



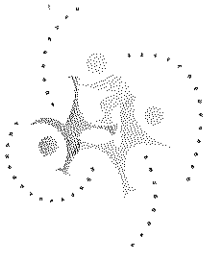
C A P I T A L

C H R I S T I A N

C H I L D D E V E L O P M E N T C E N T E R

1600 Snyder Avenue  
Carson City, NV 89701  
(775) 883-1478

1987 Old Hot Springs Rd.  
Carson City, NV 89706  
(775) 883-3005



Capital Christian Center  
Child Development Center  
10000 Capital Blvd  
Suite 100  
Falls Church, VA 22041  
Phone: 883.3355

Dear Child Development Center Parents,

We are pleased to announce that the Capital Christian Center Child Development Center (CDC) uses the SMART Tuition Management Service to collect fees for our childcare centers. There are several payment options that SMART Tuition offers, as well as the convenience of monitoring your account online 24/7, as noted in the enclosed brochure. You can contact SMART at: [smarttuition.com](http://smarttuition.com) or call them at 1.888.868.8828.

Please complete and return to us the enclosed CDC financial commitment and SMART enrollment forms one week prior to your child's first day of attendance.

**Monthly tuition is due on the 20<sup>th</sup> of each month.** All payments and charges due to SMART, are for the upcoming months tuition and may include late payment charges or late pick up charges (See parent handbook).

Our sibling discount is as follows, and is offered to our full time enrollment families only:

<u>One Child</u>	<u>5% Sibling Disc (2-5 yr)</u>
(2-5 yr) \$ 500	\$ 475
(6wk - 2yr) \$ 630	

If one child is enrolled in our infant center and one in our toddler/pre-K center 2-5 years, the discount will be applied to the lower rate

**EXAMPLE:**

Our fees and payments are based upon annual enrollment,  $\$23 \times 260$  days (billable days in a year) =  $\$5,980 + \$20$  (1/2 smart annual setup fee) =  $\$6,000 / 12$  months =  $\$500$  per month tuition.

When a student enrolls late we calculate the number of days left in the school year  $6/15-8/31 = 56$  days \*  $\$23$  daily rate =  $\$1,288 + \$50$  registration fee +  $\$20$  smart fee. In this example  $\$847$  is due to SMART on the first day of attendance and  $\$500$  is due on the 20th of every month there after.

If we can assist you further regarding your payment plan, please contact us our financial department at 883.3355.

Best regards,

Debra Sisco  
Business Manager

Enc: CDC Financial Agreement, SMART Enrollment form & brochure

1600 Snyder Avenue  
Carson City, NV 89701  
(775) 883-1478

# CAPITAL CHRISTIAN CHILD DEVELOPMENT CENTER

1987 Old Hot Springs Rd.  
Carson City, NV 89706  
(775) 883-3005

***WELCOME!!! We are honored that you have chosen our facility to entrust us with your most precious gift from God, your child. It's our hope that the time your child spends with us will be a positive and fun filled experience.***

We have a policy of nondiscrimination; admitting children of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the children at the child development center. Our staff have background clearances, have gone through the Nevada CANS check, have received certified training in CPR/First Aid, Infectious Diseases, Bloodborne Pathogens, Abuse and Neglect, and complete child development training yearly. Also, smoking by anyone is not permissible anywhere on facility grounds.

CDC Campus is open from 7:00 am to 5:30 pm, Monday through Friday. If your child(ren) are not picked up by closing, an additional fee of \$5.00 per 15 minutes per child will be charged.

We will be closed on the following legal holidays:

**New Year's Day**

**President's Day**

**Independence Day**

**Nevada Day**

**Thanksgiving Day & the day following**

**Martin Luther King Jr. Day**

**Memorial Day**

**Labor Day**

**Veteran's Day**

**Christmas Day & the day following**

The enrollment, immunization and doctor signed medical forms, financial agreement and SMART enrollment form must be submitted 1 week prior to first day of attendance. Childcare fees are due monthly using SMART Tuition Management Service. Please ask about our 5% sibling discount. There will be ten days offered as unpaid vacation time per year for our full time enrollment families only. There are no vacation days offered for part time enrollment families. Please be sure to give us at least two week's prior notification of your vacation to avoid charges for that time off. Any account that becomes past due will be subject to late fees per the SMART Tuition Management Agreement and possible student dismissal.

## **Fees are as follows:**

SMART Registration Fee	\$20.00
Registration fee per family	\$50.00
Returned check charge	\$25.00 per check ~ 2 maximum
Monthly rates 2-5 yrs	\$500.00 per month.
Part Time 2 -5 yrs	\$30.00 a day (2 days per week min.)
Infant Care 6wk - 24 m	\$630.00 per month
Part Time 6wk - 24 m	\$35.00 a day (2 days per week min.)

**CAPITAL CHRISTIAN CHILD DEVELOPMENT CENTER**  
**CHILD ENROLLMENT RECORD**

CHILD'S NAME \_\_\_\_\_ SEX:  M  F DOB \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 CELL/ALT# \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 CELL/ALT# \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE # \_\_\_\_\_

*This form is designed to meet legal requirements established in HB 1452, Acts of the 61<sup>st</sup> Legislature, Regular Sessions, which provides that any person who has custody of a minor may give consent to medical care if the person has an affidavit signed by one or both parents authorizing the person to give consent.*

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize any representative of CAPITAL CHRISTIAN CENTER CHILD DEVELOPMENT CENTER, to give consent for any and all necessary emergency medical care for my child(ren) \_\_\_\_\_ while said child(ren) is (are) in the custody of this facility. I agree to assume responsibility for payment of all medical costs incurred.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PERSONS WHO CAN ASSUME RESPONSIBILITY AND ARE AUTHORIZED TO TAKE MY CHILD FROM THIS FACILITY, MUST PRESENT PHOTO IDENTIFICATION TO VERIFY:

\_\_\_\_\_  
 Name Relationship Phone #

\_\_\_\_\_  
 Name Relationship Phone #

\_\_\_\_\_  
 Name Relationship Phone #

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of parent or guardian

<input type="checkbox"/> SCDC	<input type="checkbox"/> NCDC	Accounting: <input type="checkbox"/> Email _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Days: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m t w th f SMART _____	Children's Cabinet: <input type="checkbox"/> yes <input type="checkbox"/> no Eligible date: _____ Subsidy %: _____ Co-pay %: _____ Days: _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m t w th f
<input type="checkbox"/> Froggy	<input type="checkbox"/> Lion		
_____ Start Date			

**CAPITAL CHRISTIAN CHILD DEVELOPMENT CENTER**  
*FINANCIAL INFORMATION & COMMITMENT FORM*

**Student Name:** \_\_\_\_\_

Family/Person(s) responsible for paying account:

<b>1. Name</b> _____		Relationship to child: _____	
Address _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
SS# _____	Phone # _____	Work # _____	Cell# _____
Employer _____	Occupation _____		

<b>2. Name</b> _____		Relationship to child: _____	
Address _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
SS# _____	Phone # _____	Work # _____	Cell# _____
Employer _____	Occupation _____		

**Policy and Procedures for Payment Collection**

1. We use a annual billing plan—the first payment is due to SMART Tuition on August 20. Children enrolling later in the year will begin their payments to SMART on the 20th of the coming month. A prorated amount will be calculated and due to SMART on the first day your child attends.
2. Accounts will be considered past due if unpaid after the 20th of the month and are subject to a SMART late fee of \$30 plus a follow up fee of \$20. All returned items will be subject to a \$25 fee. Please refer to the SMART Tuition Enrollment form for the schedule of their late and return fees.
3. Accounts past due on the 30th of each month will receive a letter asking for payment, including the late fee. Accounts unpaid as of the 10th of the month will result in the student's dismissal from our center. All unpaid accounts will be turned over to the Capital Christian Center Finance Committee for collections.

*We have discussed and received acceptable answers to any questions regarding the financial policies of CCCDC. We understand and accept the financial responsibility incurred relative to this registration, and have committed ourselves to budget sufficient money to maintain a current account at all times. We the undersigned understand and will fulfill our financial obligation to pay for the child care services that Capital Christian Child Development Center is providing for our child in a timely manner.*

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

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



## PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail, you will receive a bill that will be due on the date selected. Please mail your payment at least seven business days prior to the due date. If you select Auto-Debit, Smart Tuition will debit your account on the due date you select. Please include a voided check to ensure the accuracy of your account information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.

JOHN SMITH 123 Smart Lane Anytown, NY 12345		0123 0123456789
PAY TO THE ORDER OF _____		DATE _____
BANK NAME Anytown, NY 12345	ACCOUNT NUMBER _____	DOLLARS
FOR 0123456789	0123456789	DO NOT INCLUDE YOUR CHECK NUMBER

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are mandated by your school and cannot be changed by Smart Tuition without school permission.

4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

[www.parents.smarttuition.com](http://www.parents.smarttuition.com)

## TERMS AND CONDITIONS

Smart Tuition receives your payments, processes them and deposits the funds into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

**Late Enrollment:** If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date, or will establish a plan with a smaller number of larger payments.

**Refunds:** Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

**Late Fees:** Any payment that is not received by Smart Tuition by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow-up service which will contact you via mail, telephone, or e-mail. Your account may be charged \$35.00 as a result of this service. This fee is in addition to any late fees charged by your school.

**Dishonored Payments:** A fee of \$25.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

**Auto-debit Terms (Applies to Auto-debit enrollees only)**  
By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel Auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

### Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

### Smart Tuition Privacy Policy

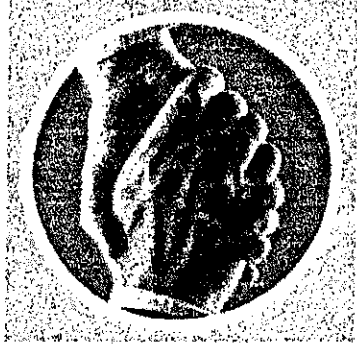
Your privacy is important to us. We do not disclose any personal information about our customers or former customers to anyone except permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Security Industries Standard for storing card holder data.



**SMART TUITION**  
Financial Solutions for Schools and Parents™

&

**Your School  
Have Formed  
A Partnership**



**That Benefits  
Your School,  
Your Child,  
And You.**

**Please return completed  
form to your school  
immediately.**

If you have any questions regarding  
this form, contact Smart Tuition at:

**1-888-868-8828**

**CHILD ENROLLMENT RECORD - MEDICAL**

A health examination is required for each child admitted to a Day Care Center.

**EXAMINATION:**

I have examined \_\_\_\_\_ and find that he/she is free of infectious diseases.  
Child's Name

Disabling conditions, physical or mental, affecting the child's participation in group activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of physician / nurse

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**PLEASE CHECK ILLNESSES YOUR CHILD MAY HAVE HAD:**

**HEALTH PROBLEMS (Past & Present)**

ILLNESS	AGE	
Red Measles	_____	Asthma _____
German Measles	_____	Hayfever _____
Mumps	_____	Bee Stings _____
Whooping Cough	_____	Drug Reactions _____
Diphtheria	_____	Diabetes Insulin Dosage _____
Scarlet Fever	_____	Cardiac _____
Rheumatic Fever	_____	Neurological (Seisures, etc.) _____
Tonsillitis	_____	Vision and Hearing Handicaps _____
Ear Infections	_____	Other (Specify) _____
Operations	_____	Presently on Medication (Specify) _____
Other (Specify)	_____	Allergies _____

Please read the following and sign below

Please read the CDC Family Handbook you have been given before signing below, if you should have any questions please notify your director. If your child has had a fever, vomiting, diarrhea, etc, within the last **twenty-four hours, PLEASE, PLEASE, PLEASE** do not bring him/her to the Center. It is not fair to the other children, their parents, the staff and especially your child. If any of the above conditions should occur, you will be called to come and pick up your child immediately (Please see Handbook for further guidelines). Please have backup care for such times.

While at the Center, your child will need a lunch with a ice pack and morning snack included, blanket and small pillow (if desired), diapers and wipes (if applicable) and two **complete change of clothes** to always be kept at the Center. It's amazing the kinds of messes kids can get into, their accidents are not always toiletry ones. If your child has need of a change and there is nothing in their box, you will be called to either bring more clothes or take him/her home. Also, please do not bring toys from home to the Center. This causes a lot of problems and your child will not be allowed to play with them if brought. A stuffed animal for nap is acceptable.

It is very important to us that your child's day be a productive one and is therefore filled with many activities. Primary activity being the teaching of God's Word and learning about who Jesus is. Instruction is directly from the Bible in the form of children's editions. Here at the Center, we insist that the children treat each other and the staff with kindness, dignity and respect. It is our goal to help the children learn how to do this, with love and patience. Our discipline methods consist of **re-direction**. If a child continues to display inappropriate behavior (outright physical aggression, improper language, etc.) we will send a note home, so that together we can help the child learn respect for others. This is your Center. Please feel free to offer suggestions and become involved. Families and friends are more than welcome to observe our program at any time, both before and after enrollment. Once again, welcome to Capital Christian Child Development Center!

I, \_\_\_\_\_ have read and received a copy of the Capital Christian Child Development Center's Family Handbook which includes our policies and regulations. I agree to support the regulations and policies of the center and understand that should I have any questions, I may schedule a meeting with the director to discuss. I understand that a copy of the handbook is located in the directors office at all times and that the handbook may be updated at any time with written notification being provided.

I, \_\_\_\_\_ am aware that I have the right to request and view any complaints the facility has received for the month my child (ren) enrolled in and the previous 12 months.

PERMISSION TO RELEASE INFORMATION

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

I understand that the time my child, \_\_\_\_\_  
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\*\*\*\*\*

I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

\_\_\_\_\_  
Signature of Parent/Guardian Date

# Capital Christian CDC Field Trip Permission Form

I, \_\_\_\_\_ give my permission for my  
Please Print  
child(ren) \_\_\_\_\_  
Please Print

to take part in all child care activities, including childcare and preschool sponsored trips away from the child care premises, and absolve Capital Christian Center from liability to me or my child because of any injury to my child at child care or during any activity. We understand that the Child Development Center does not provide student medical insurance and that it is our responsibility to provide our own.

We understand that all planned field trips will be accompanied by a permission slip that will include details of that specific outing. Most outings will be prearranged with prior notification.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_