



# Child Enrichment Center

256.828.6216

cec@hazelgreen.org

Registration Form

School Year 2018– 2019 and Summer 2018

Name: \_\_\_\_\_

**School session Full-Day ( 6:00 am – 6:00 pm) Aug 1, 2018 – May 22, 2019**

- Toddler (18 month – 30 month) 2- 3 days \$35 per day *Mon.*  *Tues.*  *Wed.*  *Thurs.*  *Fri.*
- Toddler (18 month – 30 month) 5 days \$150 per week
- 2 ½ - 3 year old (NOT potty trained) 3 days \$35 per day *Mon.*  *Tues.*  *Wed.*  *Thurs.*  *Fri.*
- 2 ½ - 3 year old (NOT potty trained) 5 days \$150 per week
- Preschool/Pre-K ( 2 ½ - 4 year old) 3 days \$75 per week *Mon.*  *Tues.*  *Wed.*  *Thurs.*  *Fri.*
- Preschool/Pre-K ( 2 ½ - 4 year old) 5 days \$115 per week

**School session Preschool ( 9:00 am – 12:00 pm) Aug 1, 2018 – May 22, 2019**

- 2 ½ - 3 year old (NOT potty trained) 3 days (M-W-F) \$160 a month
- 2 ½ - 3 year old (NOT potty trained) 5 days \$180 a month
- Part time Pre K/Preschool Class 3 days (M-W-F) \$140 a month
- Full time Pre K/Preschool Class 5 days \$160 a month

**Summer session 18 month – 5<sup>th</sup> grade (6:00 am – 6:00 pm) May 29, 2018 – July 31, 2018**

- Toddler (18 month – 30 month) \$35 per day *Mon.*  *Tues.*  *Wed.*  *Thurs.*  *Fri.*
- Toddler (18 month – 30 month) 5 days \$150 per week
- 2 ½ - 3 year old (NOT potty trained) \$35 per day *Mon.*  *Tues.*  *Wed.*  *Thurs.*  *Fri.*
- 2 ½ - 3 year old (NOT potty trained) 5 days \$150 per week
- Preschool/Pre-K ( 2 ½ - 4 year old) 3 days \$75 per week *Mon.*  *Tues.*  *Wed.*  *Thurs.*  *Fri.*
- Preschool/Pre-K ( 2 ½ - 4 year old) 5 days \$115 per week
- Elementary (completed K - 5<sup>th</sup> grade) 3 days \$75 per week *Mon.*  *Tues.*  *Wed.*  *Thurs.*  *Fri.*
- Elementary (completed K - 5<sup>th</sup> grade) 5 days \$105 per week

**School session Pre K – 5<sup>th</sup> grade Before & After School from HGE & MMIS**

August 1, 2018 – May 22, 2019

- Before School only \$25 per week
- After School only \$45 per week
- Before & After School \$50 per week

School and Grade: \_\_\_\_\_

Hazel Green Elementary     Moore’s Mill Intermediate

**REQUIRED FOR REGISTRATION:**

**\*\*A current immunization card prior to first day of attendance for all Preschool children**

**\*\* Registration fees must be submitted with form:**

- School year Toddler – Pre K -- \$75
- School year Elementary -- \$25
- Summer -- \$25



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## **Child's Information:**

Child: \_\_\_\_\_  
First Middle Last Name Used

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Previous School Experience \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with (relationship): \_\_\_\_\_

Phone number to contact parent(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Primary email (for classroom, school & billing info) \_\_\_\_\_

Secondary email (opt) \_\_\_\_\_

*REFERRED BY:* \_\_\_\_\_

## **Medical Information:**

Child's Physician \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Emergency Hospital Preference:  Huntsville Hospital  Crestwood Medical Center

Child's Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

General Health of Child \_\_\_\_\_

List Allergies (food, environmental, drug) \_\_\_\_\_

Signs/Symptoms of Allergic reaction: \_\_\_\_\_

List daily medication(s) \_\_\_\_\_

**Medical Information Continued:**

Has your child been diagnosed with any chronic medical conditions? \_\_\_\_\_

Please list anything we should know about your child's health or development: \_\_\_\_\_

Toddler/Preschool Children: Is your child potty trained?  Yes  No  In the process  
A child must be potty trained completely to be placed in the Preschool & Pre-K classes.

**General Information:**

Does your child have any special fears? \_\_\_\_ Please explain \_\_\_\_\_

Does your child have any behavioral issues? \_\_\_\_ Please explain \_\_\_\_\_

Are there family circumstances that we need to know about to better understand your child? Yes/ No

Please explain if "Yes" \_\_\_\_\_

Does your child attend a faith-based service or a children's faith-based worship school ? \_\_\_\_\_

Please list your family's place for worship attendance \_\_\_\_\_

Siblings	Gender	Age
_____	_____	_____
_____	_____	_____

**Acknowledgements, Agreements & Authorizations:**

Please initial where indicated:



**Parent Handbook:**

I have read, understand and agree to abide by the written policies set forth in the CEC Parent Handbook (available in hard copy and online at [www.hazelgreen.org/#/daycare](http://www.hazelgreen.org/#/daycare)). I am responsible for reading memos, updates and newsletters that may inform me of any changes.



**Medical Authorization:**

I the undersigned, who are the parents or guardians having legal custody of the above named minor, request enrollment in HGUMC, Child Enrichment Center. I hereby authorize any employee of HGUMC, Child Enrichment Center, into whose care the minor has been trusted, to make any and all emergency life treating medical decisions and/or authorized all treating medical procedures recommended by a physician licensed in the state of Alabama with regards to my minor child in the event that I cannot be reached.

I hereby release HGUMC, Child Enrichment Center, its employees, or those associated with the program from any liabilities for accidents or injuries to the above name minor.

I agree to assume responsibility for all medical costs incurred.

**Medical Acknowledgment:**

I understand that the Child Enrichment Center is a "well-child care facility". At no time can the CEC provide care for any child who is running a fever of 100.4 or above, has diarrhea (more than 2 in a one hour period), vomiting, a contagious illness, has yellow or green discharge from eyes or nose, or

**Acknowledgements , Agreements & Authorizations Continued.**

Please initial where indicated:

**Medical Acknowledgment continued:**

feeling too ill to participate in daily activities. It is left to the Director’s discretion whether or not the child will remain at school if any questions arise about the child’s health.

I understand that my child must be symptom-free, without aid of fever reducing medication, for 24 hours before returning to school

I understand that in cases of vomiting and diarrhea my child must be symptom free, without aid of medication, for 24 hours, had one normal bowel movement and eating all regular, solid food.

I understand that medical policies will be strictly enforced, for the health, well being and safety of all concerned. Hopefully this will keep everyone healthy and happy!!

INITIAL  
\_\_\_\_\_  
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**Permission to Administer Medications:**

The undersigned hereby authorizes the Child Enrichment Center, into whose care the listed minor has been entrusted, to administer oral medication. I understand that the Child Enrichment Center cannot nor will not dispense medication unless accompanied by a completed CEC Medical Form.

I understand that ALL medication (**prescription and NON-prescription**) must be in the original container, clearly labeled with the child’s name, the drug name AND **a physician’s written instruction/ pharmacy label**. The Child Enrichment Center staff cannot give a child medicine that says “Consult Doctor”. I hereby release the Child Enrichment Center, its employees, or those associated with the program from any liabilities associated with the above child.

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**Financial Agreement:**

This financial agreement is understood and agreed upon between the Child Enrichment Center and \_\_\_\_\_ (signature of person responsible for paying fees).

The above listed person promises to make full tuition payments **in the amount of \$**\_\_\_\_\_ **per** ( week or  month). Tuition is due on the first day of the month (past due after the 10<sup>th</sup>) or the first day of each week (past due after Wednesday). Past due accounts will be charged a **\$10 a week late fee**. Any account with an unpaid balance by the end of the month will receive a written notice advising that if payment is not received, childcare will not be extended beyond the end of that month. Your balance must be paid in full and maintained as such in order to ensure your continuation in our childcare program.

Parent/Guardian agrees to pay all registration fees and it is further understood that fees are non-refundable.

The center reserves a space for each child and continues to pay operating expenses, therefore there are no discounts when children are absent from the Center due to illness, inclement weather, school holidays or vacations.

The Center will be closed for the following holidays: Good Friday, Memorial Day, 4<sup>th</sup> of July, Labor Day, Wed – Fri at Thanksgiving, week of Christmas and week of New Years. We will offer daycare on all other public school holidays.

Any child picked up after 6:01pm will incur a \$10 late fee plus \$1 per minute after. Preschool children picked up after 12:15 will incur a \$5 late fee. Repeated late pick-ups will result in dismissal of the child. However, emergencies do arise and a phone call promotes much understanding.

Excessive or frequent late fees will result in the dismissal of the child from the Child Enrichment Center.

**With the signature of the person responsible for fees, this will constitute a binding contract.**

**You child is not considered enrolled until the financial agreement is signed.**

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By initialing each section of the policy and signing at the end, you are stating that you agree to abide by all provisions stated in the Acknowledgments, Agreements and Authorizations of the Child Enrichment Center.

Please ...  
SIGN HERE

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **Authorization for Release of Child 2018 - 2019:**

**Name of Child:** \_\_\_\_\_

The undersigned, who are the parents, or guardians having legal custody of the above named minor, hereby authorize the Child Enrichment Center, into whose care the minor has been entrusted, to consent to release of the above named minor to the following people.

UNDER NO CIRCUMSTANCES will a child be released to anyone not known to the school without authorization from parents. Unless personally known to the staff, a valid government issued photo identification will be required. If the list of people approved to pick up your child should change during the school year, it is your responsibility to keep the list current. **NOTE: It is legal for either parent to pick up a child from school unless the Child Enrichment Center has a court order restricting a parent.**

## **Parents/Guardians authorized to pick up:**

Parent/Guardian: \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone No. \_\_\_\_\_

## **Additional Persons who are authorized to pick up my child or call as an emergency contact:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_



Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**2018 FORM of AFFIDAVIT for Parent/Guardian**

**STATE OF ALABAMA**

**COUNTY OF MADISON**

Before me, a Notary Public, in and for said State and County, appeared

\_\_\_\_\_ and is known to me, after being  
*(Print parent/guardian's legal name)*

duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the minor child/children

\_\_\_\_\_ ; that affiant has been notified by  
*(Print child's legal name)*

Christina Wright, a representative of the Hazel Green United Methodist Church  
Child Enrichment Center, that said church or school has filed notice and is  
exempt under law from regulation by the Department of Human Resources.

\_\_\_\_\_  
*(Parent/Guardian signature)*

Sworn, or affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

**NOTARY PUBLIC**

Signature of Notary \_\_\_\_\_

My commission expires \_\_\_\_\_