

Sample Media Consent and Release Form

I, _____, hereby authorize _____ (the “organization”), and its partners, agents, representatives, assigns, successors in interest and licensees, to photograph, audiotape, and/or videotape me and grant the Organization and its partners the irrevocable right to use my photograph, audio recording, video recording, or any reproduction or modification thereof (the “Photograph,” “Audio,” and/or “Video”), in any manner or medium throughout the world an unlimited number of times in perpetuity in advertising, trade, promotion, exhibition, or any other lawful purpose.

I understand that I will not receive any monetary compensation for the permissions I am granting herein. I hereby waive any right of inspection of approval of the uses to which the Organization may put the Photograph, Audio, and/or Video. I acknowledge the Organization will rely on this permission and hereby release and discharge the Organization from any and all claims and demands arising out of or in connection with the Photograph or the exercise of the permissions granted here, including any or all claims for libel, invasion of privacy, or emotional distress.

I understand that I cannot withdraw my consent after I sign this form and that this consent and release is binding on me and my heirs, legal representatives and assigns.

Please check "Yes" or "No" for each of the following:

- | | | |
|-----|----|--|
| Yes | No | I grant permission for Photographs to be collected and used by the Organization. |
| Yes | No | I grant permission for Audio to be collected and used by the Organization. |
| Yes | No | I grant permission for Video to be collected and used by the Organization. |

If the individual named above is under 18 years of age, please complete the following:

I am the parent or legal guardian of the individual named above, and I hereby sign this Media Consent and Release on behalf of such individual in accordance with the statements above.

Guardian's Name

Guardian's Signature

Date

Guardian's Address

Guardian's Phone Number

Guardian's Email Address

**Authorization Form for
Non-prescription Over-the-Counter Skin Products
8VAC20-780-520**

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

Plaza Christian Academy

(Name of Center)

has my permission to apply the non-prescription

over-the-counter (OTC) skin product listed below to my child

Child's Name

Product Name: _____

Known Adverse Reactions (if any): _____

- All OTC products must:
 - Be in the original container and, if provided by the parent, labeled with the child's name
 - Be used according to manufacturer's recommendation and instructions for application
 - Not be used beyond the expiration date of the product
- Sunscreen:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
 - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
 - Shall be kept inaccessible to children
 - Record of use shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's Signature: _____

Date: _____

Email Contact Form

Let's stay connected! Please provide an email address, an address that is daily reviewed, to stay connected with Plaza Christian Academy. Your child's safety, well being and overall experience is largely dependent upon communication between our staff and parents. Please respond with any questions or concerns to us as well as at plaza.office2024@gmail.com. We look forward to hearing from you!

Guardian 1

Name: _____

Email Address: _____

Guardian 2

Name: _____

Email Address: _____

Emergency Contact

Name: _____

Email address: _____

This Tuition Agreement is made and entered into on _____
date

Financial Responsible Parent/Guardian

Name: _____

Email: _____

Student's Name: _____

Address: _____

Teacher's Name: _____

Phone # : _____

1. Hours of Care Needed

_____ Drop off time

_____ Pick up time

Please arrive for drop off and pick up within 15 minutes of your chosen hours of care, to ensure we are properly staffed and able to accommodate all students. (Please call ASAP if unable to meet this requirement)

2. Registration (Non-Refundable)

☐ \$100

3. Book & Activity Fee

☐ \$0- 6wks-24months

☐ \$80 : K-2

☐ \$105 : K-3

☐ \$150 : K-4

☐ \$160 : K-5

3. Monthly Tuition

☐ \$1,180 : 6wks-16mos.

☐ \$1,100 : 17mos-2.5 yrs

☐ \$1,000 : 2.5 yrs- K/5

*****Months with 5 weeks will be adjusted accordingly*****

NOTE: Tuition is based upon the classroom in which the student is physically placed & not their age. Students will be moved up to the next age group based upon the following criteria: 1) student turns the appropriate age, 2) teacher, director & parent/ guardian decides that the move is in the best interest of the student & 3) space availability. Two, three & four- year old students advance only in September.

4. Discount

Plaza Christian Academy offer the following discount for multiple child tuition:
1st child full price, 2nd child 5% off 3 child 10% off

5. Lunches & Snack

Morning and Evening Snacks provided daily.

Monday- Thursday children will bring their lunches (Any items that need to be heated must be able to be warmed in 2 minutes or under)

Fridays- Plaza Christian Academy will provide a FREE PIZZA LUNCH (if your child does not want pizza they may bring their lunch) All lunches must be labeled each day with their name and date.

Continued on the back

6. Late Pick-Up

If your child is not picked up 19 minutes past the time of closing PCA (6:00pm), we are required to call The Department of Social Services and The Virginia Police Department. Additionally, you will be charged a fee of \$7.00 per minute per child.

7. Contract Agreement

By enrolling my child in Plaza Christian Academy, it is my desire to have him/her attend for the entire school year. I understand that the policy of Plaza Christian Academy is to make no refund of registration fees, tuition fees, book fees or field trips. A two week written notice is required on all preschool withdrawals. No refund is given for a partial month of school attendance. There is no reduction in tuition due to vacations, holidays, staff days, weather closings, emergency closings, power failures, illness etc. Tuition and fee payments are paid monthly using MYPROCARE parent portal service. You will be emailed a link to establish your MYPROCARE account upon completion of your enrollment contract. Tuition payments are due the first of every month by the close of business. Late payments will incur an automatic non-refundable fee of \$30. There are no extensions nor partial payment options. Each Thursday tuition charges will be applied to your account for payment by the due date.

By signing below you acknowledge that you may access the Plaza Christian Academy Handbook online or a hard copy is available to view at the office.

Signature:_____

I have read and understand the contract agreement.

IMPORTANT NOTE: A seat is not officially reserved unless ALL Registration materials and fees are received.

The following forms are required to complete enrollment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto Pay Enrollment Form | <input type="checkbox"/> Book Activity Fee | <input type="checkbox"/> Signed Registration & Tuition Contract |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Signed Immunization Record | <input type="checkbox"/> Signed School Physical (K-5 Only) |

Parent/Guardian Signature

Date

Director Signature

Date

Plaza Christian Academy Registration Form

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)

Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the 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.
2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

First Date of Attendance: _____ Last Date of Attendance: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..

Child Name: _____

D.O.B: _____

Start Date: _____

STUDENT FILE CHECKLIST

- ☐ Registration Form
- ☐ Email Contact Form
- ☐ Tuition Contract & Handbook Agreement
- ☐ Birth Certificate (parents provide)
- ☐ Shot Record *(parents provide/request from pediatrician)
- ☐ Health Form *(parents provide/request from pediatrician)
- ☐ Emergency Information
- ☐ Social Media Release Form
- ☐ Medication Forms
- ☐ Allergy Action Plan *(if applicable/parents provide)

Date Completed: _____

Signed by: _____