



Family and Consumer Sciences
P. O. Box 639
Normal, Alabama 35762
(256) 372-5419 Office
(256) 372-5433 Fax

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. Jady Ford

372-5436

3 year olds

Ms. Tiffany Jordan

372-5436

4 year olds

Ms. Marveta 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.

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

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:

Name _____ Relationship _____ Phone _____
_____ Cell Phone _____

Name _____ Relationship _____ Phone _____
_____ Cell Phone _____

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:

Type of Immunization

Number Given as of Date of Exam

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