

Please check one Check attached Please invoice (must be paid by Feb. 26)

	Program Check one	
	K2	M-F
	K3	M-F
	K4	M-F

**APPLICATION FOR ADMISSION
FIRST BAPTIST CHILD DEVELOPMENT CENTER**

NAME _____

NAME USED AT HOME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

DATE OF BIRTH _____ PRESENT AGE _____ SEX M F

REFERRED BY _____

FATHER'S NAME _____ EMAIL _____

WORK # _____ CELL # _____ HOME # _____

FATHER'S BUSINESS NAME _____

MOTHER'S NAME _____ EMAIL _____

WORK # _____ CELL # _____ HOME # _____

MOTHER'S BUSINESS NAME _____

LIST ALLERGIES (FOOD, MEDICATIONS, ETC) _____

PERSON AUTHORIZED TO ACT FOR PARENTS IN CASE OF EMERGENCY:

NAME _____

ADDRESS _____

HOME # _____ CELL# _____ WORK# _____

CHILD MAY BE RELEASED TO: (other than parents or person authorized to act in case of emergency)

NAME	RELATIONSHIP TO CHILD	1 ST CONTACT #	2 ND CONTACT #

EXTENDED DAY (check items that apply)

<input type="checkbox"/>	Early arrival 6:45 (space limited) additional fee per month \$25
<input type="checkbox"/>	Early arrival 7:00 a.m. (included in extended day tuition.) \$5 per day for ½ day students
<input type="checkbox"/>	EXTENDED DAY TIL 4:30 P.M.
<input type="checkbox"/>	EXTENDED DAY TIL 4:45 P.M. (additional fee \$8 per day used)

PREVIOUS PROGRAM ATTENDED _____

CHURCH YOU ATTEND _____

IS CHILD ADOPTED? YES NO IF SO AT WHAT AGE? _____

CHILD LIVES WITH: (CIRCLE) MOTHER FATHER STEP PARENT GRANDPARENTS

ARE PARENTS (CIRCLE) MARRIED DIVORCED

PARENTS DECEASED? (WHICH?) _____

NAMES AND AGES OF OTHER CHILDREN? _____

OTHER PERSONS LIVING IN THE HOME? _____

PHYSICAL NEEDS: (GLASSES, HEARING, SPEECH, WALKING, ETC) _____

IS THERE EVIDENCE OF HEARING LOSS? _____

IS THERE EVIDENCE OF VISION DIFFICULTIES? _____

IS THERE EVIDENCE OF PROBLEMS WITH SPEECH? _____

ARE THERE ANY AREAS YOU WOULD LIKE YOUR CHILD EVALUATED?

LIST ANY HOSPITALIZATIONS _____

SURGERIES _____

OTHER SERIOUS ILLNESSES _____

****IN ADDITION TO THIS FORM, WE MUST HAVE ON FILE AN ORIGINAL STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION AND A CHILD'S MEDICAL REPORT (ATTACHED TO THE BACK OF THIS APPLICATION) SIGNED BY YOUR PEDIATRICIAN OR THE HEALTH DEPARTMENT.**

Child's Name: _____

Medical Authorization for Applying Mosquito Repellant and Sunscreen

I authorize Mosquito repellant and/or sunscreen to be applied to my child when needed.

_____ Allergy to Sunscreen

_____ Allergy to Bug Repellent

_____ Allergy to Insecticides

_____ Allergy to Cleaners/Disinfectants/Bleach

_____ Allergy to fragrances

Photo Permission

I grant my permission for my child to be photographed and/or videotaped by the teachers and staff of the First Baptist Church Wetumpka, Child Development Center. I also grant permission for local news organizations approved by and accompanied by the CDC Director for purposes of advertising, public relations, and use on the FBC web site.

Yes _____ No _____

Video/Audio Surveillance

First Baptist Child Development Center has a security and surveillance system throughout the church. This system will provide the CDC office video and audio access to all our classrooms, halls, entries and fellowship hall. Everything will be monitored and recorded 24 hours a day. We will have a designated computer conveniently located in the CDC office for your viewing pleasure. Only authorized personnel will have viewing access to the classrooms. Parents may view the classroom from CDC computers only.

Parent's Signature

Date

Print Parent Name

Promissory Note

1. I understand my child will be considered for acceptance into the _____ program for the upcoming school year when all required forms and fees are provided to the school.
2. I understand enrollment is for the entire school year.
3. I understand a thirty-day written notice is required for withdrawal.
4. I agree to pay First Baptist Child Development Center

_____ Non-refundable registration fee, with application

_____ Book fee due by May 1st (*book fee is non-returnable and non-refundable after July 1st*)

_____ Activity fee due by June 1st

_____ Tuition payments beginning July 1st (due on 1st day of each month) (Preschool/Kindergarten)

Statement of Cooperation

In making application for my child, I desire to have him/her complete the school year 2021—2022. It is also my understanding that the policy of the school is to make no refunds on registration fees or first tuition payment, and that the book/supply/activity fee is non-refundable and non-returnable (books become property of FBC-CDC) after July 1st. I further agree to indemnify and hold First Baptist Church and CDC harmless for any and all liability that may result from my child attending or participating in activities at FBC CDC. I agree, after notification, for my child to be evaluated for special needs at teacher's request.

_____ date _____
Parent's Signature

_____ date _____
Director/Administrator signature

K3/K4 children participate in this curriculum.

Please go ahead and sign this form even if your child is in a younger class.

Child's Name

First Baptist Child Development Center will begin the year using "Talking about Touching: A Personal Safety Curriculum." This program teaches children skills that will help keep them safe from dangerous or abusive situations. We also use the Yellow Dyno Program. "Safety Party" This is a non-fearful, musically-based anti-victimization curriculum. Children will also learn how to ask for help when they need it.

We will begin by talking about car safety, traffic safety, fire and gun safety and will conclude with the "Talking about Touching series"

_____ My child may participate in this program.

_____ I do not wish for my child to participate in this program

Parent Signature

Library Memo:

Date: March 1, 2021

To: CDC Parents

RE: CDC Rules for checking out FBC library books

All library books are the property of First Baptist Church of Wetumpka.

Library Books must not be damaged. Some of the damages to library books are as follows:

One or more pages of content missing.

Water soaked, causing backs and pages to be swollen or molded.

Physically marked in any way.

Defaced or marred, such as broken, cut or smeared backs or pages.

Penalty for lost or damaged library books will be computed by FBC Library Media Center.

Library books may be checked out on a designated Monday during class library visit and must be returned to the teacher on Wednesday.

I certify that I have read and understand the above rules and agree to comply with all.

Student

Signature of Parent/Guardian

Date

AFFIDAVIT
STATE OF ALABAMA
ELMORE COUNTY

Before me, a Notary Public in and for said State and County, appeared _____ and known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children _____;

That affiant has been notified by Dr. James Troglen, a representative of First Baptist Church, Wetumpka Child Development Center that said Church has filed notice and is exempt under law from regulation by the Department of Human Resources.

(print name of parent or guardian)

(signature of parent or guardian)

Sworn, or affirmed to and subscribed before me this

_____ day of _____, 20 _____.

Notary Public

Commission expires

(This sheet must be turned in with application)

**STATE OF ALABAMA COUNTY OF ELMORE
FIRST BAPTIST CHURCH CHILD DEVELOPMENT CENTER**

We, I _____, the undersigned, being the _____
(Parent's Name) (Mother and/or Father)

of _____ hereby consent for my said child to attend the Child Development Center field
(Child's name)

trips and activities and be transported to and from said activity, and do hereby request said church to allow said child to participate in all the proceedings and activities thereof, and do hereby release the said church, it's staff, and all other church authorized personnel of the said activity or proceeding from any injury of damage to my said child or its property.

I hereby give my consent to the First Baptist Church Child Development Center (CDC) to call Dr. _____ at the following phone number _____, or to take my child to a hospital emergency room for medical or surgical care should any emergency arise where such service is indicated. I understand that the cost of this care will be paid by me. It is understood that a conscientious effort will be made to notify me before such action is taken. I understand that the CDC will contact me or the names I have designated on the enrollment application form to be called for emergencies if we can be reached. In order to meet all legal requirements, I hereby authorize an acting representative of the school to give consent for any and all necessary medical care while said child is in the Center's care. I furthermore represent to the church that my said child _____ have a physical condition that should be understood,

(does, does not)

and that said child _____ allergic to _____.

(is, is not)

(If the previous statement is in the affirmative, please explain on the back of the form.) I do also hereby represent to said church that I have accident insurance covering medical and/or hospital expenses for the said child with

(name of company)

Policy # _____ Group # _____

(Printed name of parent or guardian)

(Signature of parent or guardian)

Before me, the undersigned authority, on this day personally appeared

_____ known by me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20 _____

Notary Signature

(This sheet must be turned in with application)

Return this form to your child's school by August 1, 2021

Child's Medical Report

(DHR requires this form be filled out by your child's doctor each year)

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____

Telephone Number: _____

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

Date