



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

Dear Parent:

We appreciate your interest in the Alabama A&M University's Child Development Center (CDC) and look forward to your family joining our family.

Our application packet is attached. Your child's current immunization record is required.

Facts about the CDC are as follow:

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

Class/Teachers:

Toddler (2-year old)
Ms. Asia Stephens 256.372.5436

Preschool (3-year old)
Ms. Tiffany Jordan 256.372.5436

Pre-K (4-year old)
Ms. Marvetta Allen 256.372.5437

Registration Fee: \$150.00

Tuition Fees: \$150.00/week Toddler class
\$135.00/week Preschool class
\$125.00/week Pre-K class

Instructional Program: Experience Early Learning Curriculum

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

Sincerely,

Ronay Hannah

Dr. Ronay I. Hannah, CDC Director

RECORD OF REQUIRED DOCUMENTATION FOR ADMISSION

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 result in immediate dismissal from the center.

Item Required	Item received on or before first day of attendance	If late, date item received
Child's Photo		
Completed Application		
Registration Fee		
Signed Agreement to Pay Form		
State of AL Certificate of Immunization		
Signed Speech and Hearing Screening Form		
Shirt Size		
Child and Adult Care Food Form		



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Date of Admission to Center: _____

Date of Termination of Enrollment: _____

PERSONAL DATA ON STUDENTS

The following information is confidential and 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 _____

Child's First Name: _____ Child's Last Name: _____

Child's Address: _____

Home Telephone: _____ Child Lives with _____

Parent's First Name: _____ Parent's Last Name: _____

Home Address _____

Home Phone _____ Cell Phone _____

Place of Employment _____

Work Address _____ Phone _____

Parent's First Name: _____ Parent's Last Name: _____

Home Address _____

Home Phone _____ Cell Phone _____

Place of Employment _____

Work Address _____ Phone _____

STUDENT INFORMATION QUESTIONNAIRE

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 likes and dislikes:
Likes: _____

Dislikes: _____
7. Is your child allergic to any food? 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 _____, _____, _____, _____
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 to understand your child and 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 CDC staff without authorization from parents or guardian.

CONSENT TO PARTICIPATE IN EDUCATIONAL PROGRAMS

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's participation in research observation.

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/Guardian's Signature _____

Date: _____



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AGREEMENT TO PAY CONTRACT

Parent/Guardian's Name: _____ Child's Name: _____

Term	Payment Options (select one)
Fall _____	Weekly _____ Bi-weekly _____
Spring _____	Monthly _____ Payroll deduction _____
Summer _____	

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 \$150.00/week Toddler class; \$135.00/ week for Preschool class & \$125.00/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 payment is due whether my child is in attendance or not, except for when the CDC is not open for operation. Further, I understand the following:

- fees are due in advance of services on Monday morning of each week.
- 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 my child from the center.
- by signing this contract, I acknowledge awareness of and agreement to the Center's planned closure schedule.
- the CDC 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 (November)
Thanksgiving Holiday
Christmas Holiday
New Year's Day
Winter Faculty/ Staff Conference

Martin Luther King Jr.'s Birthday
Spring Break
Good Friday
Memorial Day
Juneteenth
Independence Day

Parent/Guardian's Signature

Date

CONSENT FOR SPEECH, LANGUAGE, AND HEARING SCREENING

I hereby give my permission for the Alabama A & M University Speech-Language-Hearing Clinic to conduct 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/Guardian's Signature

Date