

\$125 reg fee Please check one _____ Check attached _____ Please invoice

FIRST BAPTIST CHILD DEVELOPMENT CENTER REENROLLMENT 2021

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 BIRTHDATE _____
 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) _____

	PROGRAM	DAYS
	K2 5 DAYS	M-F
	K3 5 DAYS	M-F
	K4 5 DAYS	M-F
	SUMMER	

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)

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

ARE PARENTS (CIRCLE) MARRIED DIVORCED

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? _____

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 THE CHILD DEVELOPMENT CENTER 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 DEVELOPMENTAL SERVICES AT TEACHER'S REQUEST.

DATE _____ PARENT SIGNATURE _____

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 form must be turned in with application)

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

Child's Medical Report

(DHR requires your doctor to fill out this form 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