



LIFECHURCH LEARNING CENTER ENROLLEMENT APPLICATION

Child's Name: _____
Date of Birth: _____ Current Age: _____ Sex: M F
Address: _____
City: _____ State: _____ Zip: _____
(Office Use Only) Assigned Classroom : _____ Date of Enrollment: _____

PARENT/GUARDIAN INFORMATION

(PLEASE FILL OUT ALL INFO)

Mother's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Place of Employment: _____
Work Phone: _____ Work Hours: _____
Date of Birth: _____ Driver's License: _____

Father's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Place of Employment: _____
Work Phone: _____ Work Hours: _____
Date of Birth: _____ Driver's License: _____

Parent's Martial Status: Married Single Divorced

Child lives with: Mother Father Guardian Grandparents

Other/Please list: _____

Do you attend church regularly? Yes No

If Yes, which one _____

EMERGENCY INFORMATION

Child's Physician: _____

Physician Phone Number: _____

Hospital Preferences: _____

Emergency Contact other than Parent's/Guardian: _____

Phone Number: _____ Relationship to Child: _____

PARENT READ AND SIGN

In the event the child is injured while in the care of the LCLC we will contact the parent immediately. If parent or guardian cannot be contacted, LCLC shall be authorized to secure medical attention for my child.

Parent/Guardian Sign: _____

Date: _____

PARENT AGREEMENT

Please check each box you agree to

1. LCLC will be open from 6am-6pm for children ages 6 weeks-11 years of age
2. Any child picked up between 6:00-6:05 will be charged a late free of \$15. Then, \$1.00 each additional minute
3. Tuition Express information received and completed
4. School Cast information received and completed
5. I have received a copy of the handbook
6. Registration fee is due with enrollment paperwork
7. School supply fee is due August 1st of each year

TRANSPORTATION INFORMATION (If applicable)

My child _____, is to be transported _____ to school _____ from school from _____ (school).

Parent/Guardian Sign: _____ Date: _____

Child's Name _____

THIS CHILD WILL BE RELEASED ONLY TO THE PEOPLE ON THIS APPLICATION
AND THE FOLLOWING PERSONS. DRIVERS LISCENSE IS REQUIRED FOR ALL
PEOPLE ON THIS LIST.

1. Name: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone Number: _____

Driver's License # _____

2. NAME: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone Number: _____

Driver's License # _____

3. NAME: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone Number: _____

Driver's License # _____

4. NAME: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone Number: _____

Driver's License # _____

5. NAME: _____

Address: _____

Relationship: _____

Date of Birth: _____

Phone Number: _____

Driver's License # _____



Infant Room Questionnaire

Child's Name: _____

1. How many weeks gestation was your baby at birth? _____
2. How much did your baby weigh at birth? _____ lbs _____ oz
3. How much does your baby weigh now? _____ lbs _____ oz
4. How many days did your baby stay in the hospital after birth? _____
5. Has your baby ever had to be in Neonatal Intensive Care? YES NO
If yes, please explain: _____

6. Has your baby ever been placed on an apnea or bradycardia monitor? YES NO
If yes, please explain: _____

7. Has your baby been readmitted to the hospital since the initial discharge after birth? YES
NO If yes, please explain: _____

8. Does either parent or anyone in your household smoke cigarettes, cigars, etc.?
YES NO
9. Did baby's mother smoke either before find out she was pregnant or during pregnancy?
YES NO
10. If you are not the biological parents of the baby, to the best of your knowledge was the baby exposed to second hand smoke in utero? YES NO

Child's Name: _____

11. Is your baby exposed to second hand smoke now? YES NO

12. What position does your baby normally sleep in at home? BACK SIDE STOMACH

13. Does your baby take breastmilk formula

***** PER HEALTH DEPT: BOTTLES MUST BE PRE-MADE AND READY TO DRINK.
WE ARE NOT ALLOWED TO MIX BOTTLES. WE HAVE A REFRIGERATOR TO KEEP
MILK IN AND WILL USE A CROCKPOT TO WARM MILK*****

14. What baby food is your baby eating at this time? _____

15. How much formula/breast milk is usually consumed at each feeding? _____ OZ.

16. Does your baby usually burp easily? YES NO

17. Is it common for your baby to spit up? YES NO If yes, please explain: _____

18. Does your baby like their bottle cold or warm? COLD WARM

19. If your child sleeps past time to eat, would you like us to wake them up to feed him/her their bottle or let them sleep? _____

20. Does your child take pacifier? YES NO (If yes please make sure to provide one everyday)

21. How many hours does your baby sleep at night? _____

22. What is your baby's napping schedule? _____

23. Please write a mock schedule for the way your child eats during the day.

24. Please give us any additional information that will help us learn your child, or any comments:



ALLERGY INFORMATION

Date: _____ Child's Name: _____

Food Allergies:

Environmental Allergies:

If your child is lactose intolerant please explain what he/she can and cannot have.

If your child cannot have our milk you may bring lactose free milk to the daycare to be served with lunch

Please list from the following menu what your child **cannot have due to allergies.**

Please provide a note from the doctor stating that what your child is allergic to. The is will be kept in your child's file at all times. If you need to add or rake off allergies please do so to your teacher **AND** to the office so records can be updated.

It is your responsibility to bring a cold serve lunch if your child does not like something that is being served. If your child is **ALLERGIC**, LifeChurch Learning Center will provide your child with another choice of food.

Child's Medical Report Day Care

Child's Name:

Date of Birth:

Parent or Guardian Name:

Address:

Phone Number:

Email:

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child younger than five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies:

I examined this child on (date) _____ . I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities, except as noted below.

Signature of Physician or Physician's Assistant

Date

DAYCARE HISTORY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Rapid Alert & Notification System

Parent & Emergency Contact Form

Child's Name: _____

Parent 1:

Name: _____

Relationship to Child: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Ext: _____

Email: _____

Is it okay to contact you regarding 'non-emergency' notices (Y/N)? _____

Parent 2:

Name: _____

Relationship to Child: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Ext: _____

Email: _____

Is it okay to contact you regarding 'non-emergency' notices (Y/N)? _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

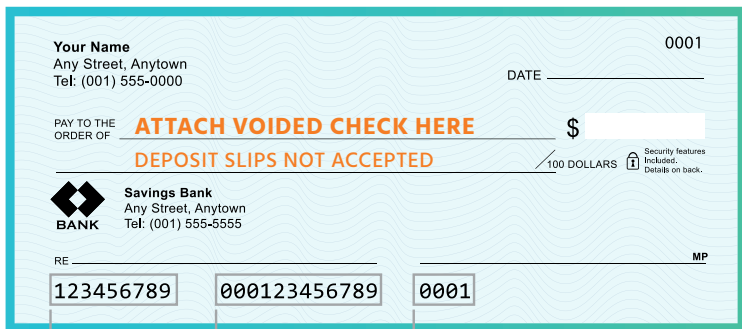
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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Please fill out the following information concerning the payment of your account. Tuition Express is **mandatory for all families.** You may pay with Tuition Express weekly or monthly. The center does not extend credit. Therefore your account cannot accumulate a balance.

Tuition Express forms are attached. If a checking account issued please attach a copy of a voided check.

Please Note: A fee of 3.5% is charged for all credit card transaction.

Parent's Name: _____

Date: _____

Child's Name: _____

Weekly _____

(If you choose weekly, your tuition will be withdrawn every Tuesday)

Monthly _____

(If you choose monthly, your tuition for the entire month will be withdrawn the first Tuesday of every month.)

I understand a 3.5% fee will be added for credit card transactions.

Account Holder Signature

AFFIDAVIT FOR PARENT/GUARDIAN

State of Alabama
County of Jefferson

Before me, a Notary Public in and for said state and county, appeared
(Parent's Name) _____ and is known to me,
after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the minor child/children
(Child's Name) _____ that affiant has been
notified by Tim Mills, a representative of LifeChurch Birmingham/LifeChurch
Learning Center/Family Center, that said church/school/daycare has filed notice
is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian Signature

Sworn, or affirmed to and subscribed before me this _____
day of _____, _____.

Notary Public

My commission expires: _____

Notary Stamp:



KEY FOB PARENT LETTER

DATE: _____

CLASSROOM: _____

CHILD'S START DATE: _____

Name of Child:

Parents Name and Key Fob Numbers:

I have received _____ key fobs for the Access Control System at LifeChurch Learning Center. The rental fee for the key fob is \$5.00 per key fob and was included in your registration fee. When withdrawing your child in the future please remember to return the key fob to the office on their last day.

Parent/Guardian Signature

Key Fob made by: _____

Staff Signature



Photo Consent

We, at LifeChurch Learning Center, from time to time will be taking photos of students during their activities within the premises. In this regard, we seek your consent for the publishing or use of photos which your child may be included.

The photos will be used for bulletin boards, updates posted via Facebook page, website, and/or within the walls/bulletin boards of the daycare premises.

We would like to celebrate all the awesome activities they participate in here at the learning center.

Name of Child: _____

Classroom: _____

I hereby grant and authorize the daycare to make use of photos involving my child.

I here by grand and authorize the daycare to use photos involving my child for class projects given to me only.

I do not allow the use of photos taken involving my child.

Signature of Parent: _____

Just a few reminders

- Please provide a change of clothes for your child to keep at school; shirt, shorts/ pants, underwear, & socks in case of a food or bathroom accident.
- Make sure to send your child in regular shoes each day, no open toed sandals, crocks, or slip-ons are allowed. This is for the safety of our children and the playground.
- Your child must have two snacks per day, one for AM and one for PM. Snacks must be ready to eat, nothing that needs to be cooked or warmed up please.
- We provide lunch for the children, however your child must be here by 9:30am to be counted for lunch. No call-ins are accepted. If your child is dropped off after 9:30am you are required to provide lunch for them. If your child comes in past their class lunch time, you will be required to feed them ahead of time.
- AM snack ends at 8:30am for K4.1 & K4.2. If you bring your child past 8:30am please make sure you feed them prior to dropping them off.
- AM snack ends at 9:00am for K2's & K3's. If you bring your child past 9:00am please make sure you feed them prior to dropping them off.
- If your child requires special milk (almond, soy, etc) you will need to provide that milk for your child. A carton can be stored in our refrigerator.
- If you provide lunch for your child, please make sure it's a cold serve ready to eat meal. We do not microwave children's lunch from home.

Thank you for all your cooperation!

Withdrawal Policy

LifeChurch Learning Center has a policy concerning withdrawal of children from daycare.

The center must have a written two week notice from parents indicating the withdrawal date and reason.

The letter must be given to administration two weeks prior to the date of departure. If a two week notice is not given, you will still be charged for the last two weeks even if your child is not attending daycare.

Parent Signature

Date