

Do you have any individual needs or concerns that you would like us to know about?

What is your current childcare arrangement?

Please list below those who have permission to pick up your child. **NOTE: We will not release your child to anyone who is not listed unless we have your prior written permission.**

1. _____ Telephone _____
2. _____ Telephone _____
3. _____ Telephone _____
4. _____ Telephone _____
5. _____ Telephone _____

Please list below those persons we should contact in case of emergency (if we cannot reach you) **Local Numbers Only:**

1. _____ Telephone _____
2. _____ Telephone _____

Signature of Parent/Guardian

Date

ENROLLMENT AGREEMENT

1. Johns Creek Baptist Church Child Development Center agrees to provide care for my child, Monday through Friday (holidays excepted) between the hours of 6:30 a.m. and 6:30 p.m. The program agrees to abide by all state regulations pertinent to this program.
2. I will pay tuition in the amount of _____ on Monday of each week that my child is enrolled. If tuition is not paid by 6:30 p.m. on Tuesday, a 5 percent late fee will be assessed.
3. I understand that **tuition fees will not be reduced or credited for absences, holidays, or inclement weather.**
4. I understand that a **\$90 non-refundable registration fee for one child and a \$125 non-refundable fee for more than one child in the same family are required at the time of enrollment and each August thereafter.**
5. If my child remains at the Center past the scheduled closing time (6:30pm), I understand that I will be charged and agree to pay **\$5** up to the first five minutes and **\$1** for every minute thereafter. **I also understand that if I am continually late, I may be asked to find alternative childcare.**
6. I understand that if, after a reasonable period of time, the Center determines that my child is unable to adjust to a group setting, or the program is unable to meet the special needs of a child, the family may be asked to withdraw the child.
7. Should my child become ill during the time that he/she is in the care of Johns Creek Baptist Church Child Development Center or suffer an accident of any nature, the Center shall undertake to contact me immediately. I authorize the Center to secure such medical attention and care for the child as may be necessary. I understand that I will be responsible for payment of medical services rendered. **Physician's name:** _____
Physician's address: _____
Physician's phone number: _____

8. In the event that I cannot be reached at a time of illness, accident or emergency, the Center is authorized to contact the following individuals:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>

9. Does your child have allergies or special medical, mental or emotional problems, which require special medical attention? No__ Yes__ If yes, please explain:

10. I agree to keep the Center informed as to changes in family and work telephone numbers and addresses.

11. In cases of severe weather, we will first insure your child's safety by following the appropriate measures for each situation. See the bulletin board near the Center entrance for written instructions on our procedures. Once the threat has passed, we will notify you of your child's safety.

12. Each child must have a change of clothing that is left with the program to be used for emergencies. All clothing must be marked.

13. Children should wear washable clothing in which they will be comfortable and must wear *rubber-soled comfortable walking shoes*.

14. Morning and afternoon snacks and a nutritious lunch will be provided each day. Weekly menus are posted in each room.

15. I understand that my child must have a completed health form on file with the Center in order to be admitted. This is in accordance with state regulations and no child can continue enrollment for more that **30 days** without such evidence. **I agree to renew this form when it expires.**

16. The Director or Assistant Director will not administer medication to children unless a medication form is filled out and signed. **Medicine will only be administered at 10am and 3pm.** Any medication provided by you must be clearly labeled with the child's name and dosage.

17. Should your child become ill or injured, a staff member will fill out a form specifying date, place, time and procedures followed. You will also be notified if your child has been exposed to a communicable disease while in our care.

18. Because our program is an active one, we are not able to accept mildly ill children and ask that you notify us if your child is ill. Should he/she become ill during the day, we will remove the child from the class and ask you to pick him/her up promptly.

EMERGENCY CARE PERMISSION

I UNDERSTAND THAT IN THE CASE OF ILLNESS OR INJURY TO MY CHILD, I WILL BE CONTACTED PROMPTLY BY THE CENTER, AND I WILL MAKE ARRANGEMENTS TO HAVE MY CHILD PICKED UP IMMEDIATELY. IN THE EVENT THAT I CANNOT BE CONTACTED, OR IT IS APPARENT FROM THE CHILD'S CONDITION THAT EMERGENCY MEDICAL TREATMENT SHOULD BE GIVEN, THE CENTER HAS MY PERMISSION TO TAKE MY CHILD TO CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE FOR SUCH EMERGENCY TREATMENT, AND I RELIEVE THE CENTER OF ANY LIABILITY OR RESPONSIBILITY FOR DOING SO.

Signature of Parent/Guardian

Date

****Child's allergies** (Please write "none" or "n/a" in the following section if it does not apply to your child) _____

****Other medical conditions** (Please write "none" or "n/a" in the following section if it does not apply to your child)

I certify that I have read the Johns Creek Baptist Church Child Development Center handbook, understand all Center policies, and agree to abide by them. **I also understand that if I withdraw my child from the program, I agree to give two weeks paid notice (*whether or not my child attends the Center*).**

Signature of Parent/Guardian

Date

CHILD HISTORY INFORMATION

Child's full name _____

Name most often called _____

Birthday _____

FAMILY

Parents: __Married __Divorced __Remarried __Separated __Single

Age of the child at the time of any of the above changes took place in the family situation? _____

If divorced or separated, how often does the child see the absent parent?

Siblings:	Names	Birthdates
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Please list other persons living with the family and indicate their relationship to the child:

If another person shares in caring for the child on a regular basis, please indicate their name, relationship (if any), days/hours responsible for child's care:

Do you have any concerns about your child's development in any of the aforementioned areas? _____.

What is the name of your child's best friend? _____

What is the name of your child's pet(s)? _____

Does he/she seek friendships? _____

Does he/she enjoy playing alone? _____

ROUTINES

Briefly describe your child's eating habits and food preferences:

SLEEPING PATTERNS

What time does your child go to bed at night?

When does he/she go to sleep?

When does he/she get up in the morning? _____

What is your child's weekend schedule for naps? _____

How does he/she act when tired and/or needs rest?

Does your child sleep with a favorite blanket or item? _____

Does your child have any particular routines or special words about toileting?

Indicate what kinds of activities you believe your child would enjoy:

books, puzzles, blocks paper, pencils, crayons scissors, paste, glue
 trucks, trains, cars tinker toys, take-apart toys dolls, dress-up, dishes

__ balls, jump ropes, tricycles __ mud, water, sand, play-doh
__ table games such as _____ __ other _____

How long do you think your child will stay with an activity such as books or blocks at this time?

Do you have any concerns about any of your child's routines (sleeping, eating etc.)?

Thank you for choosing Johns Creek Baptist Church Child Development Center for your childcare needs!