

LAUNCH- First Baptist Church Laredo
Laredo Area United Network of Christian Homeschoolers

Our program has the option for parents to participate or for a monthly fee they can drop-off their children. Are you planning to ____ **Participate** or ____ **Drop Off**

1st Child's Full Name _____ Nickname _____

Male () Female () Birthdate _____ Grade _____

Allergies _____

2nd Child's Full Name _____ Nickname _____

Male () Female () Birthdate _____ Grade _____

Allergies _____

3rd Child's Full Name _____ Nickname _____

Male () Female () Birthdate _____ Grade _____

Allergies _____

Father/Guardian _____

Mother/Guardian _____

Phone Number _____

Phone Number _____

Email _____

Email _____

Physical Address _____

(Street

City/State

Zip)

The LAUNCH program is a ministry of First Baptist Church Laredo as an enrichment program for homeschool families (**We are not a licensed childcare facility or learning center**). Our purpose is to be a network of homeschool families who value God’s Word, community, and learning together. We offer semester-long unit studies for children as an enrichment program allowing parents to continue using the curriculum that you prefer in home.

Authorization And/Or Release To Video And/or Photograph

___ I, the undersigned, authorize LAUNCH and First Baptist Church Laredo to video and/or photograph my child(ren) for classroom purposes and for the purpose of promotion of LAUNCH, including on social media.

___ Please do not video tape and/or photograph my child(ren) while attending LAUNCH at First Baptist Church Laredo.

(Signature)

(Date)

Financial Responsibilities

1. A non-refundable supply fee of \$25 per child is due at the beginning of each semester.
2. Tuition is dependent on the number of children per family that are enrolled.
3. Monthly tuition payments and fees are due on the first day of class each month.
4. A \$10.00 late fee will be assessed on the second week of class. Should a special situation arise, simply come, and speak to either directors Charity Garcia or Lisa Becton.
5. In the event of a returned check, parents are responsible for a \$35 returned check fee.
6. Online payments can be made through First Baptist Church Laredo downloadable app.
7. There is no pro-rating. Once registered and enrolled, monthly tuition will remain the same until an official withdrawal is submitted.
8. Withdrawal from LAUNCH requires a two-week notice.

Monthly Drop-off Fees

1 Child	\$100
2 Children	\$160
3 Children	\$220
4 Children	\$260
5 Children	\$300

I have read and understand this form, and by signing, I agree to the policies herein.

(Signature)

(Date)

Authorization For Release of Child

Persons authorized to regularly pick up my child(ren) _____, without prior approval from the parent, are listed below. (THIS LIST INCLUDES FRIENDS, CARPOOLS, GRANDPARENTS, OR FAMILY MEMBERS OTHER THAN GUARDIANS.)

	Name of Person	Phone Number	Relation to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

To pick up your child, approved adults must have the current check-in code that matches the child's nametag.

Please read and sign below:

I understand and agree that the LAUNCH program of First Baptist Church Laredo will require the signature of the listed person and the check-in code that matches the child's nametag. I have read the policies regarding the release of children on this form, understand these policies, and agree to abide by them. I understand and agree that First Baptist Church Laredo and/or LAUNCH and its agents and representatives shall not be held liable for the release of my child to persons listed on this form.

(Parent or Legal Guardian Signature)

(Date)

Policies For Release of Child(ren)

First Baptist Church Laredo LAUNCH will release your child(ren) only to a parent or person named in writing above. Persons bringing the child(ren) or picking up the child(ren) will ensure that a staff member is aware of the child(ren)'s arrival and departure.

Child(ren) must be signed out upon pick up.

Authorization For Emergency Medical Attention

LAUNCH-First Baptist Church Laredo

In case of a medical emergency, I give permission for the staff of First Baptist Church Laredo LAUNCH program to administer medical care as deemed necessary. In the event that I, or persons I have authorized, cannot be reached to make arrangements for emergency medical attention for my child _____, I authorize the staff of LAUNCH-First Baptist Church Laredo and/or First Baptist Church Laredo to take my child or have my child transported by emergency medical services to the nearest available hospital/clinic.

Persons to be contacted if parent/guardian cannot be reached in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Name of Physician _____ Phone _____

Address _____

Name of Preferred Hospital _____ Phone _____

Address _____

(Signature)

(Date)