
Medical Information

All information will remain confidential

Child's name _____ Date of birth _____

Any known allergies (medicines, foods, bee stings, etc.) Please be specific

Does your child have any disabilities, medical conditions or any other additional information his or her teacher should be aware of? _____

Does your child take any medication regularly? _____

If so, please explain _____

Are your child's immunizations up to date _____

Please provide an up-to-date immunization record from your child's doctor

Child's primary physician _____

Phone number _____

Child's dentist _____

Phone number _____

Hospital preference _____

I authorize that the Director may seek emergency medical attention in the event that neither I, nor the family physician, can be contacted immediately. I agree to be responsible for any emergency medical expenses incurred.

Parent/guardian signature _____ Date _____

I, as Director, do agree to provide transportation to an appropriate medical resource in the event of an emergency situation. If I am not available, a staff member will arrange transportation. Neither the staff nor myself will administer any drug of medication without specific instructions from a physician or child's parent, guardian or full time custodian. This is only true in an actual emergency situation when 911 has been called.

Director's signature _____



CrossPointe MMO
78 Hughes Rd
Madison, AL 35758
2016-2017 Registration Form

Child's name _____ Date of Birth _____

Parent/guardian name _____

Phone number 1 _____ Phone 2 _____

Address _____

Ages 1-4 NON-REFUNDABLE Enrollment Fee must be made at time of enrollment:

_____ Enrollment Fee \$110 (includes Registration Fee of \$75 and Curriculum fee of \$35)

Tuition:

_____ 2 days a week - \$165/monthly Mon, Wed / Tues, Thurs,
_____ 3 days a week - \$210/monthly Mon, Wed, Thurs, only
_____ 4 days a week - \$245/monthly Mon, Tues, Wed, Thurs
Days are reserved on a first come, first serve basis.

Policy Agreement (Please read and initial here (_____))

- All necessary forms must be submitted prior to admission to the program.
- Tuition is due the 1st of each month. A \$20 late fee is charged if payment is not received by the 7th of the month.
- There are no credits or prorating for holidays, illness or inclement weather.
- A 2 week written notice is required for withdrawal of a child in our program.
- Late fees will be assessed for any child not picked up by 1 pm. (\$10 for 1-15 minutes late and \$20 for 16-30 minutes late)

Parent/Guardian Signature

Date

Amount Paid

For office use only:

Date of enrollment _____

Blue Card received _____

Enrollment Fee _____

August tuition paid _____