

RIDGECREST CHILD DEVELOPMENT CENTER

Application for Day Care Enrollment

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

Child's Name _____ Male Female
First Middle Last

Program Applying for:

- Infant A. \$125.00/week
- Infant B. \$125.00/week
- Infant C. \$125.00/week
- Toddler 1A. \$125.00/week
- Toddler 1B. \$125.00/week
- Toddler 1C. \$125.00/week
- Toddler 2A. \$125.00/week
- Toddler 2B. \$125.00/week
- Day Care 3. \$125.00/week

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, however we recommend that your child not be here longer than 9.5 hours per day or 48 hours per week.

Items needed for enrollment prior to first day of attendance:

- Enrollment Application
- Copy of birth certificate
- Immunization Certificate (Blue Slip)
- 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)
- Child Medical Form
- Interview

Payments are made through FACTS Management Company. Go to 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

Child's Name _____ Name child goes by _____
First Middle Last

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 Phone 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 Phone 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 _____

My child may be released to the above people (must be at least 16 years old). Each person must come to the CDC to register their thumbprint and 4-digit code. The last four digits of the individual's telephone number or another combination of numbers. 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.

Additional Student Information

Allergies (Food, etc.)

Unusual Health Problems? (Please list specifics below)

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

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

Special Medications

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.) _____

Is your child on an active waiting list at another center or kindergarten? _____

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 _____

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 \$ _____

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 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

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

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?

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).

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

**Ridgecrest CDC Day Care Parent Handbook
Policy and Procedure Agreement Form**

I have read the policies and procedures of Ridgecrest Child Development Center and agree to abide by the rules stated within. I understand that failure to comply with these rules could result in possible termination of my child's position at Ridgecrest Child Development Center. I also understand that these rules are subject to change, and that I will be notified on any changes.

The Ridgecrest CDC reserves the right to expel a child from the program for repeated acts of violent or aggressive behavior.

Parent's Signature: _____

Child's Name: _____

Date: _____

Staff Signature: _____

Ridgecrest Child Development Center Media Release Form

I hereby give consent for my child _____, to be photographed by _____,

Child's Name

Ridgecrest Child Development Center personnel or professional photographers contracted by the center (school portraits, class pictures and K5 cap and gown picture). I also give my permission for these photographs, audio and/or video recordings of my child to be used in the following avenues:

Check all that apply

- Bulletin board display within the center
- Slide presentation for school programs
- Television broadcast
- Newspaper publication (First name listed? Yes No Full name listed? Yes No)

Please circle yes or no for each

- Ridgecrest Baptist Church Directory
- Ridgecrest Baptist Church website
- Craft projects
- Ridgecrest CDC brochures or other advertising media

I agree to participate in these projects without financial remuneration, and I understand that this releases Ridgecrest Child Development Center/photographer from any future claims, as well as from any liability, arising from the use of the said photograph or recording.

Parent's Signature

Date

Parent's Name (please print)

I wish to withhold permission to photograph and/or video tape my child,

_____, **at this time.**
Child's Name

Parent's Signature

Date

Child's Medical Report

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____ Phone Number: _____

In addition to a medical report of medical screening, a Certificate of Immunization is required for each child two months to five years of age and 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