

Child Name: _____



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

2023-2024 Student Registration Packet

3K /3T/ 4K Tuition

\$ 200.00 Yearly Tuition; \$20 per month

or

\$100.00/year if paid by JUNE 1st

3T____ 3K____ 4K____ (please indicate grade level)

After School Care (ASC) Fee ____ \$160.00 (Monthly)

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

www.foundationsearlylearning.org

(205) 588-5454



Enrollment Checklist

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

1. PROVIDE COPIES OF THE FOLLOWING: (BY FRIDAY, MAY 19, 2023)

- _____ Birth Certificate for enrolled child
- _____ (Blue) Immunization Form for enrolled child
- _____ Proof of Residence in the State of Alabama (Driver's License or State ID)
- _____ Social Security Card for enrolled child

2. COMPLETE AND RETURN ENROLLMENT PACKET: (BY FRIDAY, MAY 19, 2023)

- _____ Child's Preadmission Record (DHR-CDC-739)
- _____ Health and Wellness
- _____ Photo and Video Consent
- _____ Financial Policy
- _____ CACFP Meal Benefit Income Eligibility Form (IEF)

3. COMPLETE DIGITAL ENROLLMENT PACKET (BY FRIDAY, MAY 19, 2023):

- _____ All digital forms must be filled out to complete enrollment (A link will be provided by the office)

4. MAKE FIRST TUITION PAYMENT (BY THURSDAY, JUNE 1, 2023)*:

***Choose one payment schedule. Please contact administration for financial assistance and scholarship/voucher options if needed.**

PLAN A: \$200 per year (\$20 per month)

- _____ Must Pay First and Last Month Tuition to Secure Spot (\$40)

OR

PLAN B: \$100 per year

- _____ Must Pay Full Tuition to Secure Half Off Rate and Secure Spot (\$100)

AFTER-SCHOOL CARE (ASC): \$160 per month

- _____ Must Pay \$160 to Secure Spot. This will be applied to your May 2024 ASC cost.

5. PARENT AND CHILD TO VISIT WITH FOUNDATIONS TEACHERS (*Required of NEW Foundations families upon acceptance*)

- _____ Teachers will schedule a visit for you and your child that will help assist with preparing us for your child's arrival in the fall.



CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

| | |
|--|--|
| Child's Name: | Child's Birthdate: |
| Child's home address: | |
| Name(s) of parent(s)/guardian(s): | Home telephone number: () |
| Address of parent(s)/guardian(s) if different from child | |
| Mother's employer: | Father's employer: |
| Mother's employer's phone #: | Father's employer's phone #: |
| List telephone numbers such as beeper, cellular phone, etc. | Instructions regarding how parent/guardian may be reached in an emergency |

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

| | | |
|--------------------------------|-----------------|--------------------------|
| Name of child's doctor: | Address: | Telephone number: |
| | | |

| Name | Relationship to child | Address | Telephone number |
|------|-----------------------|---------|------------------|
| | | | |
| | | | |
| | | | |

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

_____ / _____
Signature
Date

Form not valid without signature of child's parent/guardian.

Page one of two-form not valid without second page

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: N/A | | | | |
| Swimming/wading activities provided by the facility: N/A | | | | |

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.

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