



# RIDGECREST CHRISTIAN ACADEMY

## EARLY LEARNING CENTER

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

### Who is responsible for paying ELC bills?

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

Should the Ridgecrest Christian Academy Early Learning Center 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 Ridgecrest Christian Academy Early Learning Center in pursuing the amounts owed. A 2 Week notice is required when withdrawing from Ridgecrest Christian Academy Early Learning Center.

### 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 \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

My child may be released to the above people (must be at least 16 years old). I understand that I am to notify the Early Learning Center Director in writing if someone else will be picking up my child. Photo ID will be required.



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**Special Instruction Regarding Parental Contact**

Please describe any legal issues which would limit a parent's access to child.

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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 \_\_\_\_\_

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.) \_\_\_\_\_

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

### 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 Ridgecrest Christian Academy Early Learning Center 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 Ridgecrest Christian Academy Early Learning Center 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 is enrolling into: Infant A    Infant B    Infant C  
                                 Toddler 1A    Toddler 1B    Toddler 1C  
                                 Toddler 2A    Toddler 2B    Daycare 3  
                                 K3      K4      Kindergarten

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
- Affidavit
- Acknowledgment Form

**Ridgecrest Christian Academy  
Early Learning Center  
EMERGENCY MEDICAL TREATMENT FORM**

Should my child, \_\_\_\_\_, become ill or suffer an accident while he or she is in the care of Ridgecrest Christian Academy Early Learning 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 Christian Academy Early Learning 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

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 Christian Academy Early Learning 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 Christian Academy  
Early Learning Center  
Media Release Form**

I hereby give consent for my child \_\_\_\_\_, to be photographed by Ridgecrest Christian Academy Early Learning 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 Christian Academy Early Learning 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*

\_\_\_\_\_ *Parent's Name (please print)*

