



CHILD ENRICHMENT CENTER

2024-2025 Registration Form

In order to complete the registration process, please return the completed forms, required documents, and *non-refundable* registration fee to:

Child Enrichment Center
14131 US 231 • Hazel Green, AL 35750
(256) 828-6216
cec@hazelgreen.org

Child's Name: _____

School Session – Full-Day Preschool (6:00 am – 6:00 pm) August 1, 2024 – May 21, 2025

- Infant (6 weeks – 12 months) 5 days - \$190/week or \$760/month
- Waddler (12 months – 18 months) 5 days - \$190/week or \$760/month
- Toddler (18 months – 2.5 years) 3 days - \$145/week or \$580/month Mon. Tues. Wed. Thurs. Friday
- Toddler (18 months – 2.5 years) 5 days - \$185/week or \$740/month
- 2.5-3.5 years (not potty-trained) 3 days - \$145/week or \$580/month Mon. Tues. Wed. Thurs. Friday
- 2.5-3.5 years (not potty-trained) 5 days - \$185/week or \$740/month
- 2.5-4 years old 3 days - \$115/week or \$460/month Mon. Tues. Wed. Thurs. Friday
- 2.5-4 years old 5 days - \$155/week or \$620/month

Summer Session – 6 weeks – 5th grade (6:00 am – 6:00 pm) May 28, 2024 – July 31, 2024

- Infant (6 weeks – 12 months) 5 days - \$190/week or \$760/month
- Waddler (12 months – 18 months) 5 days - \$190/week or \$760/month
- Toddler (18 months – 2.5 years) 3 days - \$145/week or \$580/month Mon. Tues. Wed. Thurs. Friday
- Toddler (18 months – 2.5 years) 5 days - \$185/week or \$740/month
- 2.5-3.5 years (not potty-trained) 3 days - \$145/week or \$580/month Mon. Tues. Wed. Thurs. Friday
- 2.5-3.5 years (not potty-trained) 5 days - \$185/week or \$740/month
- 2.5-4 years old 3 days - \$115/week or \$460/month Mon. Tues. Wed. Thurs. Friday
- 2.5-4 years old 5 days - \$155/week or \$620/month
- Elementary (completed K – 5th) 3 days - \$110/week Mon. Tues. Wed. Thurs. Friday
- Elementary (completed K – 5th) 5 days - \$120/week

School Session – Pre-K – 5th grade Before & After Care (from HGES) August 1, 2024 - May 21, 2025

- Before School Only - \$30/week
- After School Only - \$50/week
- Before & After School - \$55/week

School – HGES Grade - _____

REQUIRED FOR REGISTRATION:

- * A current immunization card prior to the first day of attendance (all preschool children).
- * A medical report from child's pediatrician prior to the first day of attendance (all preschool children).
- * A notarized affidavit prior to the first day of attendance. (all ages)
- * Registration fees submitted with completed forms. (all ages)



CHILD ENRICHMENT CENTER

Child's Information:

Child: _____
 First Middle Last Name Used

Age _____ Date of Birth _____ Sex _____ Previous School Experience _____

Mailing Address: _____ City _____ State _____ Zip _____

Child lives with (relationship): _____

Phone number to contact parent(s) _____

Father's Name _____ Address _____

Home phone: _____ Cell Phone: _____

Employer _____ Occupation _____ Business Phone _____

Mother's Name _____ Address _____

Home phone: _____ Cell Phone: _____

Employer _____ Occupation _____ Business Phone _____

Primary email (for classroom, school & billing info) _____

Secondary email (opt) _____

REFERRED BY: _____

Medical Information:

Child's Physician _____ Office Phone No. _____

Child's Dentist _____ Office Phone No. _____

Emergency Hospital Preference: Huntsville Hospital Crestwood Medical Center

Child's Insurance Company: _____ Policy #: _____

General Health of Child _____

List Allergies (food, environmental, drug) _____

Signs/Symptoms of Allergic reaction: _____

List daily medication(s) _____



CHILD ENRICHMENT CENTER

Name of Child: _____

Medical Information Continued:

Has your child been diagnosed with any chronic medical conditions? _____

Please list anything we should know about your child's health or development: _____

General Information:

Toddler/Preschool Children: Is your child potty-trained? Yes No In the process

Children must be completely potty-trained to be placed in the Preschool & Pre-K classes.

Is your child Crawling Walking

Does your child take Breastmilk Formula

Does your child have any special fears? _____ Please explain _____

Does your child have any behavioral issues? _____ Please explain _____

Are there family circumstances that we need to know about to better understand your child? Yes/ No

If "yes", please explain _____

Does your child attend a faith-based service or a children's faith-based worship school? _____

Please list your family's place for worship attendance _____

Language spoken at home _____

Siblings

Gender

Age



CHILD ENRICHMENT CENTER

Acknowledgements, Agreements & Authorizations:

Please initial where indicated:



Parent Handbook:

I have read, understand and agree to abide by the written policies set forth in the CEC Parent Handbook (available in hard copy and online at www.hazelgreen.org/daycare). I am responsible for reading memos, updates and newsletters that may inform me of any changes.



Medical Authorization:

I the undersigned, who are the parents or guardians having legal custody of the above named minor, request enrollment in HGUMC, Child Enrichment Center. I hereby authorize any employee of HGUMC, Child Enrichment Center, into whose care the minor has been trusted, to make any and all emergency life treating medical decisions and/or authorized all treating medical procedures recommended by a physician licensed in the state of Alabama with regards to my minor child in the event that I cannot be reached.

I hereby release HGUMC, Child Enrichment Center, its employees, or those associated with the program from any liabilities for accidents or injuries to the above name minor.

I agree to assume responsibility for all medical costs incurred.



Medical Acknowledgment:

I understand that the Child Enrichment Center is a “well-child care facility”. At no time can the CEC provide care for any child who is running a fever of 100.4 or above, has diarrhea (more than 2 in a one hour period), vomiting, a contagious illness, has yellow or green discharge from eyes or nose, or feeling too ill to participate in daily activities. It at the Director’s discretion whether or not the child will remain at school if any questions arise about the child’s health.

I understand that my child must be symptom-free, without aid of fever reducing medication, for 24 hours before returning to school.

I understand that in cases of vomiting and diarrhea my child must be symptom free, without aid of medication, for 24 hours, had one normal bowel movement and eating all regular, solid food.



CHILD ENRICHMENT CENTER

I understand the Child Enrichment Center's COVID policies, and agree to adhere to them in order to maintain enrollment.

I understand that medical policies will be strictly enforced, for the health, well-being and safety of all concerned.

Permission to Administer Medications:



The undersigned hereby authorizes the Child Enrichment Center, into whose care the listed minor has been entrusted, to administer oral medication. I understand that the Child Enrichment Center cannot nor will not dispense medication unless accompanied by a completed CEC Medical Form.

I understand that ALL medication (prescription and NON- prescription) must be in the original container, clearly labeled with the child's name, the drug name AND a physician's written instruction/ pharmacy label. The Child Enrichment Center staff cannot give a child medicine that says "Consult Doctor". I hereby release the Child Enrichment Center, its employees, or those associated with the program from any liabilities associated with the above child.

Financial Agreement:



This financial agreement is understood and agreed upon between the Child Enrichment Center and _____ (signature of person responsible for paying fees).

The above listed person agrees to make full tuition payments in the amount of \$_____ per (week or month). Tuition is due on the first day of the month and is considered past due after the 10th, or the first day of each week and is considered past due after Wednesday. Past due accounts will be charged a \$10/week late fee. Any account with an unpaid balance by the end of the week/month will receive a written notice advising that if payment is not received, childcare will not be extended beyond the end of that week/month. Your balance must be paid in full and maintained as such in order to ensure your continuation in our childcare program.

Parent/Guardian agrees to pay all registration fees and it is further understood that fees are non-refundable.

The center reserves a space for each child and continues to pay operating expenses, therefore there are **no discounts** when children are absent from the center due to illness, inclement weather, school holidays or vacations.

The Center will be closed for the following holidays: Good Friday, Memorial Day, 4th of July, Labor Day, Wed – Fri at Thanksgiving, week of Christmas and week of New Years, and various professional development days (listed in the handbook). We will offer daycare on all other public school holidays. **Tuition will be invoiced during these closures.**



CHILD ENRICHMENT CENTER

Any child picked up after 6:01pm will incur a \$10 late fee plus \$1 per minute after. Half-day preschool children picked up after 12:15 pm will incur a \$5 late fee. Repeated late pick-ups will result in dismissal of the child. However, emergencies do arise and a phone call promotes much understanding.



Excessive or frequent late payments will result in the dismissal of the child from the Child Enrichment Center. **With the signature of the person responsible for fees, this will constitute a binding contract. You child is not considered enrolled until the financial agreement is signed.**

By initialing each section of the policy and signing at the end, you are stating that you agree to abide by all provisions stated in the Acknowledgments, Agreements and Authorizations of the Child Enrichment Center.

Parent/Legal Guardian Signature _____ Date _____



CHILD ENRICHMENT CENTER

Authorization for Release of Child 2024-2025:

Name of Child: _____

The undersigned, who are the parents, or guardians having legal custody of the above named minor, hereby authorize the Child Enrichment Center, into whose care the minor has been entrusted, to consent to release of the above named minor to the following people. **Please ensure all authorized persons are indicated in Procure as well as the registration packet.**

UNDER NO CIRCUMSTANCES will a child be released to anyone not known to the school without authorization from parents. Unless personally known to the staff, a valid government issued photo identification will be required. If the list of people approved to pick up your child should change during the school year, it is your responsibility to keep the list current. **NOTE: It is legal for either parent to pick up a child from school unless the Child Enrichment Center has a court order restricting a parent.**

Parents/Guardians authorized to pick up:

Parent/Guardian: _____ Phone No. _____

Parent/Guardian: _____ Phone No. _____

Parent/Guardian: _____ Phone No. _____

Parent/Guardian: _____ Phone No. _____

Additional Persons who are authorized to pick up my child or call as an emergency contact:

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Parent/Legal Guardian Signature _____ Date _____