

Child Name: \_\_\_\_\_



*Partnering with families*

*to combine high-quality early childhood education  
with the love, grace, and hope of the Gospel.*

**2022-2023**

## **Student Registration Packet**

____ 3K /3T Registration Fee	\$ 150.00 (Yearly Fee)
____ 4K Registration Fee	\$ 100.00 (Yearly Fee)
____ ASC After School Care Fee	\$ 100.00 (Monthly)

**Foundations Early Learning & Family Center  
7000 Grasselli Road - P.O. Box 59  
Fairfield, Alabama 35064**

**[www.foundationsearlylearning.org](http://www.foundationsearlylearning.org)**

**(205) 588-5454**



## Enrollment Checklist

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### TO ENROLL YOUR CHILD AT FOUNDATIONS, PLEASE COMPLETE THE FOLLOWING STEPS:

#### 1. PROVIDE COPIES OF THE FOLLOWING: (BY MONDAY, MAY 2, 2022)

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ (Blue) Immunization Form

\_\_\_\_\_ Proof of Residence in the State of Alabama (Driver's License or State ID)

\_\_\_\_\_ Social Security Card

#### 2. COMPLETE AND RETURN ENROLLMENT PACKET: (BY MONDAY, MAY 2, 2022)

\_\_\_\_\_ Child's Preadmission Record (DHR-CDC-739)

\_\_\_\_\_ Authorized Pick-Up List

\_\_\_\_\_ Secure Release/Pick-up of Your Child

\_\_\_\_\_ Involvement Expectations & Commitment

\_\_\_\_\_ Financial Policy

\_\_\_\_\_ Health and Wellness

\_\_\_\_\_ Photo and Video Consent

\_\_\_\_\_ Travel Permission/ UAB Observation and Evaluation Permission

\_\_\_\_\_ Please Tell Us About Your Family

\_\_\_\_\_ Adult Conduct Policy

#### 3. PAY REGISTRATION FEE - \$100 (4K) or \$150 (3K/3T) (DUE BY MONDAY, MAY 2, 2022)

#### 4. AFTER SCHOOL CARE - \$100.00 (DUE BY MONDAY, MAY 2, 2022) This will be applied to your August 2022 ASC fee.

#### 5. PARENT AND CHILD TO VISIT WITH FOUNDATIONS TEACHERS (Required of NEW Foundations families) 15-30 minute meetings to be scheduled after your child has been accepted into the program.

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Describe any special needs or instructions below:


Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

**PLEASE COMPLETE AUTHORIZED PICK-UP FORM.**

***I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.***

\_\_\_\_\_ / \_\_\_\_\_  
*Signature of parent/guardian                      Date*

**I give permission for my child to participate in:**

(Circle yes or no and sign each line)

	yes	no	Signature of parent/guardian	Date
Activities away from the facility:				
Transportation provided by the facility: <b>4-K Only</b>				
Swimming/wading activities provided by the facility:				

**Form not valid without signature of child's parent/guardian in each space indicated above.**

\_\_\_\_\_   
 This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

*Additional information may be attached.*

## AUTHORIZED PICK-UP FORM

**Child's Name:** \_\_\_\_\_

**Parents/Guardian #1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Work Email: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Do you receive text messages:  Yes  No

Best method(s) of contact: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Work Email: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Do you receive text messages:  Yes  No

Best method(s) of contact: \_\_\_\_\_

### Additional Persons Authorized to pick-up child:

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_ Best method(s) of contact: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_ Best method(s) of contact: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_ Best method(s) of contact: \_\_\_\_\_

**Child lives with:** \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## SECURE RELEASE POLICY

One of Foundations' highest duties is to ensure the safety of your child, which includes the pick-up of your child at the end of the day. To guarantee your child's safety:

1. At the beginning of the school year:
  - a. During registration or enrollment, families must provide the names and contact information of any all persons to whom their child may be released. **Only these individuals will be permitted to pick up your child.** All approved individuals must be adults.
2. In case of emergency:
  - a. If no previously approved person can pick up their child, families are asked to provide a confidential security code with which last minute additions can be made. To add a person, parents must call the head of school or school secretary and present both the security code and the new adult's name.
  - b. In order to *officially* add that adult to their Authorized Pick-Up List, parents must submit a revised version of this form to the Office. This must be done in Person at Foundations.
  - c. Please note that all those approved to pick up their child, including the parents, may be asked to present a photo ID to staff at the time of pick up.
3. **No one other than the child's responsible parent or guardian will be allowed to add a person to the approved list.**

**The security code you provide Foundations should not be given to any other person, including those on your approved pick-up list.** The code you provide Foundations should not be one easily guessed by others.

The security code I wish to use is: \_\_\_\_\_

**Please memorize this code**

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## INVOLVEMENT EXPECTATIONS & COMMITMENT

At Foundations, our teachers, administrators, and staff are invested in your child and your family. We are committed to communicating openly with you about your child's progress, the classroom, exciting upcoming events, and any concerns you may have. We dedicate our time, energy, and resources to your child's growth and development, and we hope you will do the same.

Foundations is unique in many ways, but one of our most prominent features is our expectation of parent involvement. This includes keeping the line of communication with your child's teachers and administrators open, volunteering (in the classroom, on field trips, or during our worship time), helping plan a class party, attending required parent/teacher conferences, and attending our required Parent Involvement Meetings.

Foundations staff and Board of Directors look forward to partnering with you to ensure your child's success. Please carefully read each item below, initialing each blank as an indication of your commitment to the success of your child in this next school year.

\_\_\_\_ I commit to keeping communication open and honest between my family and my child's teachers and administrators.

\_\_\_\_ I commit to paying my child's fees on time.

\_\_\_\_ I commit to attending required parent/teacher conferences (2 per school year) to receive necessary updates about my child's progress.

\_\_\_\_ I commit to attending required Parent Involvement Meetings throughout the school year, making a positive effort to be mentally present and focused on both my child and my family's development and growth, spiritually, physically, academically, and socially.

\_\_\_\_ I commit to expressing concerns or questions that I may have to my child's teacher first, and then, if necessary, to the administrator.

\_\_\_\_ I commit to praying for my child and his/her class as they grow and develop throughout the year.

Print Child's Name: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FINANCIAL POLICY

### Registration

1. 2022-2023:
  - a. 3K/3T \$150 - Yearly Fee
  - b. 4K - \$100 Yearly Fee

### After School Care

- c. \$100 per month – per child

Please note: There are no fees for supplies, field trips, screenings, or other activities.

2. In order to secure your child's spot at Foundations, Registration fee must be received by Friday, April 22, 2022.
3. After School Care payments are due by the 10<sup>th</sup> day of each month. If payment has not been received by the 10<sup>th</sup> day of the month, a late fee of \$15 will be added to the amount due.
  - a. Payments may be made by cash, check, credit/debit card or money order.
  - b. A fee of \$25 will be assessed for all checks returned by the bank due to insufficient funds; the check will be returned to the parent/guardian, and another form of payment will be required. If a 2<sup>nd</sup> check is returned for insufficient funds, Foundations will accept only certified check, money order, or cash for the remainder of the school year.

### Late Pick-Up Policy

1. The school day begins at 8:00 a.m. and ends promptly at 3:00 p.m. Parents who do not pick up their child by 3:00 p.m. will be charged \$1 for every minute they are late. For example, if a parent or guardian arrives after 3:05 p.m., a late charge of \$5 will be charged. If they arrive at 3:10 p.m., there will be a charge of \$10, and if they arrive at 3:15 p.m., there will be a charge of \$15 **to be paid at time of pick-up**.
2. ASC begins at 3:00 p.m. and ends promptly at 5:30 p.m. Parents who do not pick up their child by 5:30 p.m. will be charged \$1 for every minute they are late (in addition to the monthly fee). For example, if a parent or guardian arrives at 5:35 p.m., there will be a charge of \$5. If they arrive at 5:40 p.m., there will be a charge of \$10, and if they arrive at 5:45 p.m., there will be a charge of \$15 **to be paid at time of pick-up**. If they do not arrive by 6:00 p.m., Foundations reserves the right to contact the police department.
3. Parents are asked to call the Foundations office before 3:00 p.m. in the case of an emergency or if they know they may be late picking up their child. If the child is in After School Care, please call the After School number after 3:00 p.m.
4. The Head of School will review fees for emergency situations where a parent has notified the office of an unexpected late pickup.



5. Late pick up fees should be paid immediately. Please speak with the Head of School if a payment plan for late pick up fees is necessary.
6. If a parent or guardian is late to pick up from ASC and is charged a late fee, **they will need to pay this fee before the child can return to ASC.**
7. ASC payments must be current in order for a child to attend ASC.

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Print Child's Name

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Print Name of Parent/Guardian

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Signature of Parent/Guardian

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Date

## HEALTH & WELLNESS

Please note that these questions are meant to help protect your child while they are at school, and provide information to medical professionals who perform our health screenings.

Child's name: \_\_\_\_\_

Does your child have any known allergies? If so, please list and describe symptoms/reactions and if your child uses an Epi-pen. \_\_\_\_\_

**Please note: If your child requires any type of medication, including over-the-counter, during school hours, including ASC, a Medication Request Form, signed by a physician, must be on file with the school nurse and the Foundations school office. Forms are available in the Foundations school office. *Please have this form completed by your child's physician and return it, along with necessary medication, to the Foundations office.***

Does your child have a history of: (Please check all that apply.)?

Does your child have a current (IEP / IFSP)?  Yes  No

- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Difficulty waking up to use the restroom while napping/sleeping
- \_\_\_\_\_ Dizziness
- \_\_\_\_\_ Frequent colds
- \_\_\_\_\_ Frequent urination
- \_\_\_\_\_ Headaches
- \_\_\_\_\_ Hearing problems
- \_\_\_\_\_ Nose bleeds
- \_\_\_\_\_ Speech difficulty
- \_\_\_\_\_ Vision problems
- \_\_\_\_\_ Other: \_\_\_\_\_

Please explain items checked (i.e. "wears glasses" or "tubes in ears" or "uses an inhaler")

\_\_\_\_\_

\_\_\_\_\_

What is your child's typical bedtime? \_\_\_\_\_ Rising Time? \_\_\_\_\_

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date



## PHOTO & VIDEO CONSENT

This consent form is to request permission for the publication of your child's photo/image and personally identifiable information for educational purposes such as advertising, public relations, and solicitation of contributions. This includes photos or images, student names, and class work.

**Please initial one of the following choices for EACH section:**

### I. Image (photo and video)

\_\_\_\_\_ I give permission for my child's image to be published

\_\_\_\_\_ I DO NOT give permission for my child's image to be published

### II. Full Name

\_\_\_\_\_ I give permission for my child's first and last name to be published

\_\_\_\_\_ I DO NOT give permission for my child's first and last name to be published

### III. Partial Name

\_\_\_\_\_ I give permission for my child's first name to be published

\_\_\_\_\_ I DO NOT give permission for my child's first name to be published

### IV. Class work

\_\_\_\_\_ I give permission for my child's class work to be published

\_\_\_\_\_ I DO NOT give permission for my child's class work to be published

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## TRAVEL PERMISSION

I, as a parent/guardian, give permission for my child \_\_\_\_\_ to attend any field trips taken by Foundations Early Learning and Family Center. I will not hold Foundations ELFC or any supporters of this program liable or responsible for any injuries, accidents, or mishaps that could be associated with each trip. **3-K/3-T Students are not allowed to ride the bus, but can attend any event if the parent or guardian transport them and attend the event.**

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Please Tell Us About Your Family!

Child's Full Name: \_\_\_\_\_

Nickname/name he or she should learn to write: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Legal Guardian (if other than mother/father): \_\_\_\_\_

Are you currently:    Married    Single    Separated    Divorced

Who will normally drop off your child? \_\_\_\_\_ Pick Up? \_\_\_\_\_

Below, please list everyone who currently lives **in your child's household**, including siblings, grandparents, step-parents, family friends, etc.:

Name	Age	Relationship to Child	School (if applicable)

Additional sibling(s) NOT living in the home: (Please list name(s), age(s), and school(s), if applicable):

\_\_\_\_\_

\_\_\_\_\_

Does your child have a current (IEP / IFSP)?    Yes    No

Church Home: \_\_\_\_\_

Do you and your family attend regularly? \_\_\_\_\_

School/Child Care Center Last Attended: \_\_\_\_\_

What are some of your child's favorite activities?: \_\_\_\_\_



Activities your family enjoys together: \_\_\_\_\_  
\_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_ Animal? \_\_\_\_\_

Please list any additional information that you feel would be helpful for the teachers to know about your child (favorite books, special toys, fears, etc.).  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special talents or interests that you would be willing to share with your child's class?  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will accomplish this year at Foundations? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Foundations? (Please check all that apply).

- Friend    Family    Social Media    Church    School    Staff    Other

We will use all 3 of these communication methods throughout the school year, but what is your preferred method of communication?

- Phone                       Text Message  
 Email                         *Please check if you currently DO NOT receive text messages*

Parent involvement is an integral part of the Foundations experience and we strive to create an exciting yet informational opportunity for all. Please list any topics that you would like to learn more about during our Parent Involvement Series:

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## ADULT CONDUCT POLICY

Foundations believes that the examples set by adults are essential to a child's positive behavioral development. For that reason, all adults, including parents, guardians, caregivers, adult age relatives, etc., who come in to contact with children at Foundations are expected to be a good example in both word and behavior. Two of the verses that guide our conduct policy are:

"Train up a child in the way he should go, and when he is old, he will not depart from it." (Proverbs 22:6)

"But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control." (Galatians 5:22-23)

Adults are expected to use positive language whenever they are in contact with Foundations children. The use of foul or vulgar language around or directly towards a child is NOT acceptable. Adults must not threaten or intimidate children in any way, or inflict physical harm on a child in the care of Foundations. Any adult who exhibits the above behaviors will be required to meet with the Head of School and may lose the privilege of volunteering in the classroom, attending certain field trips, class parties, or other activities at the discretion of Foundations. In addition, DHR may be contacted and legal action may be taken.

Additionally, parents should not address another parent's child directly about that child's behavior. Instead, parents should discuss the incident with a teacher, and if necessary, the Head of School; the teachers have boundaries, expectations, and plans for intervention in place for the classroom. For more information, you may refer to the Guidance & Behavior Policy in your Parent Handbook, as well as the Foundations codes of conduct.

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Print Child's Name

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Print Name of Parent/Guardian

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Signature of Parent/Guardian

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Date