



Thank you for choosing Grace Pointe CDC. Below you will find the enrollment paperwork needed for your child to attend our preschool. We are open Monday - Thursday (12 months -5 yr. old) from 9:00a.m.-1:00p.m. We also offer Early Room 8:00a.m.-9:00a.m. and Late Room 1:05p.m.-2:00p.m. The cost for the Early Room is \$5.00 per child (Cash Only) and the Late Room is \$5.00 per child (Cash Only).

Once we receive your enrollment form and registration fee (\$125.00, non-refundable) you will receive a confirmation e-mail. In addition to this paperwork your child will need a blue immunization form from his/her pediatrician.

We use **Beyond Centers and Circle Time Curriculum**; you can learn more about it at www.cccrt.org. We run an intentional play-based center. Our teachers use developmentally appropriate practice skills to teach your child. We will provide an individualized curriculum based on the learning needs of your child and our classes have very low teacher child ratios in every room.

We follow the Montgomery Public Schools schedule for holidays. Open House information to come.

The first day of school will be Tuesday, September 3rd.

If you have any questions please contact the Director, Jennifer Mathis cell 334-207-3942 or via e-mail at www.gracepointecdc@gmail.com. Our address is: P.O. Box 640682, Pike Road, Alabama 36064 and the phone number is (334) 271-2525.

Child Care Application for Enrollment

Student Information:

Full Name: _____

Last First Middle Nickname

Date of Birth: _____ Sex: _____

2 days(12-23 months Only): _____

3 days (T,W,Th): _____ 4 days(2+)(M,T,W,Th): _____

\$210.00/month

\$245.00/month

\$280.00/month

A child who is enrolling in the 3- and 4-year-old program must be fully potty trained.

For Office Use Only: Date of Enrollment: _____

Tuition: (Ca/Ck#) _____ Registration Fee: (Ca/Ck #) _____ Supply Fee: (Ca/Ck.#) _____

Date Payment(s) Received: _____ Contacted: _____ Class(K-yr.): _____ Immunization Form: _____

****\$125.00 Family Registration Fee (non-refundable) and \$125.00 Supply Fee, please pay the supply fee by the first day of school. ****

Family Information:

Child Lives With: _____

Mother's Name: _____ Father's Name: _____

E-Mail: _____ E-mail: _____

Address: _____ Address: _____

Home Phone: () _____ Home Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

Employer: _____ Employer: _____

Work Phone: () _____ Work Phone: () _____

Custody: Mother _____ Father _____ Both _____ Other _____

Child's Physical Address: _____

Medical Information:

I hereby grant my permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

*Please list any allergies, special medical or dietary needs. Please also list if your child has any diagnosis.

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian(s) cannot be reached: (Place an asterisk beside the person to contact first in case of an emergency.)

Name	Address	Cell#	Home #
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Name	Address	Cell#	Home#
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Name	Address	Cell#	Home#
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Name	Address	Cell#	Home#
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Chapter 660-5-27 (57) requires a current physical examination (ADPH-F-IMM-50) and immunization record by the first day of school.

These authorizations are valid the entire time you child is in our care, including multiple years. If you have any change in information, please notify the school in writing about the changes.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Sick Children: We ask that you do not bring your child within 24 hours of having communicable disease symptoms, including but not limited to, green runny nose, productive cough, diarrhea, temperature of 100.5 degrees, and vomiting. If your child develops these symptoms at school, he/she will be isolated from the other children. You will be notified and expected to pick your child up immediately.

Signature of Parent/Guardian

Date