

# Childcare Registration 2023-2024

Director: Janie Winsell



2020 Westmeade Street Decatur, Alabama 35601 (256) 353-7396

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

Registration Fee \$50.00: \_\_\_\_\_ Supply Fee \$75.00 \_\_\_\_\_

**Current Alabama Immunization Form is required.**

Child's Name: \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

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

\*If parents are at separate residents, please list primary here and additional on back.

Mom's Work #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_

Dad's Work #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

**Summer 2023**

**School Year 2023-2024**

Full Time: \_\_\_\_\_

Full Time: \_\_\_\_\_

**"Christian care when you're not there!"**

**CENTRAL PARK CHILDCARE OFFICE USE ONLY**

Summer Class: \_\_\_\_\_

School Cast: \_\_\_\_\_

School Year Class: \_\_\_\_\_

Bluecard: \_\_\_\_\_

Photos: \_\_\_\_\_

Keycard(s) Made: \_\_\_\_\_

Allergies: \_\_\_\_\_

Entered in computer: \_\_\_\_\_

How Many Keycards Needed? \_\_\_\_\_

All Paperwork Received: \_\_\_\_\_

Names on Keycards: \_\_\_\_\_

Sign-In and Out: \_\_\_\_\_

# Central Park Baptist Child Care Center

## Child's Preadmission Record

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file at Central Park Baptist Child Care Center.

Child's Name:	Name child is known by:
Child's birth date:	Child's home address:
Name(s) of parent(s) or guardian(s):	Home telephone number:
Address of parent(s) or guardian(s):	
Mother's Employer:	Father's Employer:
Employer's Address:	Employer's Address:
Employer's telephone number:	Employer's telephone number:
List telephone numbers such as beeper, cell phone etc.	Instructions regarding how parent/guardian may be reached in case of emergency:

**Person(s) to be contacted in an emergency if parent(s) or guardian(s) cannot be reached:**

Name:	Relationship to child:	Address:	Telephone Number:

<b>Name of Child's Doctor:</b>	<b>Telephone Number:</b>
<b>Address:</b>	

I give permission for Central Park Baptist Child Care Center to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

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

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name:	Relationship to child:	Address:	Telephone number:

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section is to be completed by Child Care Center Staff.

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Child's first day of attendance: \_\_\_\_\_

Child's withdrawal date: \_\_\_\_\_

# Central Park Baptist Child Care Center

## Information for EXTRA Tender Loving Care

Child's Name: \_\_\_\_\_ Name Used at Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Girl/Boy: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_

Is child adopted?: \_\_\_\_\_ If so, what age?: \_\_\_\_\_ Divorced?: \_\_\_\_\_

Step Parent (which)?: \_\_\_\_\_ Death of one parent (which): \_\_\_\_\_

What problem does your child have that concerns you most?: \_\_\_\_\_

What do you feel are his/her best abilities?: \_\_\_\_\_

What are some of the ways he/she plays at home: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_ Favorite Game: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Does he/she play well with other children? \_\_\_\_\_

How does he/she react when not getting his/her own way? \_\_\_\_\_

\_\_\_\_\_

List methods of discipline used at home: \_\_\_\_\_

\_\_\_\_\_

In what ways do you expect our program to help your child: \_\_\_\_\_

\_\_\_\_\_

Church preference: \_\_\_\_\_ Church you attend: \_\_\_\_\_

List any allergies: \_\_\_\_\_



## Agreement between Center and Parent

The following conditions will apply to the daycare attendance of \_\_\_\_\_

(Child's name)

With regard to whom it is understood and agreed between Central Park Child Care Center and \_\_\_\_\_

(Parent or Guardian of Child)

### THE CENTER AGREES THAT:

1. In return for the sum which the parent agrees to pay, the Center will accept the above named child for attendance for the times and days per week agreed upon with the Center except on the following holidays:

NEW YEAR'S DAY

INDEPENDENCE DAY

CHRISTMAS EVE

GOOD FRIDAY

LABOR DAY

CHRISTMAS DAY

MEMORIAL DAY

THANKSGIVING and FRIDAY, the next day

2. Its Daycare worker will observe daily the children in attendance for symptoms of contagious diseases or illnesses before they are admitted for the day. If the child has a fever, he will not be admitted and should not be returned by the Parent until free of an elevated temperature for 24 hours.
3. The Center will exercise ordinary, reasonable care and judgment in all matters related to the welfare and safety of the child.
4. In case of an accident or illness of the child, its daycare Director will promptly take such measures as are, in her judgment, in the best interest of the child and will notify parents as soon as possible.
5. The Center will furnish, in addition to custodial school care, the following services: morning and afternoon snacks, as well as emotional, social, and mental development opportunities in a group situation.
6. The Center will not provide accident insurance coverage.
7. The Center will give written notice to the Parent in the event of discovery of any exposure to a contagious disease within the daycare group.
8. The Center will not release the child to anyone except the Parent or Guardian, unless there is written permission from such Parent or Guardian.
9. The Center will provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities during the day.

THE PARENT AGREES THAT:

1. The Parent will pay the Center in advance, on or before Monday of each week, the sum agreed upon, for custodial care or tuition for the above named child. The Parent will not violate, but will comply exactly and punctually with the hours of agreed care. If the Parent provides the Center with notice, more than two (2) weeks in advance, when the child will be on vacation and not in attendance, the parent will not be obligated to pay for one (1) week of the school year.
2. For each child or children attending the Afterschool Program, the Parent will pay full tuition every week that school is in session.
3. A fee of \$5.00 will be assessed as of the 8<sup>th</sup> day of the month to the Parent on all accounts not previously paid. If the Parent enrolled a pre-school child in full-time care but takes him or her out during the summer months, the Parent will pay \$5.00 per week holding fee to hold his or her place for the Fall. If the Parent is paying a daily rate, the Parent will be charged regardless of child's attendance.
4. If it is necessary for your child to be given medication while at the center, your written instructions and permission are required. Any prescription or over-the-counter drug sent to the center must be in the original container and must be clearly labeled with your child's name, the name of the drug, and dosage.
5. In case of illness or accident of a child, and if the Parent cannot be located for contact by the School, and in the judgment of the worker, the illness or accident requires a physician, then Dr. \_\_\_\_\_ may be called at the parent's expense.
6. In the event of contagious illness of a child, the Parent will notify the school and remove the child and not allow him to return until all danger of contagion is past.
7. The Center reserves the right to drop any child from enrollment if the staff determines that the program is not meeting the needs of the child or if the child's presence poses a threat to the wellness of others.
8. The Parent and child are responsible and have liability for the acts of the child, and all damages resulting in injury to, or destruction of any property, real, personal, or mixed while in attendance at the school or under the supervisory care of the Center.
9. Neither the School, the Center, nor Central Park Baptist Church shall be liable for accidents or illnesses occurring to the child while in attendance or under the care of the Center, and the Parent will protect, identify, and hold harmless all of them from any liability, or claims for damages for such accidents or illnesses, unless it be proved that the accident or illness was the direct result or consequence of misconduct of the agencies and employees of the Center or School.
10. THE PARENT WILL GIVE A **TWO** WEEK NOTICE WHEN THE CHILD IS TO BE WITHDRAWN FROM SCHOOL.
11. If your child is enrolled part time they are only allowed to come on the days of which they are enrolled. This is to ensure we stay within the correct teacher:child ratios.
12. Tuition rates are the same each week, regardless of holiday or weather closures.
13. The Parent did receive a handbook entailing the rules and regulations of the Center and agrees to abide by the statues therein.

BOTH PARTIES AGREE:

The contract may be terminated by either party, upon two (2) weeks advanced notice to the other, or at any other time by mutual agreement of the parties.

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(Signature of the Parent of Guardian)

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(Date)

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(Authorized Signature of School)

FORM OF AFFIDAVIT FOR PARENT/GUARDIAN

STATE OF ALABAMA

COUNTY OF MORGAN

Before me, a notary public in and for said state and county, appeared \_\_\_\_\_ and is known to me, after being duly sworn and affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children \_\_\_\_\_; that affiant has been notified by \_\_\_\_\_, a representative of Central Park Baptist Childcare church/school, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

\_\_\_\_\_, Parent/Legal Guardian Sworn, or affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public

Mallory Pirkle

My commission expires: \_\_\_\_\_



## Permission for Advertisement

I \_\_\_\_\_ give my permission for \_\_\_\_\_  
to have his/her picture taken by Central Park Child Care. The pictures of my child will only be used for advertisement, or special events of the school, on Facebook, or the school web page.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

No, I do not want my child's picture being taken and used for Advertisement purposes.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please find our Facebook page <https://www.facebook.com/CentralParkBaptistChildcareCenter/> to keep up with our latest events and activities! We post pictures weekly of different classes doing fun things. We will also post about early dismissals or weather delays to the Facebook page!



### Child's Medical Report

(This form may be used for household members younger than 19 years of age.)

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

Name of Child's Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I examined this child on (date) \_\_\_\_\_. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

\_\_\_\_\_  
Date

**AFTERSCHOOLER PROGRAM ONLY**

This program is for the summer ONLY and for children who have completed Kindergarten – 4th grade

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Boy/Girl: \_\_\_\_\_

What grade did your child just complete? \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

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

Mom's Work #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_

Dad's Work #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

I give permission for my child to participate in: (check yes or no and sign each line)

	Yes	No	Parent signature	Date
Activities away from the Child Care Center:				
Transportation provided by the Child Care Center:				
Swimming/wading activities provided by the Child Care Center:				



**TUITION RATES**

Effective January 2, 2023

Registration Fee (For each child)	\$50.00
Supply Fee (For each child)	\$75.00

**THE REGISTRATION AND SUPPLY FEES ARE NON-REFUNDABLE.**

**FULL TIME CARE**

Babies and Sprouts	\$160.00 weekly
Two Year Old Class	\$155.00 weekly
Three & Four Year Old Classes	\$132.00 weekly

**Above amounts are charged weekly regardless of attendance.**

**SUMMER CARE for school age children**

**Weekly - \$132.00**

**DISCOUNTS: 2 children - \$25.00 /3 children - \$50.00**