



CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's name:		Name child is known by:
Child's birth date:	Or Due Date:	Child's home address:
Name(s) of parent(s)/guardian(s):		Home telephone number: ())
Address of parent(s)/guardian(s):		
Mother's employer:		Father's employer
Mother's Email Address:		Father's Email Address:
Employer's address:		Employer's address:
Employer's telephone number: ())		Employer's telephone number: ())
List telephone numbers such as beeper, cellular phone, etc.		Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ())
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical, treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency)*

_____/_____
Signature / Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____/_____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:				
Swimming/wading activities provided by the facility:				

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ **Child's withdrawal date:** _____

This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.
Additional information may be attached.

Chase Learning Center & Daycare, Inc.
330 Canyon Park Drive
Pelham, AL 35124
205-620-1616

***** Policy & Procedures Manual*****

This is to verify that I have read and understand the Operating Policy and Procedures manual of Chase Learning Center & Daycare, Inc. By signing this document, I agree to abide by the rules of the Department of Human Resources (D.H.R.) and Chase Learning Center & Daycares, Inc.

Initials: _____

***** Withdrawal Two Week Notice for Currently Attending Students*****

I understand that a written two week notice is required in order to withdraw my child from any program offered by Chase Learning Center & Daycare, Inc. If my child is a current student, the two week notice must be in writing and paid. Otherwise, my account will be billed for the two weeks and my child will not be able to use the facility for any other program until my account is brought current.

Initials: _____

*****Withdrawal Two Week Notice for Programs That Have Not Begun*****

If the program has not begun yet, in order to not incur a cost for the program, the written notice must be turned in a minimum of two (2) weeks prior to that program starting. (Example A: If you register for a Summer Option and do not need care, you will be required to turn in a written notice two weeks prior to the start of summer. Example B: If you register for After School Care and will not need a spot on the bus, you will be required to turn in a written notice two weeks BEFORE the start of school.) Otherwise your account will be billed for the two weeks and you will not be able to use the facility for any other program.

Initials: _____

*****Change of Status*****

In order to change Summer options or to change from After School Care to Holiday Care, a Change of Request Form must be completed, signed, and returned within the time specifications. You must use a Change of Status form from the desk or website and turn it into the office. It must be signed by a parent/guardian and office staff.

Initials: _____

*****Summer Care Vacation Policy*****

For those enrolled in the full summer option, you receive one week (Monday-Friday) of vacation; where your child does not attend and you do not pay for that one week. Your request must be in writing and turned in two weeks prior to the week being requested. You must use a Vacation Request form from the desk or website and turn it into the office. If you are signed up for the monthly draft; your request must meet the two (2) week notice requirement, and also be submitted by the Wednesday before the draft will come out. If your request is denied you are still financially responsible for that week; regardless if your child is here for that week or absent.

Initials: _____

Printed Name: _____

Signature: _____ **Date:** _____

CHASE LEARNING CENTER & DAYCARE, INC.
Media Release / Web Publishing Form

Student Name: _____

I hereby give Chase Learning Center & Daycare, Inc. the right and permission to publish the image and/or intellectual property of my child to enhance the individual or group accomplishments of my student, my student's school, or Chase Learning Center & Daycare, Inc. Intellectual property includes, but is not limited to, photographs, audio/video productions, and other written and graphic works. I understand that such reproductions could be used to publicize/promote my child's school through the commercial print or television media and through its own media productions. I further agree that these items may be used for publication, broadcast or reproduction without limitations, or reservation or any fee.

___YES

___NO

I further authorize the release of the above mentioned items on the Chase Learning Center & Daycare, Inc. website as indicated:

I do, I do not authorize the release of my child's first name and initial of last name to be used on the Chase Learning Center & Daycare, Inc. website.

I do, I do not authorize the release of my child's identifiable individual picture to be used on the Chase Learning Center & Daycare, Inc. website.

I do, I do not authorize the release of my child's identifiable group picture to be used on the Chase Learning Center & Daycare, Inc. website.

I do, I do not authorize the release of my child's intellectual property such as art work, poetry, essays, performances, etc. to be used on the Chase Learning Center & Daycare, Inc. website.

I understand that this release can be cancelled or amended at will upon notification to the school.

(Parent/ Guardians Signature)

(Date)

Dear Parents,

Although we are a private center, we operate just like a public school with the many programs and events going on continuously throughout the year. We are requesting your e-mail address to effectively bring awareness of our calendar events and activity programs such as class field trips, picture days, fundraisers, Graduation & Christmas Programs. We want to make sure that everyone gets the information they need.

Please understand that e-mail will not be a means used to discuss individual student academics or behaviors between teachers and parents. These important matters should be discussed in scheduled parent-teacher conferences or, if not possible, in a scheduled telephone conference. NO e-mail messages from parents to teachers will be acknowledged. NO e-mail messages to the center requesting change in transportation, medication instructions, excuses for absences or tardiness, or personal messages for children will be acknowledged. There will be no exception to this rule!

Please fill out the form below:

Child's name: _____

Child's center: (circle one) **Infant** **Preschool** **Youth** _____

Mother's name: _____

E-mail address: _____

Father's Name: _____

E-mail address: _____

Parents' Name: _____

How many children enrolled at C.L.C: _____

Child's Name: _____ Age: _____ Shirt Size: _____

Child's Name: _____ Age: _____ Shirt Size: _____

Child's Name: _____ Age: _____ Shirt Size: _____

Child's Name: _____ Age: _____ Shirt Size: _____

If Pregnant, Due Date: _____ Proposed date of Admission: _____

*****FOR OFFICE USE ONLY*****



Registration: _____ \$60.00 for one child Venmo/cash/check# _____ date: _____

_____ \$110.00 per family Venmo/cash/check# _____ date: _____

INFANT _____	TODDLER _____	3-K _____	4-K _____	Adv 4-K & 5-K _____	Y.C. _____
Reg. Fee _____	Reg. Fee _____	Reg. Fee _____	Reg. Fee _____	Reg. Fee _____	Reg. Fee _____
Craft Fee \$20.00 _____	Craft Fee \$20.00 _____	Craft Fee \$20.00 _____	Craft Fee \$20.00 _____	Craft Fee \$20.00 _____	Activity Fee \$60.00 _____ (Due @ reg.)
		Book Fee \$105.00 _____	Book Fee \$105.00 _____	Book Fee \$105.00 _____	T-Shirt & Tote Bag \$25.00 _____ (Due @ reg.)
			Supply Fee \$45.00 _____ (t-shirt incl.)	Supply Fee \$45.00 _____ (t-shirt incl.)	Optional Additional (2 nd) T-Shirt \$13.00 _____ (Due @ reg.)

***If there are no banking changes: You MUST write NO CHANGES, fill in names, signature & date.
*Only one form is needed per family.**

Pre-Authorized Payment (Debit) Service Authorization Agreement

Chase Learning Center
Company/employer name

63-1134641
company ID #

I (we) authorize the above COMPANY and the financial institution listed to electronically debit my (our) Account specified below:

Choose one option:

Checking **(attach copy of VOIDED check or
write clearly Account#_____ & Routing #_____)**

Savings

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either or us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by COMPANY, upon request, to the BANK.

* _____
(name please PRINT)

* _____
(signature)

* _____
(child's name)

* _____
(date)

Choose one option:

- Bi-Weekly
 Monthly

Date for draft to start:
