705 Bonin Road
Lafayette, LA 70508
Phone: 337-856-8693
Youngsvillecs.com
Association of Christian Schools International (ACSI)
501 (c)3 Non-Profit Organization
Daina.jackson@youngsvillecs.com
ycsknights@gmail.com

YCS EARLY CHILDHOOD/DAYCARE RATES

REGISTRATION/FACILITY FEE:	$150.00
6 TO 12 MONTHS	$580.00 PER MONTH M/W/F $385.00 PER MONTH TU/TH $280.00 PER MONTH
1 TO 2 YEARS	$545.00 PER MONTH M/W/F $360.00 PER MONTH TU/TH $250.00 PER MONTH
2 YEAR OLDS BOOK FEE	$100.00
3 YEAR OLDS	$535.00 PER MONTH M/W/F $350.00 PER MONTH TU/TH $235.00 PER MONTH
3 YEAR OLDS BOOK FEE	$200.00
HOLIDAY DROP-OFFS	$25.00 PER DAY

- 10% Discount for 2; 20% discount for 3

Phone: 337-856-8693
Youngsvillecs.com
Association of Christian Schools International (ACSI)
501 (c)3 Non-Profit Organization
Daina.jackson@youngsvillecs.com

ycsknights@gmail.com

STUDENT RECORD CHECKLIST:

1. Y.C.S. REGISTRATION FORM _____
   A) CREDIT CARD PAYMENT AUTHORIZATION FORM _____
2. MASTER INFORMATION CARD (YELLOW) _____
3. AUTHORIZATION FOR EMERGENCY/MEDICAL TREATMENT/TOPICAL PRODUCTS (LT. BLUE) _____
4. DISCIPLINE POLICY (ORANGE) _____
5. PHOTO RELEASE FORM & HOLD HARMLESS (RED) _____
6. INFANT BOTTLE AUTHROIZATION FORM (PINK) _____
7. AUTHORIZATION OF 3RD PARTY RELEASE (LIME GREEN) _____
8. CURRENT PHOTO OF STUDENT _____
9. IMMUNIZATION RECORD _____
10. COPY OF BIRTH CERTIFICATE _____
11. COPY OF SOCIAL SECURITY CARD _____

PROVIDE YCS TEXT MESSAGE SERVICE INFO SHEET TO PARENTS

Youngsville Christian School

Accredited by the National Association of Private Schools

Dear Parents:

At Youngsville Christian School, we always put your child's safety needs first. We hope we are never faced with any such emergency, but there is always a possibility, and we want to make sure we are organized and prepared. Please know that in the event of an emergency, you will be informed through text, television, radio, and phone calls. We will protect and keep your child safe.

We are in the process of updating our emergency evacuation plan, and we need the following things from you.

1. A small current photo of your child. (Please write your child's name on the back of the photo.)
2. The signed and dated form with the names of persons your child may be released to.

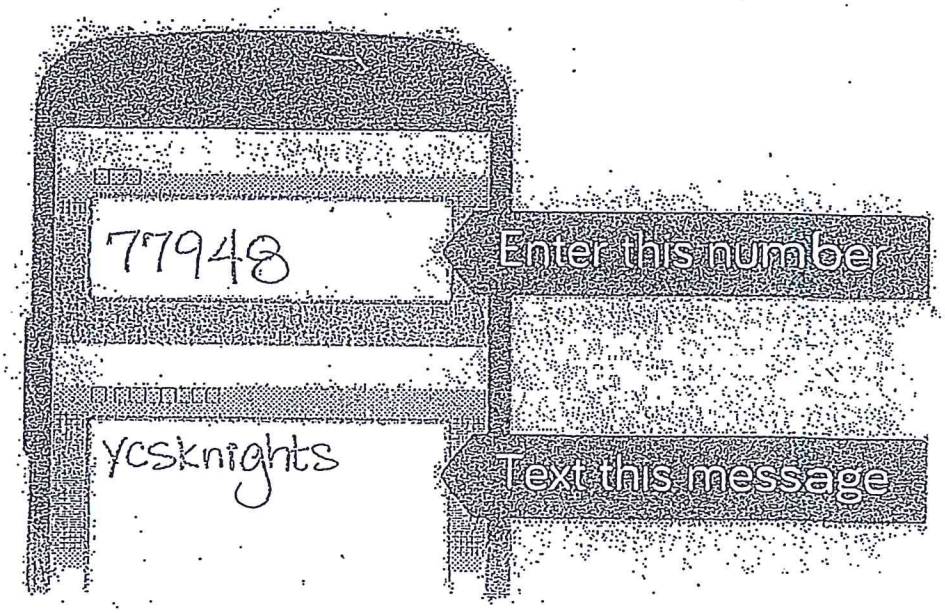
Thank you for forwarding this information to us.

Youngsville Christian School

(337) 856-8693
www.youngsvillecs.com

Phone: 337-856-8693
Youngsvillecs.com
Association of Christian Schools International (ACSI)
501 (c)3 Non-Profit Organization
Daina.jackson@youngsvillecs.com
ycsknights@gmail.com

YOUNGSVILLE CHRISTIAN SCHOOL TEXT MESSAGE SERVICES



Edmodo
YCS Info: _____

* Join within 24 hours! Use your child's name

In case of an emergency where we must leave campus, we will go to either St. Ann's Catholic Church down from our campus, or First Baptist Youngsville. You will be notified via text message to inform you of our location if this happens.

DISCIPLINE POLICY

We want our center to be a peaceful place for all of the children to enjoy learning. The following discipline policy will be used:

1. Time out is from 2-5 minutes depending on the age of the child. Only Children ages 2yrs-5yrs will be given a timeout based on a minute per age. A time out area will be designated for both inside and outside. Infants & one year olds will not have a" time out" or any other disciplinary measures at all.
2. No child will be out of the sight of a staff member during "Time Out" or any other time during the day.
3. No child will be subjected to physical or corporal punishment, verbal, abuse, or threats. Cruel, severe, unusual, or unnecessary punishment shall not be inflicted upon children. When in our care, derogatory remarks shall not be made in the presence of children or about family members of children or about the children themselves.
4. No child or group of children shall be allowed to discipline another child.
5. No child shall be deprived of meals or snacks, water, or restroom facilities for disciplinary reasons.
6. No child will ever be punished for not consuming foods or beverages not desired. We will encourage meals to be eaten, but forcing children to eat is not part of our policy. We will inform you if we notice that your child frequently refuses to eat and a solution discussed.

NOTE: Any suspected abuse and/ or neglect of a child in a daycare facility must be reported in accordance with Louisiana revised statutes 14:1403 to the local child protection agency (Child Protection Hotline phone number is 262-5244) and the Department of Social Services 1-225-922-0015.

Youngsville Christian School

Accredited by the National Association of Private Schools

CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Youngsville Christian School to make a monthly payment to your debit/credit card listed below.
By signing this form, you give us permission to charge the monthly amount.

I, _____, authorize Youngsville Christian School to charge my card indicated below for the amount of _____.
This payment will be made during the 1st to the 5th of each month.

Billing Address: _____

Phone #: _____

Cell #: _____

Account Type: ___ Visa ___ Mastercard ___ Discover ____ American Express
Cardholder Name (as it appears on the card):

_____

Account #: _____ CVC Code: _____

Expiration Date: _____ Zip Code: _____

Signature: _____ Date: _____

I authorize the above named business to charge the indicated amount above. I certify I am an authorized user of this card and will not dispute the payment. I understand the payment is for the entire month regardless if all days are not used.

Youngsville Christian School

(337) 856-8693
www.youngsvillecs.com

Child Information Form

Child's Name: _____ Primary Language: _____

Child's Address: _____
Street City/Town Zip Code

Place of Birth: _____ Date of Birth: ____/____/____

Child's Schedule: MON _____ TUE _____ WED _____ THU _____ FRI _____

Parent/Guardian Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

_____ _____

Home E-mail Address: _____ Home E-mail Address: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Others in Family Relationship: _____

Parent/Guardian Business Information

Company Name: _____ Company Name: _____

Address: _____ Address: _____

_____ _____

Business Phone: _____ Business Phone: _____

E-mail Address: _____ E-mail Address: _____

Medical Information

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____ Gender ☐M ☐F

Identified Allergies: _____

Identifying Marks: _____

Health Insurance Provider: _____

Physician/Dentist Information

Name of Physician/Clinic: _____ Phone: _____

Physician Address: _____
Street City/Town Zip Code

Date of Child's Last Physical **(WA State Only)**: _____

Name of Dentist: _____ Phone: _____

Dentist Address: _____
Street City/Town Zip Code

Parent/Guardian Signature: _____ Date: _____

FOR CENTER USE: Center: _____ Date of Admission _____ Age of Admission: _____

Date Registration Fee Rec'd: _____ Director's Initials: _____

MASTER CARD

CHILD'S NAME_____ SEX____ BIRTHDATE_____

	MOTHER	FATHER
NAME		
ADDRESS		
CITY, STATE, ZIP		
HOME PHONE #		
CELLULAR PHONE #		
EMPLOYER		
WORK #		

PERSON WITH WHOM THE CHILD LIVES WITH_____

CHILD'S DOCTOR_____ PHONE #_____

CHILD'S DENTIST_____ PHONE #_____

INDIVIDUALS TO CONTACT IN CASE OF AN EMERGENCY:

_____ PHONE #_____

_____ PHONE #_____

_____ PHONE #_____

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? YES NO

DOES YOUR CHILD HAVE ANY OTHER ALLERGIES? YES NO

DOES YOUR CHILD HAVE ANY DIET RESTRICTIONS? YES NO

PLEASE EXPLAIN ANY "YES" HERE_____

_____

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD.

_____ATTENDED DAYCARE _____HOMESITTER ___MOTHER'S DAY OUT _____STAYED HOME WITH PARENT

DOES YOUR CHILD HAVE ANY SPECIAL CIRCUMSTANCES WE NEED TO BE AWARE OF? EXPLAIN ON BACK OF SHEET IF YES.

MY CHILD HAS PERMISSION TO BE RELEASED TO THE FOLLOWING INDIVIDUALS, CHILD CARE FACILITIES OR TRANSPORTATION SERVICES IN ADDITION TO EMERGENCY CONTACT PERSONS LISTED ABOVE.

(PLEASE INFORM THESE INDIVIDUALS THEY MAY BE ASKED TO SHOW PROOF OF IDENTITY).

NAME	RELATIONSHIP

I AUTHORIZE THE FACILITY TO SECURE EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

PARENT'S SIGNATURE:_____ **DATE:**_____

DATE OF ADMISSION:_____

Youngsville Christian School

Accredited by the National Association of Private Schools

AUTHORIZATION FOR MEDICAL TREATMENT

Please complete the following for first aid, emergency care, and health record transfer in the event that any emergency situation occurs and medical treatment would be needed for your child.

I, _____ authorize Youngsville Christian School to care for my child during the time he/she is at the facility or participating in a sponsored field trip. I am authorizing emergency medical treatment for my child in the event that I cannot be reached. I also authorize the release of any medical information contained in my child's records.

Preferred Physician_____ Phone #: _____

Preferred Hospital_____

PLEASE LIST ALL ALLERGIES (FOOD AND MEDICATIONS)

_____

_____

Parent's Signature_____

Date_____

Youngsville Christian School

(337) 856-8693
www.youngsvillecs.com

§1917.H,J

Medical Procedure Authorization Form

Medicine Must Be In Its Original Container

The following staff have my permission to administer tube feedings, or medication through my child's, _____ feed tubing apparatus:
Child's name

Staff: _____

Medication Name/Strength: _____

Dosage Amount/Frequency: _____

Time to be Given: _____

Date(s) to be Given: _____

Side Effects/ Anticipated Reactions: _____

_____

Special Instructions (If Applicable): _____

_____

I certify that I have trained the staff listed on the operation of the tubing apparatus on _____.
Date

_____ _____

Parent's Signature Date

***If all information is not filled in completely, medication will not be given.**

Administration Documentation

Date Given	Time Given	Dosage Given	Signature of Person Administering Tube Feeding or Medication through the Tube Apparatus

_____

Signature of Staff Completing Form

Authorization for the Application of Topical Products

Child's Name_____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	
( )	( )	sunscreen
( )	( )	insect repellant
( )	( )	diaper rash ointment
( )	( )	other _____ (name)

This one time authorization will remain in effect until a new authorization is signed.

_____ _____

Parent's Signature Date

§1509.A.8.c.iv PARENTAL AUTHORIZATION TO EXCEED 1 MINUTE IN TIME OUT

I understand that one of the behavior management tools this facility uses when a child misbehaves is time out. The facility's usual policy when placing a child in time out is not to exceed 1 minute per their age. Because my child is over 6 years old, I am giving permission for _____ to place
(Name of facility)
my child _____ in time out for a period to not exceed _____
(Name)
minutes, should his/her behavior warrant this.

_____ _____

Parent's Signature Date

Phone: 337-856-8693
Youngsvillecs.com
Association of Christian Schools International (ACSI)
501 (c)3 Non-Profit Organization
Daina.jackson@youngsvillecs.com
ycsknights@gmail.com

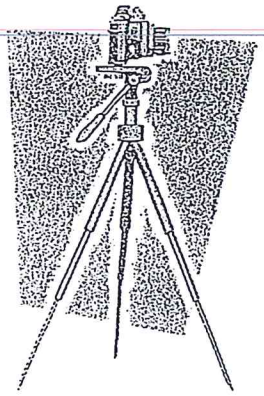


PHOTO ACKNOWLEDGMENT FORM

Dear Parent/Guardian,

Photos of YCS students may appear in school publications, such as the school website, yearbook, and advertisements. At times, other media outlets may run photos of our students in sporting events or other school-related activities.

Signed permission is required for the specific use of a photo of your child in any of the above mentioned publications or advertisements.

_____ I give my permission for YCS to use photo(s) of my child(ren).

_____ I DO NOT give permission for YCS to use photo(s) for my child(ren).

Parent/Guardian Signature: _____ Date: _____

INFANT BOTTLE AUTHORIZATION

Yes, I give permission for my child, _____ (Child's Name) to hold his/her bottle while in swing, high chair, etc.

_____ (Parent Signature)

_____ (Date)

No, I do not give permission for my child, _____ (Child's Name) to hold his/her bottle while in swing, high chair, etc.

_____ (Parent Signature)

_____ (Date)

Youngsville Christian School

Accredited by the National Association of Private Schools

STUDENT INFORMATION/THIRD PARTY RELEASE

IN THE EVENT OF AN EMERGENCY

Child's Name_____

Parent's/Guardian's Name_____

Address_____

Mom Telephone #: Home_____ Work_____ Cell_____

Dad Telephone #: Home_____ Work_____ Cell_____

Any Allergies: _____ Yes _____No

If your child has allergies, please explain below.

_____

_____

MY CHILD MAY BE RELEASED TO THE FOLLOWING INDIVIDUALS:

1._____PHONE_____ CELL_____

2._____PHONE_____CELL_____

3._____PHONE_____ CELL_____

4._____PHONE_____ CELL_____

5._____PHONE_____ CELL_____

6._____PHONE_____ CELL_____

PARENT'S/GUARDIAN'S SIGNATURE:_____

DATE:_____

Youngsville Christian School

(337) 856-8693
www.youngsvillecs.com