



SC Ministries
*The Academy for Learning
and Character Development*

3807 Telstar Circle
Huntsville, Alabama 35805
256-533-3300
dcp2alcd@yahoo.com



STUDENT

Registration

Packet

Notes and Comments

EMERGENCY CONTACTS

Please list name of friend or relative to be contacted in case of emergency if parents cannot be reached.



Name and relationship _____ Phone _____

Name and relationship _____ Phone _____

AUTHORIZED TO PICK UP CHILD

The following people, are authorized to pick up my child.

Name _____ Phone _____ Identification _____

Name _____ Phone _____ Identification _____

Signature _____ Date _____

REGISTRATION

STATEMENT OF STANARD, POLICIES and AUTHORIZATION FOR THE RELEASE OF INFORMATION

The Academy for Learning and Character Development (ALCD) charges a registration fee of ^{70.00} [redacted] per year. I understand that this fee is due at the time of registration. If the fee is not paid at that time of registration a ^{20.00} [redacted] late payment fee will be assessed. I/WE authorize ALCD to obtain information about me or my family that is pertinent for collections of outstanding debts incurred with the daycare. Inquiries may be made about (but not limited to): Child Care Expenses; Credit History; Federal, State, Tribal, or Local Benefits; Employment, Income, Pension and Asset; Identity and Marital Status; Residences. Any Individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: Banks and other Financial Institutions; Courts; Law Enforcement. Agencies; Credit Bureaus; Employers, past and present; Schools and Colleges; U. S. Social Security Administration; U.S. Department of Veterans Affairs; US Department Housing and Urban Development (HUD); Utility Companies; Welfare Agencies. I/We agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my child's enrollment may be denied or terminated. And any legal action to enforce the terms hereof or relating to the enrollment fees, regardless of the outcome, The Academy for Learning and Character Development or agent shall be entitled to all costs Incurred in connection with such action, including but not limited to attorney's fee. Parent/guardian acknowledges all legal and attorneys' fees shall be classified and billed to as "added fees."

Date Fee paid _____ Amount. Paid: _____

Parent's Signature: _____ Date: _____

Witness: _____ Date: _____

This statement is to verify that _____ parent(s)/guardian(s) of _____ has received a copy and read the Parent. Handbook.

My signature above indicates my agreement to comply with the stated terms and conditions.

NEW CLIENT ENROLLMENT

Enroll Date _____

Child's Age _____

Contact Phone# Home _____ Cell: _____ Work: _____

Child's Name: (First) _____ Middle _____ Last _____

Address _____ Apt# _____

City _____ State _____ Zip code _____

Child's Birth date: ____ / ____ / ____ SSN: _____



Mother's Name: (First) _____ Middle _____ Last _____

Address _____ Apt# _____

City _____ State _____ Zip code _____

Birth date: ____ / ____ / ____ SSN: _____

Employment _____ Address _____

Monthly Income: _____

City _____ State _____ Zip code _____ Phone _____

Father's Name: (First) _____ Middle _____ Last _____

Address _____ Apt# _____

City _____ State _____ Zip code _____

Birth date: ____ / ____ / ____ SSN: _____

Employment _____ Address: _____

Monthly Income: _____

City _____ State _____ Zip code _____ Phone _____

GENERAL INFORMATION

Name _____
First Last Middle

Previous Child care _____ Phone _____

Unusual eating habits _____

Sleeping habits _____

Known Phobias? _____

Particular strong likes and dislikes _____

Known food allergies _____

Behavioral problems _____

Toilet trained? Yes No

Additional comments _____

Is English the child's primary language? _____

Any custody issues we should be aware of? _____

Personal references Name _____ Phone _____
Name _____ Phone _____

Credit references Name _____
Name _____

MEDICAL INFORMATION

Phone _____

Name _____
First Last Middle

Doctor _____ Dentist _____

Address _____ Address _____

Phone _____ Phone _____

ILLNESSES



Please mark if your child has had any of the following

- | | | |
|----------------------------------------|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Bee allergies | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV | <input type="checkbox"/> Rubella |

Other... _____

The following are physical conditions or illnesses that could effect my child's play while in your care.

Examples: allergies, ear tubes, heart problems, etc...

Name of Insured _____

Medical Insurance _____

Company and Policy #

Facility/Provider _____

PERMISSION IS GIVEN TO THE CHILD CARE FACILITY FOR THE FOLLOWING

Mark appropriate box

- Provider/facility may call an ambulance if necessary
- Provider/facility may take my child to physician or hospital
- My child may be given medication prescribed by the child's physician
- My child may be given non-prescribed medication as requested by parent

I understand that any expenses are my responsibility.

Signature _____

Date _____

EMERGENCY MEDICAL

Child's Name _____		
First	Last	Middle
Child's Doctor _____	Phone _____	
Child's Dentist _____	Phone _____	
Name of Insured _____		
Medical Insurance _____		
Company and Policy # _____		
Mother _____	Home Phone _____	Work Phone _____
Father _____	Home Phone _____	Work Phone _____

Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician and surgeon licensed under the provisions of the medicine Practice Act, or to X-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

I _____ and or _____

understand the above and hereby authorize _____

to give permission for any necessary medical, hospital, or dental treatment for my child

_____ in the event of injury or illness,

while the child is in the care of the above named facility or provider. I understand and agree

that I am financially responsible for any such expenses.

I understand that any attempt to contact the parent/guardian will be made first. (Providing a life threatening situation does not allow time without jeopardizing the child's life.)

Signature _____

Date _____

PARENT FEE AGREEMENT

Name _____
 First Last Middle

I _____ and/or _____

Agree to pay The Academy for Learning and Character Development \$ _____ per _____

Payment due date(s) Fridays in advance

If my payment goes beyond this date, I agree to pay \$10.00 each week payment is not made.

I understand and agree to pay an additional overtime charge of **\$5.00** per hour,

in the event the child/children are cared for at times beyond those stated below.

Delinquent Accounts which require legal action for collection will incur an interest expense of 8% per annum starting on the delinquent date, In addition to attorney and collection fees incurred in accordance with Alabama State Law.

CHILD CARE SCHEDULE

Days of the week _____

Hours of the day _____



A \$35.00 fee will be charged for returned checks, no exceptions.

I agree to give 14 days notice should I decide to discontinue child care services.

ADDITIONAL TERMS

I understand all of the above and agree to the terms:

Parent Signature _____

Date _____

Provider Signature _____

Date _____

PHOTO/TRANSPORTATION/VOLUNTEER FORM

Name _____
First Last Middle

please mark appropriate box

I give the following I do not give the following

facility/provider _____ permission to take or have taken photo's
please mark appropriate box

of my child should the occasion arise. give permission do not give permission for my child to be video taped. I understand these photo's will not be sold or distributed without my knowledge or permission.

Photo's may be taken on special occasions, new arrivals, arts & crafts, projects, etc...

please mark appropriate box

I give the following I do not give the following

facility/provider _____ permission for my child to be transported at times other than arranged prior field trips in the event there is a medical emergency I give permission for my child to have any medical treatment necessary.

Signature of parent/guardian _____ Date _____

PARENT VOLUNTEER FORM

Parents are asked to volunteer twelve hours per year.
Volunteerism by in the form of:

- _____ Attending field trips
- _____ Assisting with special programs
- _____ Repair/cleaning toys
- _____ Advertising
- _____ Sitting with students during nap time (12-2) for teachers to attend training
- _____ Serve on the Parent-Teacher Council
- _____ Fundraising
- _____ Making photo copies

Indicate any other assistance that you would like to provide: