

Bronx Baptist Church After School Program

331 East 187th Street

Bronx, NY 10458

Tel. 718-933-4201 or 718-933-4095 • email: bbcoffice@aol.com

Program Hours: 2:30 AM – 6:00 PM

Service Agreement

I hereby agree to and understand the following policies of the Bronx Baptist Church After School as it pertains to payments for child services rendered by this Center.

The fee for service at Bronx Baptist Church After School Program can be paid weekly, bi-weekly, or monthly and is due in advance of that service period.

A security deposit of two weeks fee is due per child upon enrollment or reinstatement. This deposit is refundable two weeks after service is discontinued providing there are no outstanding balances.

Check method of payment:	Weekly	Bi-weekly
Check status of child:	New Enrollment	Continuation
	Reinstatement	

Payment Policies

1. All payments are due in full and in advance by the Monday commencing that period.
2. Fees may be paid with cash, money orders, and checks in good standing.
3. Each unpaid check returned by your bank will incur a charge to be paid promptly to the Center.
4. There is a late pickup charge per child for each 15 minutes (or part thereof) beyond the daily closing time of 6:00 PM.

NOTE: Late payment of fees may result in termination of services for your child.

These policies are instituted and can be changed at anytime by the Bronx Baptist Daycare and Learning Center with prior and sufficient notification to all concerned.

Name of Parent/ Guardian (Print)

Signature of Parent/ Guardian

Date

Name of Director (Print)

Signature of Director

Date

OFFICE USE ONLY:

____ REGISTRATION APPLICATION RECEIVED

____ REGISTRATION FEE PAID

____ SECURITY DEPOSIT PAID

BRONX BAPTIST CHURCH

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bbcoffice@aol.com

Rev. Frank I. Williams, Lead Pastor

AFTERSCHOOL APPLICATION FORM

NAME OF CHILD: _____ AGE: _____

DATE OF BIRTH: _____ GENDER: Male Female

ADDRESS: _____ APT # _____ CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____ TEL. CELL: _____ WORK: _____

HOME: _____ PRESENT SCHOOL: _____

GRADE: _____ NAME OF TEACHER: _____

PARENTAL INFORMATION

MOTHER'S NAME: _____

NAME OF GUARDIAN: _____

(if parents are not available)

TEL#: _____
Home Job Cell

FATHER'S NAME: _____

WHERE IS CHILD TO BE PICKED UP? _____

WHAT SHOULD WE KNOW ABOUT YOUR CHILD? _____

PHYSICAL CONDITION OF YOUR CHILD: (hearing, vitality, sight, any physical impairment)

IS YOUR CHILD ON MEDICATION? Yes No

IF YES, PLEASE STATE: _____

CONTACT PERSONS IN CASE PARENTS CANNOT BE REACHED:

NAME: _____ Relationship to Child: _____

ADDRESS: _____

DAY PHONE#: _____ CELL#: _____

NAME: _____ Relationship to Child: _____

ADDRESS: _____

DAY PHONE#: _____ CELL#: _____

REASON FOR NEEDING AFTERSCHOOL SERVICE:

START DATE OF STUDENT: _____

NAME: _____

SIGNATURE: _____

DATE: _____