



STUDENT NAME: _____
DATE of APPLICATION: _____

CDC Enrollment Checklist

Parents: As required by state licensing requirements, the following documents ***must be completed in full***, and received by the CDC Office staff as part of the enrollment process ***prior to the start of student attendance in the program***, or before the student name can be added to the enrollment waitlist.

✓	Name of Form	Instruction to Parent
	2023 Childcare Center Scheduled Closure Dates	Keep for your information.
	"Getting to Know Me" Form	Parent fills in both sides. Information helps teachers and other staff get to know your child.
	Current Student Vaccination Record	Photocopy from Parent or fax from clinic to the Boys and Girls Club at (907)248-0047.
	Current Annual Physical	Photocopy from Parent or fax from clinic to the Boys and Girls Club at (907)248-0047.
	Parent Services Contract (PSC)	Parent initials each PSC item, signs and dates page two PSC Acknowledgement and Demographic Information.
	CDC Monthly Rates and Rate Agreement (CDC-MRRA) – Finance Documents	Parents completes all four pages, signs and dates the bottom of pages 1-3.
	Procure Connect - Parent Letter & Slideshow	Please review the letter and slideshow, and email/call if there is any questions or concerns.
	Child and Adult Care Food Program Enrollment/Confidential Income Statement (CACFP)	Read and complete the appropriate sections of the CACFP form.
	Parent Handbook Acknowledgement and Media Release	Parent reviews Handbook and signs last page, in two locations. Removes last page to turn in with enrollment packet, keeps remainder of handbook for future reference.



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Student Name: _____

FOR STAFF USE ONLY	Circle One or Fill in	SIGNATURE	DATE
Finance Paperwork Complete/Approved	Y/N		
FINANCE EMAIL SENT to Enrollment Team	Y/N		
CDC - Completed Packet Received and Approved	Y/N		
CDC EMAIL SENT to Enrollment Team	Y/N		
Enrollment or Waitlist	E/W		
Name of Classroom where placed			
Start Date in Program			

Pending Items or Questions:



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Child Care Facility: _____

CHILD'S INFORMATION

Last Name	Date of Birth:
First Name	First Day in Care:
Siblings Enrolled? Yes __ No __	Any Custody Agreements: Yes __ No __ N/A __

NAMES OF PARENT(S) OR LEGAL GUARDIANS CONTACT INFORMATION

Name	Relationship	Name	Relationship
Place of Employment/Other		Place of Employment/Other	
Phone		Phone	
Physical Home Address		Physical Home Address	
Cell Phone	Ok to send text msg.?	Cell Phone	Ok to send text msg.?
Email Address		Email Address	

MEDICAL INFORMATION

<input type="checkbox"/>	My child has NO ongoing health concerns, including allergies or ongoing medications		
<input type="checkbox"/>	My child has the following chronic health concerns:		
<input type="checkbox"/>	Allergies: <i>List all</i>		
<input type="checkbox"/>	Asthma	Diabetes	Seizures or Epilepsy
<input type="checkbox"/>	My child takes the following ongoing medications: <i>List all</i>		

I, the parent or legal guardian of _____, am verifying that this medical information is correct and complete. I hereby give the above-named facility permission to seek emergency medical treatment, including necessary emergency paramedic transport for my child, as needed. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my childcare provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care and any related medical transportation costs.

Signature Parent or Legal Guardian

Date



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Getting To Know Me

Child's Name: _____ Nick Name: _____

Birthday: _____ Allergies: _____

Physical description: _____

Parent's names: _____ Any Siblings: _____

Primary Language spoken at home: _____ Secondary Language: _____

Please tell us about your family/Culture: _____

How would you describe your child's temperament? _____

How do your child act when they start to get frustrated or overwhelmed? _____

What does your child like to play with at home? _____

Has your child been in group care before? Yes OR No (circle one)

Is your child potty-trained: Fully Partially No {circle one} *if partially, please explain* _____

Does your child nap at home? Yes OR No {circle one} If yes, is there a certain way you help your child sleep? _____ Nap from _____ to _____

Is there a certain way you discipline your child? _____

What time will your child most likely be dropped off? _____ Picked up? _____

Are there any special concerns regarding your child that you would like us to know? _____

Are there any questions you have for the classroom teachers? _____



Parent Services Contract

Parent/Legal Guardian _____ Child's Name _____

Desired First Day of Care _____

Please read and initial each item:

_____ You are required to provide a current copy of your child's immunizations and health physical at enrollment and throughout the time your child is enrolled.

_____ Parents are required to escort their child to and from the classroom, and to sign the child in and out on the daily attendance record in the classroom. This is a licensing requirement.

_____ Your child will have an assigned cubby. Please check daily.

_____ We take safety and security very seriously. Only the main door is open to the outside for drop off and pick up. The playground door may be open during certain hours of the day to facilitate movement among play areas.

_____ In order to ensure the safety of your child, parent or authorized person picking up MUST enter the classroom for pickup. The Child Development Center will not release any child unless the individual is listed on the Emergency Record Card. You will be asked to update the Emergency Record Card at least every six months but please update anytime there is a change in your contact information. This is a safety and licensing compliance requirement.

_____ The Child Development Center closes at 5:30 PM. If you are late to pick up, you will be charged \$2.00 per minute. Parent will be phoned at 5:30 pm; emergency contacts will be phoned at 5:45; Anchorage Police Department and/or Office of Child Protective Services will be contacted at 6:00pm.

_____ Our children love to play outside and teachers will take them out at least twice a day. (Children do not go out if the temperature is less than -10 factoring wind chill.) Please ensure complete and proper gear every day.

_____ We follow a strict federal food program, the Child and Adult Care Food Program (CACFP). Under this program, we are able to provide meals and snack to your child. No outside food or drink is allowed in the center. No food substitutions can be made unless a doctor note documents a food allergy.

_____ We follow guidelines of redirection and positive guidance. We will not restrain any child unless there is an immediate risk of injury to self or others. If positive guidance techniques are unsuccessful, you will be called to assist us with getting your child back on track.



Parent Services Contract Acknowledgement

I accept and understand the parent services contract, its listed terms and procedures, including those listed in the Parent Handbook and as required by Boys & Girls Clubs Child Development Center. By signing below, I understand that this is a binding agreement that may affect enrollment status, if not followed.

Parent Signature _____ Date _____

Demographic Information

This information is kept completely confidential but used in aggregate to request government, corporate, and foundation grants that help us continue to deliver services to you and your family. Providing this information is optional - but it is so important to us - please consider answering the following questions:

Child Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Mixed Race |

Total Number in Household: _____ # of Adults in Household
_____ # of Children in Household

Total Monthly Household Income (check one)

- 0 - \$1,300 (approximately \$15,600 annually)
- \$1,300 - \$2,000 (\$15,600 - \$24,000 annually)
- \$2,001 - \$3,000 (\$24,000 - \$36,000 annually)
- \$3,001 - \$4,000 (\$36,000 - \$48,000 annually)
- \$4,000 - \$5,000 (\$48,000 - \$60,000 annually)
- \$5,000 - \$6,000 (\$60,000 - \$72,000 annually)
- Over \$6,000 (Over \$72,000 annually)



Child Development Center Monthly Rates and Rate Agreement

Parent/Legal Guardian _____ Parent/Legal Guardian _____

Child _____ Date of Birth _____ Age _____

Current Tuition Rates - Child Development Center

Infants (6 weeks - 12 months)	\$1135/month
Toddlers (13 months-36 months)	\$1148/month
Pre-Kindergarten (3 years - 5 years)	\$1019/month
Turnagain School Age, School Year	\$535/month
Turnagain Summer/School Age	\$884/month

Total monthly rate for the listed child before any childcare assistance \$ _____

Desired Start date of care is ____/____/_____

How will you pay your balance each month? Please initial one:

_____ Autopay monthly balance on the 1st day of each month and receive \$25 discount/child.

_____ Autopay on alternate day and receive \$25 discount/child. Day: _____

_____ Autopay monthly balance on the 15th day of each month and receive \$25 discount/child.

_____ Cash/Check/Credit Card: Account due in full by the last business day in each month. Late fee of \$50 will be applied to unpaid account on the last business day in the month.

_____ Child Care Assistance: I understand I am responsible for all fees not covered by the assistance agency and that all non-covered fees are due and payable by the last business day of each month. You must:

- Complete Childcare Assistance Agreement
- Provide Copy of Contract
- Indicate Method of Payment Above



Child Care Development Center

Please initial each item:

_____ Enrollment is on a **full-time** basis only. No discounts or adjustments are provided for days not attended. When **Withdrawing**, a written, two-week notice is required. If no notice is provided, you will assume responsibility for payment for the entire month of care.

_____ If you participate in autopay, and pay your balance in full by the end of the month, you will receive a \$25 discount per child on your monthly tuition.

_____ All childcare fees must be paid by the last day of each month. If the last day in the month the Child Development Center is closed, payment is due on the next regular business day. If payment is not received by the Friday preceding the 10th of each month, your child will not be accepted into care on Monday.

_____ A \$50 late fee will be assessed/posted on your account on the last business day of each month for non-payment.

_____ \$25 will be assessed/posted on your account for any declined credit cards/returns checks.

_____ Statements are provided as a courtesy. Your bill is due and payable, in full, on the last day of the month, regardless of whether you have received your statement.

_____ Your account must be paid in full at the end of your enrollment. If your account still carries a balance after 30 days, your account will be turned over to collections and subject to a finance recovery fee.

_____ The Center closes at 5:30 PM. A fee of \$2/minute/child will be charged for late pick-up. Repeated late pickup may result in termination of care for your child.

_____ The Child Development Center closes when Anchorage School District closes due to weather. No adjustment is made in the tuition for weather or emergency related closures.

_____ It is the parent's responsibility to provide diapers and wipes for their child(ren). Supplies provided by Boys & Girls Club will incur a charge of \$1/diaper and \$2/day for wipes.



If you receive childcare assistance:

You are responsible for any charges incurred on your account that are not included in your contract.

_____ You are responsible for renewing your contracts with your assistance agency.

_____ You are responsible for any charges not approved under your contract (applies to both new and/or renewed contracts).

_____ If a current contract is not in place by the 1st of each month, you will be billed the full amount.

_____ It is your responsibility to contact your case worker and renew your contract.

_____ If, after initial enrollment, we don't receive your contract within 45 days or your contract is denied, you will be responsible for all balances due.

_____ Please be aware that most agencies will not back date contracts.

_____ I understand I am responsible for understanding my authorization and ensuring its accuracy:

_____ Any differences between the Boys & Girls Club Child Development Center rates and the State maximum childcare assistance rates will be your responsibility.

_____ We do not offer daily attendance rates, but your agency may approve you for daily attendance. If your child is absent on a daily attendance authorization, we still charge for those days. The assistance agency will not cover these days and that difference is your full responsibility.

_____ We have one Summer Program location; you must ensure your authorization is issued for the correct site. Parents must request a contract update for location changes.

_____ You are responsible for any fees your assistance agency does not cover, including but not limited to:

_____ Copay: an amount that varies based on family size and means, determined by the assistance agency. We reserve the right to charge you what we believe your copay will be for the first month, if you do not have an authorization approved at time of enrollment.

_____ Non-Attendance: Agency may pay less based on attendance; Parent/guardian is responsible for any fees the assistance agency doesn't pay.

_____ The Center closes at 5:30 PM. A fee of \$1/minute/child will be charged for late pick-up. These fees are not covered by assistance agencies will be your responsibility.



_____ It is your responsibility to provide us with a current copy of your contract and obtain renewals.

_____ During the contract waiting period (up to 45 days) you are responsible for 50% of your charges to be paid upon enrollment

_____ Agencies are billed after the month has concluded. Any balance the agency does not pay is your responsibility and due by the end of the month in which we transfer the balance to you. If you disagree with the agency's payment, you will need to contest the payment amount directly with them

By signing below, I signify my understanding of all terms and conditions listed above and that I agree to pay the stated monthly amounts which are due by the last day of each month. I also understand that these rates may change with notice at any time. I agree that other associated fees may be applied and added to the monthly rate.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____



BOYS & GIRLS CLUBS
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Financial Parent Information

Mother/Legal Guardian _____ Phone _____

DOB _____ SSN _____

Home Address _____ Zip _____

Employer _____ Work Phone _____

Email Address _____

Father/Legal Guardian _____ Phone _____

DOB _____ SSN _____

Home Address _____ Zip _____

Employer _____ Work Phone _____

Email Address _____

Mailing Address (if different from Home Address)

Mailing Address _____ Zip _____



Child Development Parent Handbook Acknowledgement and Media Release

Child's Name _____

Handbook Acknowledgement

I have received the Child Development Center Handbook and have had the opportunity to ask questions before signing below.

Since the information, policies, and benefits described in the Handbook are necessarily subject to change, I acknowledge that revisions to the handbook may occur at any time. All such revisions and changes will be communicated through official notices and I understand that revised information may supersede, modify, or eliminate existing policies

Furthermore, I acknowledge that I have received the handbook and I understand that it is my responsibility to read and comply with the policies contained

Parent Signature _____ Date _____

Media Release Acknowledgement

I understand, and consent to, the taking of photographs or videos, the use of quotes, and the participation in interviews of the child named above by the Boys & Girls Clubs Child Development Center.

Photographs taken in the facility may include images of your child and some may appear in newspapers, magazines, tv, or social media in posts of, or about, Boys & Girls Clubs.

I consent to the media release

Parent Signature Date

I DO NOT consent to the media release

Parent Signature Date



BOYS & GIRLS CLUBS
OF SOUTHCENTRAL ALASKA

Child Care Rates

Effective June 1, 2024

Age/Program	Cost per Month
School Age Childcare (Turnagain Elementary)	
Before & After School Program	\$535 / month
Summer Program	\$884 / month
Child Development Center	
Infant (6 weeks – 12 months)	\$1135 / month
Toddler (12 months – 36 months)	\$1148 / month
Pre-K (3-5)	\$1019 / month

Families who are set up for our Auto-Pay option through Tuition Express will receive a \$25 discount on the monthly rate.

Other Charges	Daily Rates
	Daily rates are ONLY used when a child begins or ends enrollment in the middle of a month.
Registration Fee \$40	Before & After (School Age) \$27
Late Pick Up Fee \$1/minute per child	Summer Program (School Age) \$54
Late Payment \$50 after the last day in each month	Infants \$69
Declined Check/Credit Card \$25	Toddler \$70
Center Diapers \$1 per diaper	Pre-K \$62
Center Wipes \$2 per day	