



Explore my world...expand my mind...experience Jesus...  
watch me grow!

## Statement of Agreement and Financial Commitments

I/We hereby agree to comply with the rules and regulations of First Baptist Church Learning Center (FBCLC) program, which are fully set forth in the Parent Handbook provided by FBCLC. By signing this statement, I/We certify the following:

**I.** My signature to this document authorizes my child to participate in all school activities including, but not limited to, fields trips. I release and absolve First Baptist Church Learning Center, First Baptist Church Richmond, Kentucky, its Board of Trustees, officers, staff, members, volunteers, and employees from any and all liability for personal injury to me or my child and property damage while my child attends FBCLC or engages in any sponsored activity.

Parent's Signature \_\_\_\_\_

**II.** It is my understanding, that I or the person I have given written permission to, will be responsible for transporting my child to and from any and all field trips their class attends. I also understand that I must be willing to provide proof of a valid driver's license and proper auto coverage as mandated by Kentucky law. My affirming initials are also my acknowledgement that my auto insurance limits are at least \$50,000 bodily liability per person; \$100,000 bodily liability per accident; \$10,000 property liability.  
\_\_\_\_\_(initial here)

**III.** In the event my child becomes ill or injured while under the FBCLC authority, my signature to this document is authorization for FBCLC personnel to proceed as follows:

**A.** In the event a given illness or injury is judged life threatening by a FBCLC official, FBCLC is authorized to first secure immediate emergency medical services and then contact a parent. \_\_\_\_\_(initial)

**B.** If the injury or illness is judged non-life threatening the FBCLC will contact the first contact that has been provided below and follow that person's instructions. **(These contacts must be within a 30 mile radius.)**

**First Contact Name:** \_\_\_\_\_ **Relation to child** \_\_\_\_\_

Cell# \_\_\_\_\_ home# \_\_\_\_\_ work# \_\_\_\_\_

**C.** When the students' first contact cannot be reached in the case of an emergency please call the contacts below.

**Second Contact Name:** \_\_\_\_\_ **Relation to child** \_\_\_\_\_

Cell# \_\_\_\_\_ home# \_\_\_\_\_ work# \_\_\_\_\_

**Professional Contacts**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**D.** If the above designated doctor cannot be reached, the FBCLC is authorized to contact a properly licensed practicing physician of its choice and such physician is authorized to proceed in providing such medical and/or surgical services as may be needed. A FBCLC staff representative is hereby authorized, appointed, and empowered to furnish on the parent's behalf such written or oral authorizations as may be required under the circumstances herein described. \_\_\_\_\_ (initial here)

Hospital of Choice/or Required by Insurance \_\_\_\_\_ Phone \_\_\_\_\_

**E.** FBCLC personnel and the First Baptist Church are released from any liability which might arise from granting authorization under this section.

\_\_\_\_\_  
\_\_\_\_\_ (Parent Signatures)

**Please provide to the Learning Center Director a copy of your medical insurance card to be placed in your child's folder**

Below are listed important facts concerning my child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted of in case of emergency.

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

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**IV.** It is my understanding that FBCLC will not allow anyone other than the persons named below to pick up my child without written permission from applicant. The person to whom FBCLC releases my child must present a picture ID prior to my child's release. FBCLC is authorized to release my child into the custody of the following persons:

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Name	Relationship	Phone	Driver's Lic. #
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Name	Relationship	Phone	Driver's Lic. #
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Name	Relationship	Phone	Driver's Lic. #
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Name	Relationship	Phone	Driver's Lic. #
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Name	Relationship	Phone	Driver's Lic. #
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Name	Relationship	Phone	Driver's Lic. #
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**V.** I give permission for my child to be photographed and videotaped during school activities and field trips. \_\_\_\_\_ (initial)

**Parent's/ Guardian's Financial Responsibility Agreement**

**VI.** I/We have been provided with and read in its entirety the FBCLC Student Handbook. \_\_\_\_\_ (initial)

**VII.** I/We have been provided with a complete list of the holidays and breaks in which the center will be officially closed, and have received, read, and understand the policy for closing due to inclement weather conditions and agree to comply and be bound by same. \_\_\_\_\_ (initial)

**VIII.** I/We have read and understand FBCLC's policy for late payment and agree to comply and be bound by same. I/We understand that if full payment is not received by the close of business on the eighth day of the month, I/We will be assessed a late charge of \$25 the first week, and an additional \$10 for each week thereafter. I/We acknowledge that there is a \$25 charge for all returned checks. \_\_\_\_\_ (initial)

**IX.** I/We have read and understand FBCLC's policy regarding illness of children and agree to comply and be bound by the same. I/We further agree and understand that if FBCLC cannot make contact within **two (2) attempts** to notify me/us of my/our

child's illness that the emergency person provided will be contacted. \_\_\_\_\_ (initial)

**X.** I understand that failure to comply with any of the policies instituted by FBCLC will result in **immediate** dismissal of my/our child. \_\_\_\_\_ (initial)

**XI.** I/We have read the foregoing and have understood that each and every part hereof will be enforced to its fullest extent. \_\_\_\_\_ (initial)

**XII.** The First Baptist Church Learning Center Council retains the right to change and enforce policies should said policies in any way interrupt or fail to comply with what is best for First Baptist Church and its families. \_\_\_\_\_ (initial)

**Enrollment at the First Baptist Church Learning Center Program is for the entire Center year (September through May); therefore, full tuition charges for the given year are due in the event of voluntary withdrawal or involuntary dismissal of any child.**

**The only exceptions to this policy are: when voluntary withdrawal occurs because the family has been relocated 40+ miles from Richmond; or in cases of severe illness within the immediate family. The program Director must be notified in writing thirty (30) days prior to withdrawal for the Learning Center Council's approval. After the Director has received the request and the Council has met the family will be notified by mail of its decision. In the case that the Council grants the withdrawal, no further payment will be required. Request denied by the council will include a notice of the remaining charges on the account. These charges are due upon receipt of the decision in order to avoid additional collection fees.**

**My signature to this document is acknowledgement of my financial commitment.**

I agree without mental reservation to the foregoing statements in this document.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***The First Baptist Church Learning Center accepts applications from and admits all qualified students. The First Baptist Church Learning Center does not discriminate on the basis of race, color, sex, religion, national origin, ancestry, or disability.***