



116 Carver Complex B Hobson Wing
Normal, Alabama 35762
(256) 372-8158 Office

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 are as follows:

Hours of Operation: 7:00 a.m. – 5:30 p.m., Monday-Friday

Class/Teachers:

2-year old

Ms. Jessica Nelson
372-5436

3-year old

Ms. Tiffany Jordan
Mrs. Melissa Ricks
372-5436

4-year old

Ms. Marvetta Allen
372-5437

Cost:

Registration Fee
\$150.00

Tuition Fees

\$110.00/week Toddler class
95.00/week Preschool class
\$85.00/week Pre-K class

Instructional Program: Houghton -Mifflin Curriculum

If you have any questions, please call your child's prospective teacher.

Sincerely,

Dr. Ronay I. Hannah, CDC Director

Record of receipt of items required of children prior to their 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. If any items are received late, put the date received in the last 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 will be cause for immediate dismissal from the center.

Item Required	Item received on or before first day of attendance	If late, date item received
Photo		
Completed application		
Registration Fee		
Signed Agreement to Pay form		
Copy of latest physical exam, within the last year		
State of AL Certificate of Immunization		
Signed Speech and Hearing Screening Form		
Tee Shirt Size		
Child and Adult Care Food Form		

Alabama A&M University Child Development Center

Department of Family and Consumer Sciences
Area of Human Development and Family Studies

116 Carver Complex B Hobson Wing
Normal, AL 35762
(256) 372-8158

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_____

AAMU Child Development Center Agreement to Pay Contract

Term

Fall_____

Spring_____

Summer _____

Parent_____ Child_____

Payment Option

Weekly___ Bi-weekly___ Monthly___

Payroll deduction_____

I agree to pay a \$150.00 non-refundable registration Fall and Spring fee (covers class supplies, tee-shirt, parent council, some extracurricular activities) and tuition at the rate of \$110.00/week Toddler class; \$95.00/ week for Preschool class & \$85.00/week for Pre-K class. *Families with multiple children will receive a discount of \$10.00 per week for each additional child.*

I understand that I am paying for a childcare slot and that when the center is open for service, payment is due whether my child is in attendance or not.

- fees are due in advance of services on Monday morning of each week.
- that I will not be able to leave my child for care without payment.
- I am asked to give a two week notice prior to withdrawing of my child from the center.
- the Center will give me a two week notice in the event my child is terminated.
- by signing this contract, I acknowledge awareness of and agreement to the Center's planned closure schedule.
- the Center is a part of the University and observes holidays in accordance with the university calendar.
- three days of service constitutes a full week payment.
- the week of Thanksgiving; the Winter holiday break; and Spring Break week will not be charged.

I further understand, that there is no childcare after 5:30 p.m. each day and that there is a late fee assessed at the rate of \$10.00 per fifteen-minute increment. The fee is due payable at the time my child is picked up and not later than the next morning upon arrival or my child will not be allowed to stay for the day.

Closure Schedule

Fall Faculty/Staff Conference

Labor Day

Professional Development (Tentative) (Nov.)

Thanksgiving Holiday

Christmas Holiday

New Year's Day

Winter Faculty/ Staff Conference

Martin Luther King's Birthday

Spring Break

Good Friday

Memorial Day

Juneteenth

Independence Day

Parent/Guardian's Signature _____ Date _____

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:

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

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 _____

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