



Child Development Center
1231 Fortner St.
Dothan, AL 36301
334-792-8441
Ridgecrestcdc@rbcdothan.org

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 7:00 a.m.-5:15p.m., No child should be in attendance for the entire period of operating hours except in case of emergency. We do not wish to set a daily limit of time your child may attend, however we do set a weekly limit of 48 hours. There will be an additional charge for attendance over 48 hours.

Student Information

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

Date of Birth ____/____/____

Address _____
Street City State Zip

Child lives with _____

Hours of attendance _____ to _____ (maximum 9.5 hours per day or 48 hours per week)

Father/Guardian Information

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Marital Status _____ Relation to Child _____

Home Phone # () _____ Work Phone # () _____

Employer _____ Occupation _____

Cell Phone# () _____ Cell Phone Carrier _____

Email _____

Normal work schedule _____ to _____ Release code _____/_____
2 four-digit codes

Mother/Guardian Information

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Marital Status _____ Relation to Child _____

Home Phone # () _____ Work Phone # () _____

Employer _____ Occupation _____

Cell Phone# () _____ Cell Phone Carrier _____

Email _____

Normal work schedule _____ to _____ Release code _____/_____
2 four-digit codes

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. A 2 Week notice is required when withdrawing from Ridgecrest CDC.

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 _____ & _____

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 \$ _____ | Check # _____ | Cash |
Other

Covering:

- Registration
- Tuition for _____

Items Needed for enrollment prior to first day of attendance:

- Enrollment Application
- Immunization Records (blue slip)
- Copy Of birth Certificate
- Emergency Medical Treatment Form
- Annual, Non-refundable Registration Fee \$150.00
- Affidavit
- Acknowledgment Form

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 Form

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 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
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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 Melanie Wynkoop, 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

Ridgecrest Child Development Center Media Release Form

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

- Ridgecrest Baptist Church Directory
- Ridgecrest Baptist Church website
- Craft projects
- Private Social Media Page

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)

