

# RIDGECREST CHILD DEVELOPMENT CENTER

## Application for Kindergarten Enrollment 2019-2020

Today's Date: \_\_\_\_\_ Date/Time Received \_\_\_\_\_  
(OFFICE USE ONLY)

Child's Name \_\_\_\_\_  Male  Female  
*First Middle Last*

### Program Applying for:

- K3 A.M. ONLY (Must be picked up at 11:00 A.M.) . . . \$1,800 per year\*
- K4 A.M. ONLY (Must be picked up at 11:00 A.M.) . . . \$1,800 per year\*
- K5 A.M. ONLY (Must be picked up at 11:00 A.M.) . . . \$1,800 per year\*
- K3 All day . . . . . \$ 135/week
- K4 All day . . . . . \$ 135/week
- K5 All day . . . . . \$ 135/week

\* May be paid in 9 monthly payments of \$200.00 per month August 1 – April 1  
Due on the first working day of each month

Hours for which day care will be needed:

Arrival time \_\_\_\_\_ Departure time \_\_\_\_\_

► Although Ridgecrest CDC is open from 6:30 a.m. to 5:30 p.m., no child should be in attendance for this entire period of time except in case of emergency. We do not wish to set an exact limit on the time your child may attend per day, however your child may not be here longer than 48 hours per week. **There will be a charge for all time over 48 hours and repeated overages may result in dismissal.**

All kindergarten students must be the age for the respective class on or before **September 1** and be **completely toilet trained**.

### Items needed for enrollment prior to first day of attendance:

- Enrollment Application
- Immunization Certificate (Blue Slip)
- Copy of birth certificate
- Emergency Medical Treatment Form
- Annual, **non-refundable** registration fee (\$150.00)
- Affidavit
- Acknowledgment Form
- Two letters of recommendation (employer, pastor, friend, etc. that are not relatives)

*Payments are made through FACTS Management Company. Go to [www.rbcdothan.org](http://www.rbcdothan.org) and look for the Child Development Center under ministries. Next find Parent Resources and click on the FACTS emblem. Once there you will create a new account and follow the prompts to set up your payment plan. Office personnel can help you with any questions you have about the set up.*

### Student Information

*It is extremely important that parents notify the CDC of any changes in contact information*

Child's Name _____ <i>First Middle Last</i>	Name child goes by _____
Address _____ Street City State Zip	
Date of Birth ____/____/____	
Child lives with _____	
Hours of attendance _____ to _____	(maximum 9.5 hours per day or 48 hours per week)

### Father/Guardian Information

Last Name _____	First Name _____	MI _____
Address _____	City _____	State _____ Zip _____
Marital Status _____	Relation to Child _____	Spouse's Name _____
Home Phone # ( ) _____	Work Phone # ( ) _____	
Email _____		
Cellular Phone # _____	Cellular carrier _____	
Employer _____	Occupation _____	
Normal work schedule _____ to _____	Release code _____	

### Mother/Guardian Information

Last Name _____	First Name _____	MI _____
Address _____	City _____	State _____ Zip _____
Marital Status _____	Relation to Child _____	Spouse's Name _____
Home Phone # ( ) _____	Work Phone # ( ) _____	
Email _____		
Cellular Phone # _____	Cellular carrier _____	
Employer _____	Occupation _____	
Normal work schedule _____ to _____	Release code _____	

### Who is responsible for paying CDC bills?

Name _____	Relationship _____
Address _____	City _____ State _____ Zip _____
Home Phone # ( ) _____	Work Phone # ( ) _____
Signature: _____	Date _____

Should the CDC deem it necessary to pursue legal action or otherwise expend time and resources in an attempt to collect amounts due it under this Agreement, the Parent/Responsible Party agrees to pay any and all reasonable or lawful costs incurred by the CDC in pursuing the amounts owed.

## Emergency Contact

In the event that a parent or guardian cannot be contacted during an emergency situation, the following people should be contacted.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

## Authorization for Release

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Code \_\_\_\_\_

My child may be released to the above people. Each authorized person must be at least 16 years old, have a valid driver's license and come to the center and register their thumbprint and security code. The last four digits of the individual's phone number or another combination of numbers that is easy to remember is suggested for this code. I understand that I am to notify the CDC Director in writing if someone else will be picking up my child. Photo ID will be required.

## Special Instruction Regarding Parental Contact

**Please describe any legal issues which would limit a parent's access to child. Original documents from the court are required to deny access to a child by a parent.**

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### Additional Student Information

Allergies (Food, etc.)

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Unusual Health Problems? (Please list specifics below)

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Has he/she ever been evaluated for Special Needs? (Please explain)

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Evaluated by \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Has he/she ever been served in any of the following Special Needs?

Speech/Language \_\_\_\_\_ Provided by \_\_\_\_\_

Mentally Retarded \_\_\_\_\_ Autism \_\_\_\_\_ Developmentally Delayed \_\_\_\_\_

Other Special Needs

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Special Medications

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### Educational Information

(Parents of returning students may omit this section unless changes have been made since last year.)

Most recent day care or preschool attended \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do you have any outstanding balances at another day care or school? \_\_\_\_\_

Has your child ever been asked to leave a day care or preschool? \_\_\_\_\_

Does your child have discipline problems at day care or preschool? \_\_\_\_\_

(Please describe.) \_\_\_\_\_

Does your child have any special talents, interests, etc.? \_\_\_\_\_  
\_\_\_\_\_

## Church Attendance / Membership

Complete the following which apply:

- We attend \_\_\_\_\_ Church
- We are members of \_\_\_\_\_ Church (If different than above.)
- We are looking for a church home.
- We would be interested in learning more about Ridgecrest Baptist Church.

If my child is accepted into this program, I understand that I am responsible for the timely payment of tuition and fees. Should the CDC deem it necessary to pursue legal action or otherwise expend time and resources in an attempt to collect amounts due it under this Agreement, the Parent/Responsible Party agrees to pay any and all reasonable or lawful costs incurred by the CDC in pursuing the amounts owed. I am also responsible for following the guidelines provided to me in the parent's handbook.

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

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**This section is to be completed by the facility's staff.**

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

Initial payment in the amount of \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash  Other

Covering:

- Registration
- Activity fee
- Kidnapper mat
- Tuition for \_\_\_\_\_

**RIDGECREST CHILD DEVELOPMENT CENTER  
EMERGENCY MEDICAL TREATMENT FORM**

Should my child, \_\_\_\_\_, become ill or suffer an accident while he or she is in the care of Ridgecrest Child Development Center, the school is to attempt to contact me immediately. In the event the school is unable to reach me immediately, the school and / or its designated staff is authorized to seek and obtain such medical attention, treatment and services for my child as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred that are not covered by the insurance of Ridgecrest Child Development Center.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Child's Physician

\_\_\_\_\_  
Hospital preference

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

**Policies and Procedures Agreement Statement**

We understand there are changes in the school's policies and procedures from year to year and we certify that we have both read and understand the 2019-2020 policies and procedures for students and parents.

We understand that we will receive written information concerning any policy change that is made during the school year.

We understand the school staffing will determine if the school will be able to meet the needs of our Special Needs child, upon and throughout enrollment.

We agree to abide by the rules therein, both in policy and in payment of tuition and fees.

We understand that failure to comply with the policies and procedures outlined in the Parent Handbook, could result in our child being dismissed from the program.

We agree to give two (2) weeks notice or pay two (2) weeks tuition before withdrawing my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Student Discipline Profile

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

It is our desire to discipline your child in the best way for them. As we build a loving relationship with your child, we are better able to teach them. Discipline problems can interfere with the teacher's ability to teach and the children's ability to learn. Are there any behaviors you could list that would help us understand your child?

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Parents usually know what type of discipline their child responds to best. Please number the types of discipline below from (1) being the most effective to (10) being the least effective.

- |   |  |
|---|--|
| _____ Time out                          | _____ Isolation (with adult supervision) |
| _____ Removal of a privilege            | _____ Speaking to them firmly            |
| _____ Talking to them calmly            | _____ Calling Parents                    |
| _____ Telling them you are disappointed | _____ Being sent to the office           |
| _____ Having a note sent to parents     | _____ Losing part of recess              |

We welcome other suggestions (we do not use any type of corporal punishment).

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This information will be kept in your child's confidential file and will be seen by me, the CDC secretary and your child's teacher. Your input is greatly appreciated.

Thank you,  
Shirley Leach  
Director

FORM OF AFFIDAVIT FOR PARENT / GUARDIAN

State of Alabama  
County of Houston

Before me, a Notary Public in and for said State and County, appeared \_\_\_\_\_

And is known to me, after being duly sworn or affirmed says as follow:

That affiant is the parent or legal guardian of the minor child/children \_\_\_\_\_;

That affiant has been notified by Shirley Leach, a representative of Ridgecrest Child Development Center 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 \_\_\_\_\_, \_\_\_\_\_.

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