

Child's Legal Name _____

Name Child is known by _____

Child's Date of Birth ___/___/___ Male ___ Female ___

Residential Address _____

Mailing Address (if different from above) _____

Home Telephone _____ Email address _____

Marital Status of Parents: Married[] Divorced[] Separated[] Widowed[] Never Married[]

Child's Father's Name _____

Father's Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Child's Mother's Name _____

Mother's Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

We attend _____ Church

List all that live in your household _____

Are there step-parents, siblings or half siblings that are part of your child's life but reside elsewhere? Please list. _____

Transportation for child will be provided by ___ Parent ___ Carpool ___ Relative ___ Friend
if carpooling please list others in carpool so we may schedule accordingly. _____

Have there been any births, deaths, adoptions or other changes or events within the family structure which have affected your child? ___ Yes ___ No If yes, please explain. _____

What fears if any does your child have and how does he/she express these fears? _____

Are your child's bowel and bladder functions well under control? ___ Yes ___ No

What words does he/ she use for these functions? _____

Does your child have any physical, mental, or emotional disabilities that we should be aware of? ___ Yes ___ No If yes please explain clearly. _____

Has your child ever been dismissed from a daycare or preschool? ___ Yes ___ No If yes, please explain. _____

Does your child have any allergies or dietary restrictions? ___ Yes ___ No If yes please explain. _____

How does he/she react and what actions should be taken in the event he/she should have a reaction? _____

CHILD'S NAME: _____

Mother's name _____ Mother's phone _____

Father's Name _____ Father's phone _____

List three or more persons that may assume responsibility for your child in the event you cannot be reached.

Name	Relationship to child	Home Phone, Cell and Work Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any one we should not release your child to? (Please attach specific, signed instructions) ___ Yes ___ No If yes, list name(s) _____

Please list all persons permitted to pick your child up

Please list any allergies that your child has & actions that need to be taken if a reaction occurs:

Please list any medical / social / emotional conditions that the teacher may need to be aware of: _____

*This is a legally binding contract and must be signed in the presence of a Notary and duly notarized.

Child's Name _____

*Please read the following contract agreement carefully before signing.

We, the parents of the above named child, agree that if our child is accepted for admission to this weekday educational program we will remit the fees and tuition payments as listed.

We understand our child is enrolled for the entire program year and we are responsible to remit the full tuitions and fees.

In the event we need to withdraw our child from the program we agree to give a two weeks written notice and will meet all financial obligations through that month.

We understand the school does not send monthly statements and payments are due on the first day of each month. All tuition payments are paid one month in advance.

* * A \$10.00 late fee will be charged on tuitions not paid by the tenth of each month.

There will be a \$25.00 charge on all returned checks.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Notary Public

Date

Notary Seal

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA

COUNTY OF _____

Before me, a notary public in and for said state and county, appeared _____ and is 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 _____, a

representative of _____ church/school that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this _____ day of _____, 20_____.

_____ Notary Public

Expiration Date _____