

**\*\* Along with this packet you will need: 1) Copy of Birth Certificate & 2) Immunization Card**

**WEST MOBILE BAPTIST  
CHILD DEVELOPMENT CENTER  
ENROLLMENT APPLICATION/GENERAL INFORMATION FORM**

**School Year:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

The information on this form is strictly confidential and will be used by the teacher to help her/him better understand and work with your child.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
What is your child usually called? \_\_\_\_\_ **Child's Present Age** \_\_\_\_\_  
**Child's Social Security #** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_  
**City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Father's Social Security #** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Father's Work Place** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Work Address** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Mother's Social Security #** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Mother's Work Place** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Work Address** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Are both parents payers on the account? Yes / No      If not, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marital Status: Single    Married Separated    Divorced**  
Custody Arrangements- If Separated or Divorced: We cannot refuse to release a child to a parent listed on the child's Birth Certificate unless we have a copy of the custody section of your divorce decree giving you sole custody. Please provide that in addition to this application if applicable.

**Does child live with both parents?** Yes / No      Who does child live with? \_\_\_\_\_

**Persons authorized to Pick up Child:** (Other than Parents): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts with Phone Numbers** (If parents cannot be reached) These individuals are not authorized to pick up unless also listed above.

Please list all children in the family and their ages \_\_\_\_\_

Name of person(s) who has legal custody of child \_\_\_\_\_

Child's primary language \_\_\_\_\_ Second language \_\_\_\_\_  
Does your child understand English? \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Child Attending Sunday School? Yes / No      Where: \_\_\_\_\_

### Health Information

Does your child nap? Yes / No      If yes, how long and often? \_\_\_\_\_  
Does your child tire easily? Yes / No      Please explain: \_\_\_\_\_  
Is your child sensitive or allergic to any foods, pollens, etc.? \_\_\_\_\_

Medical History: (Check any past illnesses)

Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_

Does your child have any health problems or special needs? \_\_\_\_\_

List any medication your child is currently taking? \_\_\_\_\_

For what condition? \_\_\_\_\_

Does your child have any vision and/or hearing difficulty? \_\_\_\_\_

To what degree have bladder and bowel control been established? \_\_\_\_\_

List any medication your child is currently taking? \_\_\_\_\_

For what condition? \_\_\_\_\_

Does your child have any vision and/or hearing difficulty? \_\_\_\_\_

To what degree have bladder and bowel control been established? \_\_\_\_\_

Can your child help her/himself at the toilet? \_\_\_\_\_

Needs what kind of bathroom assistance? \_\_\_\_\_

Additional comments regarding toileting \_\_\_\_\_

If your child becomes ill while at school, but it is not an emergency, he/she will be isolated from the other children, and the parents will be contacted. In the event of an emergency, we will contact the parent first, or their designated emergency numbers. If these numbers cannot be reached, we will call 911, or contact the child's physician. If deemed necessary by the medical personnel, your child will be transported to your designated hospital for treatment.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Chart/Patient # \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

If my child is injured, but not in an emergency situation, I authorize he/she to be treated and receive first aid, and then I will be notified in writing or by a phone call.

I have read the above guidelines and understand the procedure in the case of an illness or emergency.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

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

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

### Previous Group Experiences

Has your child attended preschool or been involved in a social group setting with other young children? \_\_\_\_\_

Length of involvement? \_\_\_\_\_ Please describe your child's overall reaction to group experiences

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

### General Behavior

Describe your child in one or two words \_\_\_\_\_

Characteristic behavior in a new situation \_\_\_\_\_

Your child's favorite activities and interests \_\_\_\_\_

Describe any fears your child has which we should be aware of? \_\_\_\_\_

Parents' methods of overcoming fears \_\_\_\_\_

In what ways would you like your child's CDC experiences to contribute to his/her growth and development?

Have there been any unusual occurrences concerning your child that you feel we should be aware of? (e.g. premature birth, auto accident, severe illness, death in the family, etc.) \_\_\_\_\_

Do you or your child have any special talents, interests, hobbies, or skills you could share with the children at WMB CDC?

What would be a convenient day of the week and/or time to visit the class to share your talent, hobby, interest or career with the class, if interested? \_\_\_\_\_

Would you be available to help with special field trips and/or special events? \_\_\_\_\_  
Please feel free to attach an additional page if more space is needed to share any information that will help us better understand and work closely with your child and your family.

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### Permission to Photograph

On occasion, WMB CDC teachers photograph children involved in various WMB CDC program activities to share with parents and to document learning. I grant permission for photographs of my child to be taken at WMB CDC and possibly used *without my child's name* in print (e.g., WMB CDC brochures), on the WMB CDC website and/or for reporting (in the newspaper highlighting a special activity).

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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### Parent Handbook Agreement

I have received and read the WMB CDC Parent Handbook and I agree to the guidelines as stated in the handbook. I also understand that the CDC Director may implement or change policies as needed. I understand that I will be notified in writing if this occurs.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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### Transportation Permission

To be completed by K-4, K-5 and School Age Parents Only

As the parent/legal guardian of the student listed below, I hereby give my permission for him/her to accompany their class on field trips/other educational outings off the WMB CDC grounds. I understand that trips may occur throughout the school year and that all such outings will be under the supervision of a teacher or a staff member and possibly other WMB CDC parent volunteers.

WMB CDC will send written notice at least 1 week in advance, in addition to posting bulletins notifying parents that students will be out of the building on an area field trip. If the occasion for an impromptu field trip occurs, a telephone call will be made and my child will only be allowed to attend if contact is made.

In consideration of the benefits to be derived, any and all claims against West Mobile Baptist Church or its agents with regard to accident, illness, injury, damage or other loss incurred or suffered by my child are hereby expressly waived.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**T-shirt Size:** For all K4 and up students: Please indicate what size t-shirt your student will wear.

\_\_\_\_\_ (4-6) \_\_\_\_\_ (8-10) \_\_\_\_\_ (12-14) \_\_\_\_\_ (Adult S) \_\_\_\_\_ (Other)

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#### FOR OFFICE USE ONLY:

Program:  Full Day  KLP only  B/A School  After School  Before School  Summer Camp  S/A Drop In  
Class Assignment: \_\_\_\_\_ Elementary School Attending \_\_\_\_\_  
 Reg. Fee Pd.  Curr. Fee Pd.  Act. Fee Pd. Weekly Rate \_\_\_\_\_ Start Date \_\_\_\_\_



## West Mobile CDC Financial Agreement

Please read the following legally binding agreement very carefully before signing:

I, \_\_\_\_\_ agree to:

1. Pay a Registration fee of \$ \_\_\_\_\_ at the time of enrollment and each year (in January) thereafter. Registration fees are non-refundable.
2. Pay a Curriculum fee of \$ \_\_\_\_\_, due June 1<sup>st</sup> for the upcoming school year. Curriculum fees are annual.
3. Pay an Activity Fee of \$ \_\_\_\_\_ upon enrollment. This covers all school activities such as parties, programs, and field trips.
4. Pay tuition accordingly:
  - All accounts are billed each Friday for services provided the following week.
  - Payment is due on the day it is billed
  - A \$5.00 late fee will be added to the account that is not paid in full by noon on the Wednesday following the billing and then again on Thursday, if the balance is not paid in full.
  - If an account becomes a week past due, services will not be provided the following Monday unless the current and past due balances are paid in full.
5. There is no reduction of tuition for absences, holidays, or closure due to bad weather.
6. A \$36.00 fee will be assessed for all returned checks. After 2 returned checks, payment will only be accepted in cash or money order.
7. Notify the CDC office in writing, one week in advance of using my child's vacation week. After one year of attendance (12 consecutive months), my child is entitled to one week (5 days), at no charge. He/she cannot attend the daycare during this time. Vacation is given per calendar year and must be taken all at once and unused vacation will be forfeited.
8. I am entitled to ½ price sick week immediately upon enrollment. My child must be out 3 or more days to use this sick week option. Sick time must be used as sick time and not vacation time. This discount will be credited to your account immediately upon request after my child is out sick, resulting in a credit to my account for the following week.
9. Notify the CDC office in writing one week prior to withdrawing my child from the Center. I am responsible for payment of all tuition charges and late fees until proper notification of withdrawal is received. The CDC reserves the right to drop a child with one week notice for serious behavior problems or non-payment of fees.

10. Obtain permission from the CDC Director to change my child's learning program, especially when the change results in a fee difference. Failure to obtain such permission may be grounds for forfeiture of my space at the Center.

**11. After Hours Pick- up: Pay a late penalty if my child is not picked up by 6:00 p.m. This is a compounding fee.**

<b>Late Fees:</b>	<b>6:00-6:10</b>	<b>\$10.00</b>
	<b>6:11-6:15</b>	<b>\$15.00</b>
	<b>6:15-6:20</b>	<b>\$20.00</b>
	<b>6:21-6:25</b>	<b>\$30.00</b>
	<b>6:26-6:30</b>	<b>\$40.00</b>
	<b>AFTER 6:30</b>	<b>\$5.00 per minute</b>

I, the parent/guardian of the minor child \_\_\_\_\_ have read, understand, and agree to abide by the financial agreement. I understand that by not abiding by the policies set by West Mobile CDC, my child's spot will be in jeopardy and I could be asked to find alternate arrangements for my child. I, the undersigned, hereby agree to pay all amounts and charges hereafter incurred by ourselves or my child. Failure to make payment when requested is basis for legal action and I, the undersigned, agree to pay all collection fees and balance owing.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**West Mobile Baptist Child Development Center  
Policies and Procedures**

I understand and agree to the following statements:

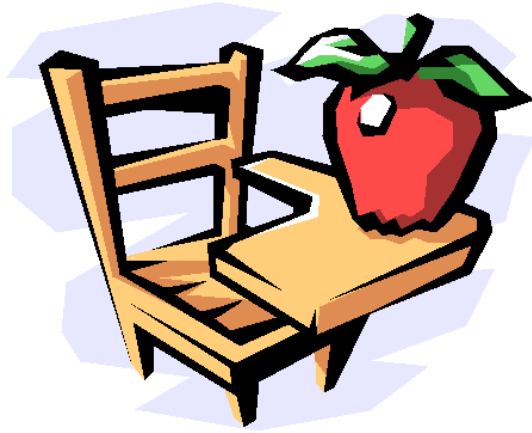
1. I authorize the staff at West Mobile CDC to obtain necessary emergency treatment and medical services for my child in case of accident or sudden serious illness. I understand that payments to the doctor/hospital are my responsibility.
2. I understand that I must first file my own medical insurance policy before applying for additional coverage under the student accident policy of the CDC. This accident policy will supplement any medical expenses for an accident occurring during the time my child is at the Center, which are not covered by my own personal medical insurance.
3. The CDC reserves the right to terminate this agreement for any reason, and may require my child's withdrawal from the school with one week notice.
4. West Mobile CDC observes the following holidays: New Year's Eve, New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving (Thursday and Friday), Christmas Eve and Christmas Day (total of 10 days per year). When a holiday falls on a Saturday or Sunday, an alternate day will be selected by the Director. I understand that I am responsible for payment during these days when the CDC is closed.
5. When observance of a holiday results in a long weekend, payment is due before the CDC closes for the week (example: Payment for Thanksgiving week will be due on Wednesday of that week). I am aware that failure to pay will result in late fees to my account.
6. My child will be released only to properly identified persons who have been listed in- writing on his/her enrollment form. If a person other than those listed will be picking up my child, I agree to notify the CDC in writing. I understand that the CDC cannot be held responsible for release information given over the telephone.
7. My/Our signature on this agreement confirms that I/we have read the above statements/agreement in its entirety, I have received a copy of it, and I/we intend to follow and abide by all the aforementioned policies of West Mobile CDC.

I, \_\_\_\_\_, the parent/guardian of the minor child \_\_\_\_\_ hereby release West Mobile CDC, its agents, employees, and those working in concert therewith, harmless from all claims, damages, and liabilities for injuries to or damages by, my child which are not the results of gross negligence by West Mobile CDC or its employees.

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







## West Mobile Baptist Child Development Center Handbook Form

I, \_\_\_\_\_, have read and understand  
the policies and procedures listed in the Parent Handbook of West Mobile Baptist  
CDC.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



State of Alabama  
County of Mobile

Before me, a Notary Public, in and for said State of 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  
CDC Director, a representative of West Mobile Baptist Child Development Center, that  
said church or school has filed notice and is exempt under law from regulation by the  
Department of Human Resources.

\_\_\_\_\_  
Parent or Legal Guardian

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

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

\_\_\_\_\_  
Expiration Date



**West Mobile Baptist Child Development Center**

(This form should be accompanied by the State Immunization Card)

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Immunizations:

Type of Immunizations	Dates Given
DTP or DT	_____
Polio	_____
MMR	_____
HBPV	_____
Chicken Pox	_____
Other	_____

Immunizations are up to date for age of child: Yes \_\_\_\_\_ No \_\_\_\_\_

History of allergies: \_\_\_\_\_

I have examined \_\_\_\_\_ on \_\_\_\_\_  
(Child's Name) (date)

and I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities.

Date: \_\_\_\_\_ Physician's signature \_\_\_\_\_