

**Amazing Grace Academy**  
**Kindom Village African American Child Development Center**

*Offered by*  
Metropolitan African American Baptist Church

5263 Warwick Road  
Richmond, VA 23224  
(804) 303-6291 (804) 303-6197 Fax

**APPLICATION FOR ADMISSION**

September 2020 – June 2021  
*(Incomplete Applications Will Not Be Processed)*

Applying for  Before/After School  Before Only  After Only

**Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Child's S.S.#: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office #: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's E-Mail Address \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office #: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_

**RELATIONSHIP OF PARENTS**

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ LIVING TOGETHER \_\_\_\_\_

IF YOU AND YOUR SPOUSE ARE DIVORCED OR LEGALLY SEPARATED, WHO HAS LEGAL CUSTODY OF THE CHILD? \_\_\_\_\_ *\*(If Court Ordered, a copy of order is needed)*

Names and Ages of other children in the family \_\_\_\_\_

How did you hear of Kindom Village African American Child Development Center ? \_\_\_\_\_

Does your child attend church? Yes \_\_\_ No \_\_\_ Is your child a member of a church ? Yes \_\_\_  
No \_\_\_\_\_

If yes, where? \_\_\_\_\_ Pastor's Name \_\_\_\_\_

***MEDICAL INFORMATION***

Pediatrician \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are there any health conditions, physical conditions, allergies, or special instructions that should be noted to the teacher and/or administration? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Does this student have any physical, emotional, or mental condition which may affect progress in learning, conduct, or interaction with others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Does this student take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

***SCHOOL INFORMATION (BEFORE/AFTER)***

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_

Arrival Time \_\_\_\_\_ Dismissal Time \_\_\_\_\_ Early Dismissal Time \_\_\_\_\_

Name of a relative or responsible person to contact in case of emergency and a parent (guardian) cannot be reached.

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

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

Please list below persons who **are authorized** to receive your child at the close of the center day other than parents.

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Please list below persons **who are not authorized** to receive your child at the close of the center day.

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

### ***AUTHORIZED PERSONS PICK UP LIST***

Primary Contact

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Contact in case of Emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Contact in case of Emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Contact in case of Emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

## *Permission to Receive Medical Care*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Insurance company (hospitalization): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any allergies relating to food? \_\_\_\_\_

If so, please list what type of food \_\_\_\_\_

What physical disabilities or any other condition does the child have, which might limit his/her participation in any activity? \_\_\_\_\_

Does your child have allergies (i.e. penicillin, grass, dust, bee sting) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list and explain. \_\_\_\_\_

Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have any medication to take in case of allergy or asthma attack?

Yes \_\_\_\_\_ No \_\_\_\_\_ Other concerns regarding your child's health: \_\_\_\_\_

Does your child take any type of medication at the present time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list and explain \_\_\_\_\_

If I cannot be reached in an emergency, I hereby give permission to the physician/hospital selected by Kindom Village African American Christian School Staff to obtain medical treatment for my son/daughter.

I, therefore, release all rights or claims for damages against Kindom Village/MAABC and all individuals assisting in the instruction and conducting of these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with these activities.

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

(Parent/Guardian/Legal Custodian of Participant)

***Kindom Village***  
***Amazing Grace Academy***  
**Field Trip Consent Form**  
**2020**

I hereby give my consent for \_\_\_\_\_  
Name of Child

- To attend and participate in all the Field Trip Activities sponsored by the center between the hours of 8:00 a.m. and 5:30 p.m.
- I understand that the center will take every precaution and care to insure my child's safety. Adults who will accompany children will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.

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

Daytime Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

***Effective immediately, NO child will be permitted to attend any of the field trips unless this form has been filled out in advance by the parent or Guardian.***

**Kindom Village Amazing Grace Academy**  
*Offered by*  
Metropolitan African American Baptist Church

**Placement/Financial Agreement**

Full Name of Child \_\_\_\_\_

Name of Parents or Legal Guardian \_\_\_\_\_

I/We hereby have been accepted to Kindom Village African American Child Development Center (*a ministry of the Metropolitan African American Church*) and in doing so, I agree to abide by the following terms and conditions:

***Placement Agreement***

1. Provide accurate information on the application, which is made part of this agreement, as well as to supply the school with a record of my child's physical examination, immunization records, official birth certificate and social security card.
2. **WALK MY CHILD INTO THE BUILDING AND SIGN MY CHILD IN AND OUT DAILY.**
3. **Kindom Village Amazing Grace Academy** calendar year is from September 3, 2020 to June 30, 2021 and that our child's being enrolled for the entire year would be ideal. However, if for any reason the child development center chooses to terminate your child's enrollment, we will give you a two-week notice in writing. Also, if you choose to withdraw your child from our school, a 2-week notice **in writing** is required.
4. The center is open whenever possible. Should it be necessary to close because of severe weather conditions, the closing will be announced on the local radio and television stations listed on page 9 of this application.
5. **Kindom Village** will not operate the following holidays: Labor Day, Veterans' Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King, Jr.'s Birthday, Presidents' Day, Good Friday and Memorial Day.
6. Pick up my child from school by 6:00 p.m. each day. I agree to pay the **LATE Pick-up** fee, per child if my child is not picked up from the center after the time listed on page 9.
7. To cooperate with the school regarding my child's development, activities, and problems. In case of discipline problems, Kindom Village reserves the right to dismiss children from the program. Before being dismissed, the director, and Executive Assistant agrees to hold a conference with the parents. This gives the child an opportunity to improve.

***Financial Agreement***

1. To fulfill my financial obligation as established by the school. Failure to fulfill financial obligations will result in immediate dismissal from the school.
2. I agree to pay a REGISTRATION fee, at the time of enrollment and annually each September. I understand that the fee is non-refundable.
3. I agree payments are to be made Monday of each week by 6 p.m. Cash, checks, debit cards, credit cards & money orders are accepted. Checks are to be made payable to MAABC/Kindom Village.
4. Credit Card payments are accepted by Givelify.com. Download app and search for Metropolitan African American Baptist Church to be able to use this app.
5. A **\$25.00 late fee** will be added to each payment not received by the close of business on Monday. If late payments are frequent, the school reserves the right to give you a two-week notice.
6. There will be a **\$25.00 NSF fee** for return checks. If checks are returned twice, cash, money orders or debit/credit cards will be required for payment.
7. I agree that if my child is absent for the entire week during the period contracted to attend, my tuition will be half of the weekly tuition. A week is defined as three consecutive days Monday-Friday. If my child attends (3) days or more, the full week's tuition is due. Two (2) days or less is the half of the weekly fee.
8. If payments are past due for two or more cycles, this will result in immediate dismissal from school. Legal action will be taken if financial obligations are not fulfilled or current. If a lawyer is needed, I understand I am responsible for lawyer, cost of court and any other fees associated with the matter.

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

Director's/Executive Assistant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***STATEMENT OF COOPERATION***

In making application for my (our) child I (we) understand it is a privilege and not a right to attend Kindom Village Amazing Grace Before & Afterschool, and it is my desire to have him/her complete the academic year. It is also my understanding that I have provided the accurate information on my application of admission and that I will supply the school with records of my child's official Birth Certificate, Social Security Card, physical examination and immunization record. Kindom Village African American Christian School does not discriminate based on race, color, and national or ethnic origin.

I(we) have carefully read the Financial & Placement Agreements and hereby agree to the conditions of each regarding my(our) child.

I (we) agree to abide by the policies as put forth in the Student & Parent Handbook.

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

***For Office Use Only***

Date Application Received \_\_\_\_\_ Registration Fee Received (Amount) \_\_\_\_\_

Security Deposit Received: (Amount) \_\_\_\_\_

Official Birth Certificate \_\_\_\_\_ Student's Social Security Card \_\_\_\_\_

Immunization Record \_\_\_\_\_ Physical Form \_\_\_\_\_



## *Hours of Operation*

*Monday – Friday*

6:30 a.m. -6:00 p.m.

### **Radio/TV Stations to watch in case of inclement weather:**

WTVR Channel 6

Facebook: Metropolitan African American Baptist Church

### **Late Fees**

A Late Fee will accrue for each 10 minutes after 6:00 p.m. that I am late and for each child! Late pick-up fees begin at exactly 6:01 p.m. and they are as following:

<i>6:01 p.m. – 6:10 p.m.</i>	<i>\$5.00</i>
<i>6:11 p.m. – 6:20 p.m.</i>	<i>\$10.00</i>
<i>6:21 p.m. – 6:30 p.m.</i>	<i>\$15.00</i>
<i>6:31 p.m. – 6:40 p.m.</i>	<i>\$20.00</i>
<i>6:41 p.m. – 6:50 p.m.</i>	<i>\$25.00</i>
<i>6:51 p.m. -7:00 p.m.</i>	<i>\$30.00</i>

*All late fees are due within 24 hours of notice in cash.*

*(Repeat Offenders may be asked to leave KDV)*

*Certification: I certify that I have received, read and understand the above information. I agree to the financial terms and conditions and fee schedule listed above.*

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Director's/Executive Assistant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Child Pick Up Policy**

Kindom Village ask that parents contact us by phone or in writing when someone other than persons listed on (Authorized Pickup List) picks up your child. All persons **must** report to the KDV Office first with proper picture identification. ***Your child will not be released without the proper identification and/or notification.*** Also, children will not be released to anyone under the age of 18  
**NO EXCEPTIONS!!!**

# TERMINATION POLICY

Enrollment of your child will be terminated for the following reasons:

1. If a parent/guardian does not provide information required by the Commonwealth of Virginia Department of Social Services, Division of Licensing, (i.e. completed application, social security card, birth certificate, medical/immunization records, agreements/contracts etc.)
2. If a parent/guardian does not maintain up-to-date tuition payments, late fees, registration or other fees owed to the center.
3. Child repeatedly exemplifies in appropriate discipline behaviors or displays continuous behavior inappropriate to philosophy of the center.
4. Parent/guardian repeatedly abuses or neglects the Center's Policies.

**Note:** Notice to bring the situation to your attention will be given followed by a written warning of suspension of your child. Depending on the nature of the situation, your child may be given a three-day suspension, or termination from the program if the situation continues.

**Certification:** I certify that I have received, read, agree to, and understand the Policies and Procedures of *Kindom Village African American Christian Child Development Center* offered by the *Metropolitan African American Baptist Church*. This agreement is subject to change by *KDV/MAABC* with a written notice of changes distributed to parent(s) guardian of enrolled child.

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

Director's/Executive's Signature \_\_\_\_\_ Date \_\_\_\_\_

## *Tuition Fees*

<b>Registration Fee</b>	<b>\$ 50.00</b>
<b>Virtual School Day Care</b>	<b>\$80.00</b>
<b>Summer Break Week</b>	<b>\$80.00</b>
<b>Winter Break (each week)</b>	<b>\$80.00</b>
<b>Drop In</b>	<b>\$20.00</b>
<b>Return Check Fee</b>	<b>\$25.00</b>
<b>Late Fee for late tuition (per week)</b>	<b>\$25.00</b>
<b>Drop In (per day)</b>	<b>\$20.00</b>