

# APPLICATION FOR ADMISSION

First Baptist Church  
 Child Development Center  
 300 3<sup>rd</sup> Avenue East  
 Oneonta, Alabama 35121

**(205) 625—3191**

Hours of Operation:  
 Monday – Friday 6:00 am – 5:45 pm

**Application Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Enrollment Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Class Enrolled For: \_\_\_\_\_

Registration Paid: \_\_\_\_\_

Cash    Check # \_\_\_\_\_    Credit

**Family Information:**

Child's Last Name		Child's First Name		Child's Middle Initial or Name		Preferred Name	
Date of Birth			Present Age			Sex	
Street Address							
City			State			Zip	
Father's Last Name		Father's First Name		Father's Middle Initial or Name		Preferred Name	
Street Address (If different from child's address)							
City			State			Zip	
Home Telephone		Cell Phone		Email			
Father's Employer						Employer's Telephone	
Employer's Street Address							
City			State			Zip	
Mother's Last Name		Mother's First Name		Mother's Middle Initial or Name		Preferred Name	
Street Address (If different from child's address)							
City			State			Zip	
Home Telephone		Cell Phone		Email			
Mother's Employer						Employer's Telephone	
Employer's Street Address							
City			State			Zip	

**Emergency Contacts (other than parents)**

Name	Relation	Home Telephone	Business Telephone	Cell Phone
Name	Relation	Home Telephone	Business Telephone	Cell Phone
Name	Relation	Home Telephone	Business Telephone	Cell Phone

**Pickup Information:**

**My child may be released from the CDC to:**  **Father**     **Mother**

**Additional people authorized to pick up my child**

Name	Cell Phone	Driver's License Number
Notes		
Name	Cell Phone	Driver's License Number
Notes		
Name	Cell Phone	Driver's License Number
Notes		

**Programs you wish to enroll your child in:** (Please check all that apply)

School Age:

- Before and After School Care
- Before School Only
- After School Only
- Summer Only

Preschool:

- Fulltime childcare (includes Weekday Education Program August – May for 3 & 4 year old children)
- 3 year old Weekday Education Program (must be 3 years old before September 1)
- 4 year old Weekday Education Program (must be 4 years old before September 1)
- After Care for Weekday Education Program days

## CHILD'S MEDICAL HISTORY

Child's Full Name

Date of Birth

**Has your child had: (please check all that apply)**

Measles    Mumps    Chicken Pox    Whooping Cough    Flu    Meningitis    Convulsions

Tubes in ears

Allergies (List) \_\_\_\_\_  
\_\_\_\_\_

Will you be leaving medication for your child at the CDC (An Authorization for Administering Medication Form must be completed and a copy left at the CDC.

Alabama Department of Public Health Certificate of Immunization (Blue Slip) Required prior to admission

**Does your child show any indications of the following:**

Physical Disabilities    Hearing Loss    Speech Disabilities    Serious Illness

### SOCIAL AND PHYSICAL GROWTH

**Is your child (Check all that apply):**

Right handed    Left handed    Well coordinated    Clumsy    Good with hands    Impulsive

Excitable    Restless    Shy    Domineering    Happy

**Does your child:**

Have fainting spells    Talk well    Exhibit daredevil behavior    Have fears

Get along with other children    Share well    Have a good attitude about his/her self

## FAMILY INFORMATION SHEET

Child's Last Name	Child's First Name	Child's Middle Initial or Name	Birthday
-------------------	--------------------	--------------------------------	----------

*Please help us to plan for your child's needs, understand concerns and responses, and support and encourage your child by providing the following information. This information will be confidential. Please update this information as needed. Thank you for entrusting your child to our care.*

Father's Last Name	Father's First Name	Father's Middle Initial or Name	Preferred Name
Mother's Last Name	Mother's First Name	Mother's Middle Initial or Name	Preferred Name
Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other			

**Siblings:**

Name	Age	Name	Age	Name	Age
Name	Age	Name	Age	Name	Age

**Please list others living in your household:**

Name	Relationship	Age	Name	Relationship	Age
Name	Relationship	Age	Name	Relationship	Age

**1. Have there been births, deaths, adoptions, marital status changes or other changes in the family structure which have affected your child? If so, please describe briefly.**

---



---



---

**2. What does your child say when he/she wants to go to the bathroom?**

---



---

**3. What opportunities does your child have to play with other children? Please explain briefly.**

---



---

**4. What are your child's favorite playtime activities?**

---



---



## PARENT AGREEMENT FORM

Child's Last Name	Child's First Name	Child's Middle Initial or Name	Date
-------------------	--------------------	--------------------------------	------

Please list emergency telephone numbers where parents or guardians may be reached during the time the child is at the Child Development Center:

Father's Primary Emergency Number	Father's Secondary Emergency Number
Mother's Primary Emergency Number	Mother's Secondary Emergency Number

Physician's Name	Telephone Number	
Street Address		
City	State	Zip

Should my child, \_\_\_\_\_, become ill or suffer an accident of any character while he or she is in the care of the First Baptist Church of Oneonta Child Development Center, the CDC shall undertake to contact me immediately. In the event the CDC is unable to reach me immediately, the CDC shall be authorized to secure and consent to such medical attention, treatment and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Persons other than the parents to contact if my child becomes ill or injured during the time he/she is at the CDC and the parents or guardians cannot be reached:

Name	Relationship	Emergency Telephone
Street Address		
City	State	Zip
Name	Relationship	Emergency Telephone
Street Address		
City	State	Zip

Signature	Date
-----------	------

**Comes now** \_\_\_\_\_, **Notary Public and affirms that**  
 \_\_\_\_\_ **did execute this Parent Agreement Form in my**  
**presence on this, the** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

\_\_\_\_\_ **Notary Public**  
**My commission expires** \_\_\_\_\_

## PARENT CONSENT FORMS (Page 1)

### CONSENT TO APPLY SUNSCREEN AND/OR INSECT REPELLANT

State of Alabama Act No. 2004-538 regarding the use of medication in childcare facilities requires that we have a signed consent form on file to administer any medication including sunscreen or insect repellent. If you would like for us to apply sunscreen or insect repellent to your child when we are outside for playtime, please sign and date this form. You will also need to supply us with sunscreen and insect repellent for your child. Please be sure that these products are labeled with your child's name. We will not be able to administer these products to your child without signed permission.

If your child requires the administering of medication other than sunscreen or insect repellent while at the Child Development Center you must complete an Authorization to Administration Medication Form and leave a copy in the CDC office.

I request that any staff member of the First Baptist Church of Oneonta Child Development Center apply

Sunscreen       Insect Repellant to my child \_\_\_\_\_  
as needed.

Signature	Date
-----------	------

### CONSENT TO PHOTOGRAPH AND/OR VIDEO

I understand that as a participant of any activity sponsored by the First Baptist Church of Oneonta Child Development Center, that my child or other family members may be photographed, videotaped, or digitally imaged and that these photographs, videotapes, digital images may be used by the First Baptist Church of Oneonta Child Development Center for promotional material, advertising material or placed on its website, [www.oneontafbc.org](http://www.oneontafbc.org).

I hereby  give my permission  do not give my permission for the above stated activities.

Signature	Date
-----------	------

### FIELD TRIPS

I understand that scheduled and special trips are planned for the children away from the Child Development Center throughout the year. I am aware that I will be notified when these excursions are to occur and that they will be carefully arranged and supervised by an adequate number of adults. I am willing to assume responsibility for the First Baptist Church of Oneonta Child Development Center to take my child, \_\_\_\_\_, on these trips with a signed permission note on each trip.

Signature	Date
-----------	------

**Form for Notary to complete is on back side of this form.**

PARENT CONSENT FORMS (Page 2)

Comes now \_\_\_\_\_, Notary Public and affirms  
that

\_\_\_\_\_ did execute this Parent Consent Form in my  
presence on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Notary Public

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



FORM OF AFFIDAVIT (FOR PARENT/GUARDIAN)

STATE OF ALABAMA  
COUNTY OF BLOUNT

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 First Baptist Church of  
Oneonta Child Development Center church/school, that said church or school  
is exempt under law from regulation by the Department of Human  
Resources.

\_\_\_\_\_  
Parent/Legal Guardian

Sworn, or affirmed to and subscribe before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Notary Public

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

## ONE CALL MESSAGING

The First Baptist Church of Oneonta Child Development Center has a messaging system whereby we can contact our parents by telephone, text or email to inform them of events such as early closings, delayed openings, closings due to severe weather, special events at the CDC and etc. This will help the CDC to keep you informed about our activities on a timely basis. If you wish to be placed on this system, please complete the form below.

Child's Last Name	Child's First Name
-------------------	--------------------

Which is your preferred method to be contacted? Please check.

- Telephone (Please enter number) \_\_\_\_\_
- Text (Please enter number) \_\_\_\_\_
- Email (Please enter email address) \_\_\_\_\_

### Additional Contact Information

Which is your preferred method to be contacted? Please check.

- Telephone (Please enter number) \_\_\_\_\_
- Text (Please enter number) \_\_\_\_\_
- Email (Please enter email address) \_\_\_\_\_

**First Baptist Church  
Child Development Center  
Fees and Charges  
Effective January 1, 2018**

Annual Registration, Full Year, Per Child, All Programs .....	\$60.00
Annual Registration, Half Year, Per Child, All Programs.....	\$30.00
(Due each year in January or at time of enrollment, (NON-REFUNDABLE))	
Hot Lunch (Catered from St. Vincent's Blount, daily rate).....	\$3.00
<b>Child Care (Infants through 4 years old, weekly rate).....</b>	<b>\$105.00</b>
Daily Rate (Space available basis).....	\$30.00
Late Charge (For children not picked up by 5:45).....	\$15.00
(Per child per hour or any part thereof)	
Late Payment.....	\$15.00
Cat Napper (Purchased for CDC, You may furnish your own).....	\$30.00
Fee for use of CDC Cat Napper (per day) .....	\$2.00

**School Friends**

Before school only (weekly rate).....	\$30.00
After school only (weekly rate) .....	\$57.50
Before and after school (weekly rate).....	\$67.50
After School Drop In (daily and on space available basis) .....	\$20.00
Full day (school holidays, per day).....	\$30.00
Full time (summer, Christmas & Spring breaks, weekly rate) .....	\$105.00
Summer Materials Fee and Pool Pass.....	\$105.00

For families with two or more children enrolled, the full rate is charged for the child with the highest rate, the second child receives a 10% discount, and the third child receives a 15% discount.

**Weekday Education Program**

8:30AM – 11:30AM Mon – Thu for Three Year Olds

8:30AM – 11:30 AM Mon – Thu for Four Year Old

Three Year Old (per month) .....	\$105.00
Four Year Old (per month) .....	\$105.00
Three Year Old Material Fee (per year) .....	\$80.00
Four Year Old Material Fee (per year).....	\$100.00
Before care (per day if left before 8 am) .....	\$6.00
After Care (per day) .....	\$22.50