazon.com)

--Cots are provided for this class for naptime.

**As needed for children throughout the year.

☺ It is very important that you put your child's name on all items that are brought to school (including the following: jackets, sweaters hats and gloves).



Bestow K2/Bestow K3/Bestow K4 Supply List

2 sets of EXTRA clothes (including socks and underwear in a Ziploc bag with child's name on all items)

**pull-ups (if needed)

** Baby wipes (if child is still in pull ups)

1-pack of "little swimmers," for outdoor water play during the summer months (for younger children who are not potty trained)

Swim wear or "play clothes," to be left at center for outdoor water play

1 roll mat with pillow and blanket attached (these can be purchased at "Teaching Things" in Trussville or online @ amazon.com)

--Cots are provided for this class for naptime.

☺ It is very important that you put your child's name on all items that are brought to school (including the following: jackets, sweaters hats and gloves).



2015 School Holiday Calendar

Holiday Schedule	Date	BESTOW
New Year's Day	January 1, 2015	Closed
MLK Day	January 19, 2015	Closed
Presidents Day	February 16, 2015	Closed
Good Friday	April 3, 2014	Closed
Memorial Day	May 25, 2015	Closed
Independence Day observed	July 3, 2015	Closed
Labor Day	September 7, 2015	Closed
Veterans Day	November 11, 2015	Closed
Thanksgiving Holiday	November 25, 2015	6:30am-12:30pm
	November 26, 2015	Closed
	November 27, 2015	Closed
Christmas Holiday	December 23, 2015	6:30am-12:30pm
	December 24, 2015	Closed
	December 25, 2015	Closed
New Year's Eve	December 31, 2015	Closed
New Year's Day	January 1, 2016	Closed

*** Staff development days will vary. Parents will be given proper notice of closings due to staff development.*

STATE OF ALABAMA)
COUNTY OF JEFFERSON)

Before me, a notary public in and for said state and county, appeared

_____ **(PARENT’S NAME)** and is known to me, after being duly
sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

_____ **(CHILD’S or
CHILDREN’S NAME(S))** that affiant has been notified by **Adrienne L. Ragland Loder**, a
representative of *Loder Ragland Ministries, Inc.* that said church ministry/school has filed notice
and is exempt under law from regulation by the department of human resources.

_____ (Parent/Legal Guardian)

Sworn or affirmed to and subscribed before me this the _____ day of
, 2015.

_____ (Notary)