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

**Teachers:**

2 year olds
Ms. Jadyn Ford
372-5436

3 year olds
Ms. Tiffany Jordan
372-5436

4 year olds
Ms. Marvetta Allen
372-5437

**Cost:** $150.00 Registration Fee
85.00/ week (Potty Trained)
95.00/week Toddlers

**Instructional Program:** Houghton -Mifflin Curriculum

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

Sincerely,

Dr. Cynthia Smith
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.

<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>Completed application</td>
<td></td>
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<tr>
<td>Registration Fee</td>
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<tr>
<td>Signed Agreement to Pay form</td>
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<tr>
<td>Copy of latest physical exam, within the last year</td>
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<td>State of AL Certificate of Immunization</td>
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<td>Signed Speech and Hearing Screening Form</td>
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<tr>
<td>Tee Shirt Size</td>
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<tr>
<td>Child and Adult Care Food Form</td>
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</table>
Alabama A&M University Child Development Center

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

Room 117 Carver Complex Hobson Wing
P.O. Box 639
Normal, AL 35762

(256) 372-5262 or 372-8158
Fax: (256) 372 5263

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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<td>Cell Phone</td>
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<td>Cell Phone</td>
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Parent’s Signature __________________________________________
AAMU Child Development Center Agreement to Pay Contract

Term                              Payment Option
Fall _______  # Wks 21             Weekly______Bi-weekly______Monthly______
Spring _______   20                Payroll______
Summer _______   8

Parent  __________________________________________  Child  __________________________

I agree to pay a $125.00 non-refundable registration Fall fee and Spring fee is $62.50(covers 1 card key, tee shirt, parent council, field trips, holiday activities and other extra curricular class activities and transportation) and tuition at the rate of $85.00/ week (Preschool & Pre-k Potty Trained) and $95.00/ week Toddlers (non Potty Trained)
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 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  Martin Luther King’s Birthday
Labor Day                     Spring Break
University Fall Break         Good Friday
Thanksgiving Holidays          Memorial Day
Christmas Holidays            Independence Day
New Years Day
Winter Faculty/ Staff Conference

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:**

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<thead>
<tr>
<th>Type of Immunization</th>
<th>Number Given as of Date of Exam</th>
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<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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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