Dear Parent:

We appreciate your interest in the Child Development Center and look forward to your family joining our family.

Our application packet is attached. Please remove the "Child's Medical Report" and have it completed by your child's doctor. A physical examination is required, if the last one was done more than a year ago.

**Facts about the Center:**
Hours of Operation: 7:00 a.m. – 5:30 p.m., Monday-Friday

**Ages of Children and their Teachers:**

3 year olds
Mrs. R Isariah Hannah
Mrs. Theresa Koutney
372-5436

4-6 year olds
Ms. Robin Bodrick
Ms. Allean Sutton
372-5437

Cost: $300.00/month

Instructional Plan: High Reach Curriculum

If you have any questions, please call: Shelia R. Foster @ 852-4841

Sincerely,

Dr. Jerry Blackman, Area Coordinator

Shelia R. Foster, Director
Record of items required of children prior to admission to the Alabama A&M University Child Development Center

Instructions: Document the receipt of items on or before child’s first day of attendance by placing a check mark in the second column.

Note: Non-compliance by parent or guardian with furnishing these records prior to or within 30 days of child’s first day of attendance are cause for immediate dismissal from the center.

<table>
<thead>
<tr>
<th>Item Required</th>
<th>Item received on or before first day of attendance</th>
<th>If late, date item received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo</td>
<td></td>
<td></td>
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<tr>
<td>Registration fee</td>
<td></td>
<td></td>
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<tr>
<td>State of AL Certificate of Immunization</td>
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<tr>
<td>Copy of latest physical exam, within the last year</td>
<td></td>
<td></td>
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<tr>
<td>Completed application</td>
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</tr>
<tr>
<td>Signed Agreement to Pay form</td>
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</tbody>
</table>

Comments:
Alabama A&M University Child Development Centers

Area of Human Development and Family Studies
Division of Family and Consumer Sciences
Normal, AL 35762

Telephone: Carver Complex (256) 372-5436 or 372-5437
Councill Building (256) 372-5262

Date of Admission to Center____________ Date of termination of enrollment____________

Personal Data on Students

The following information is confidential and is solely for the purpose of helping us to better understand your child. Please answer all questions and return forms to the CDC.

Present Date_______________ Age of Child ____________ Date of Birth__________________

Name of Child __________________________ Child's SSN_____________________

Address of Child____________________________

Home Telephone______________________Child Lives With___________________________

Mother’s Name__________________________________________________________________

Home Address___________________________________________

Home Phone______________________________Cell Phone___________________________

Place of Employment__________________________________________________________

Work Address_________________________Phone_______________________________

Father’s Name__________________________________________________________________

Home Address_______________________________________________________________

Home Phone______________________________Cell Phone___________________________

Place of Employment__________________________________________________________

Work Address_________________________Phone_______________________________
1. What is your reason for placing your child in the Alabama A & M University Child Development Center? ________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. At what age did your child learn to:
   Walk? ______________ Talk ___________ Feed himself/herself ________________

3. Is your child toilet trained? Yes [ ] No [ ]
   If so, at what age did he/she achieve this task? ______________________________

4. What is the approximate time of bowel movement during the day? ______________

5. What does he/she say for defecation? ______________ Urination? ______________

6. List any food liked and disliked:
   Liked: _________________________________________________________________
   Disliked: ________________________________________________________________

7. Is your child allergic to any foods? Yes [ ] No [ ]
   If so, please specify: __________________________________________________

8. What is your child’s usual bedtime at night? ________________________________

9. Is your child able to dress him/herself fully? Yes [ ] No [ ]
   If no, to what degree is he/she able to dress him/herself? ____________________

10. Does your child possess any physical deformity or medical condition? Yes [ ] No [ ]
    If yes, please specify: __________________________________________________

11. To what extent has your child had contact with other children? ______________
    ______________________________________________________________________
    ______________________________________________________________________

12. What is your child’s birth order? Only child [ ] First child [ ]
    Second child [ ] Third child [ ] other, please specify________________________

13. Does your child have any brothers or sisters? Yes [ ] No [ ]
    Number of brothers______ Ages______, _______. __________
    Number of sisters_______  Ages______, _______. and _______
14. Does your child sleep in a room alone? Yes [ ] No [ ]

15. What fears, if any, does your child show? __________________________________________________________

16. What are your child’s favorite toys or types of play, listed in order of preference? ______
   __________________________________________________________

17. What type of recreation or entertainment does your child engage in with the family only?
   __________________________________________________________

18. List any behavioral problems which your child displays, such as kicking, hitting, throwing tantrums, thumb sucking, biting, etc. ____________________________
   __________________________________________________________

19. List any speech problems, which your child possesses, such as stuttering. ____________
   __________________________________________________________

20. What forms of discipline have been used in the home with your child? ________________
   __________________________________________________________

21. Is your child able to work at a task or to play alone well for short periods of time, i.e., approximately twenty minutes? If so, what type of task or play holds his/her attention best? ____________________________
   __________________________________________________________

22. This space is provided for statements or suggestions which you think would help us in understanding your child and to inform us of things which you would like us to give special attention. ____________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   __________________________________________________________
Persons Authorized to Pick Up Child:

Name_______________________________________________Relationship________________  
Phone_________________________________Cell Phone_________________________________

Name_______________________________________________Relationship________________  
Phone_________________________________Cell Phone_________________________________

Under no circumstances will your child be released to anyone not known to the Center staff without authorization from parents or guardian.

The following is a Contract of Permission for your child to participate in activities and excursions that are part of the Alabama A&M University Child Development Center educational program.

As parent/guardian of ____________________________________________, I grant permission for my child to travel with the teachers and/or teacher-aides on excursions to places of interest with his/her group by bus, automobile, or by walking.

I clearly understand and acknowledge that Alabama A&M University Child Development Center is an educational program in a state institution of higher education and is not liable for accident or injury to my child.

Since the Alabama A&M University Child Development Center cannot take responsibility for accidents demanding medical attention, I wish my child’s own physician to be called in the event of such an accident.

Name of Child’s Physician_________________________________Office Phone______________  
Address of Physician______________________________________________________________

I am aware that the Child Development Center is used by all disciplines of the University as a setting for observation of children and participation in child study and research. I hereby grant permission for my child to be studied.

Parent’s Signature__________________________________________Date__________________
In case of an emergency and in the event that the parent(s)/guardian(s) cannot be reached, the following person(s) is to be contacted:

Name_________________________Relationship________________
Phone_________________________Cell Phone_________________________

Name_________________________Relationship________________
Phone_________________________Cell Phone_________________________

Parent’s Signature_______________________________________________________________

Alabama A&M University Child Development Center

I hereby give my permission for the Alabama A&M University Speech-Language-Hearing Clinic to do a speech-language-hearing screening on my child, ______________________________, who is attending the Child Development Center. I understand that this service is being rendered free of charge for all children attending this program.

_________________________     _____________________
Parent’s Signature                                            Date
Alabama A&M University Child Development Center

Agreement to Pay

The undersigned parent/guardian of _____________________ agrees to pay tuition to the Alabama A&M University Child Development Center in the amount of $300.00 per month, payable on the first of the month and no later than the fifth of the month, beginning the day of enrollment and continuing each consecutive month thereafter. If payment is not received by the fifth day of the month, a $25.00 late fee will accrue. Any child’s account that becomes delinquent may result in the dismissal of that child from the center.

In addition, the undersigned parent/guardian of _____________________ agrees to pay a registration fee in the amount of $50.00 at the time the child’s application is submitted to cover the cost of field trips and other center-sponsored activities. If the child participates in the summer program, a $50.00 registration fee will be assessed for the summer session. These registration fees are non-refundable, and are to be paid to the Child Development Center.

Parent/Guardian’s Signature______________________________Date_______________

*Prices subject to change.
Alabama A&M University Child Development Center

Record of Receipt of Tuition for __________________________

School Year ________________________

<table>
<thead>
<tr>
<th>Tuition Due Date</th>
<th>Date of Receipt</th>
<th>Receipt Number</th>
<th>Amount Paid</th>
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</thead>
<tbody>
<tr>
<td>September 1</td>
<td></td>
<td></td>
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<tr>
<td>October 1</td>
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<td>December 1</td>
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<td>January 1</td>
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<td>July 1</td>
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<tr>
<td>August 1</td>
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</tbody>
</table>

Comments:
Alabama A&M University Child Development Center

Child’s Medical Report

Child’s Name________________________________________DOB________________________

Parent/Guardian’s Name____________________________________________________

Address_________________________________________________________________

*Attach Certificate of Immunization (blue card).*

**IMMUNIZATIONS:**

<table>
<thead>
<tr>
<th>Type of Immunization</th>
<th>Number Given as of Date of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT or DT (Diphtheria, Tetanus, Pertussis)</td>
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<tr>
<td>Polio (Oral Polio Virus)</td>
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<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
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<tr>
<td>HbPV (Haemophilus Influenza type b)</td>
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<tr>
<td>Varicella Vaccine (or illness)</td>
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</tbody>
</table>

Immunizations are up-to-date for age of child: Yes [  ] No [  ]

History of allergies____________________________________________________________

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

____________________________________________________________________________

Physician’s Signature__________________________Date________________________