

# How To Apply

Today Care Children's Center @ SSA BHM

## Initial Enrollment

Please complete this registration packet and return it by email to [todaycaressa@gmail.com](mailto:todaycaressa@gmail.com). We are required to always have current information on your child. Information you will need to know when filling out the registration packet is as follows:

1. Emergency contact information for at least two family members or friends (not including the child's parents)
2. Physician information (i.e. Name, Address, Phone) if applicable

These items must be received prior to the child's start date:

1. Current Immunization Record or Alabama Department of Health Religious Exemption from Immunization
2. \$100 Registration fee
3. Physician Form



**G. Child's preadmission record****DHR-CDC-739****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:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: (      )
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: (      )	Employer's Telephone Number: (      )
List telephone numbers such as pager, 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	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: (      )
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**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

***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)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

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

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

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

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

*Additional information may be attached.*



## Privacy Policy

The TodayCare Children's Center will keep all records and information about your family strictly confidential and private. We will abide by our state's privacy laws and will release records or information about your family only when required by law. This includes releasing information to the child care licensing department, child protection agency, police, health care and other educational professionals. Other than these legal requirements, we will release records or information about your family only with your written permission.

The Director of the TodayCare Children's Center will decide which staff may have access to confidential information about your child. The following records of your child are available for your inspection at any time: enrollment forms, medical records, immunization records, attendance records, assessment records, and incident reports. Contact the Director to set up a time to view these records.

### Parental Responsibilities

We forbid the taking of any pictures or videos (in whatever format) by parents (or anyone else) of the children in our program.

### Common Practices

Below is a list of common practices we follow that may raise an issue for you about privacy. Please review these practices and initial each item to which you consent. If you do not consent, we will not share the information about your child.

- We may post photographs of your child in the classrooms. \_\_\_\_\_ I approve
- We have a photo album of our program that may include a photo

of your child. Prospective parents would be able to view this album. \_\_\_\_\_ I  
approve

- We may post either first or last name of your child on his/her cubbie. \_\_\_\_\_ I  
approve

- We may post either the first or last name of your child or your name on  
classroom bulletin boards. \_\_\_\_\_ I  
approve

- We may post photos of your child in our program-marketing literature  
or newsletter. \_\_\_\_\_ I approve

- We may post artwork or other craft activities in the classroom that  
identify your child by name. \_\_\_\_\_ I  
approve

This permission is granted through one year from the date below:

Signed on this date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent printed names:

\_\_\_\_\_

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

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

**THIS FORM MUST BE COMPLETED BY YOUR CHILD'S PHYSICIAN**

Children's Health Record

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physicians Name: \_\_\_\_\_  
Physicians Phone: \_\_\_\_\_

Medical History

Allergies: \_\_\_\_\_  
Chronic Illnesses: \_\_\_\_\_  
Previous Surgeries: \_\_\_\_\_  
Disabilities: \_\_\_\_\_

Does your child wear:

Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Hearing Aid \_\_\_\_\_  
Orthopedic Aid \_\_\_\_\_ Braces/Retainer \_\_\_\_\_

Physical Examination

Date of exam: \_\_\_\_\_ Age of child: \_\_\_\_\_  
Skin \_\_\_\_\_ Heart \_\_\_\_\_  
Lymph Nodes \_\_\_\_\_ Lungs \_\_\_\_\_  
Eyes \_\_\_\_\_ Ears \_\_\_\_\_  
Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_  
Nasopharynx \_\_\_\_\_ Skeletal \_\_\_\_\_  
Teeth/Mouth \_\_\_\_\_ Other \_\_\_\_\_

Note and Unusual Findings

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Does this child have any health conditions that limit his/her activities in a childcare setting, including sports? \_\_\_\_\_

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If yes, what modifications of normal activities would be necessary to accommodate the child?

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Have you prescribed any medications or special routines which should be included in the center's plan for this child's activities? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Federal Utilization Form

❖ Please complete this form in its entirety if you are a federal employee

Child's Name:

Parent's Name:

Federal Agency:

Supervisor Name:

Supervisor Phone #:

Supervisor Email:

❖ Please complete a new form if your supervisor's information changes.



## Receipt & Acknowledgement of the Social Security Administration Parent Handbook

I have received and read a copy of the *Social Security Administration Child Development Center Parent Handbook*. I understand that the policies, rules and programs described in the handbook are subject to change at the sole discretion of the Social Security Administration at any time. I understand this handbook replaces all previous handbooks for the Social Security Administration.

I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the *Social Security Administration Child Development Center Parent Handbook*. I understand that it is my responsibility to read and abide by the policies and programs described in this handbook.

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Parent/Guardian's Printed Name

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Child's Printed Name

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Parent/Guardian's Signature

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



Tuition is due in advance on the 25<sup>th</sup> of the previous month and/or on Friday before the next two weeks if paying bi-weekly. Tuition that is not paid before 9am on Monday is considered late and will be assessed a late fee of \$10 per day. The annual registration fee is \$100 per child or \$150 per family.

My child's name: \_\_\_\_\_ Age: \_\_\_\_\_

My child's monthly/bi-weekly tuition is \$\_\_\_\_\_ for \_\_\_\_\_ days a week.

My child will begin care on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**My child's schedule will be:**

Full time 4/5 days per week \_\_\_\_\_ Drop Off Time\* \_\_\_\_\_ Pick Up Time\* \_\_\_\_\_  
(Indicate days of the week)

3 days per week \_\_\_\_\_ Drop Off Time\* \_\_\_\_\_ Pick Up Time\* \_\_\_\_\_  
(Indicate days of the week)

2 days per week \_\_\_\_\_ Drop Off Time\* \_\_\_\_\_ Pick Up Time\* \_\_\_\_\_  
(Indicate days of the week)

\*Must be actual times – 6:30 to 5:30 is not acceptable.

The Alabama Dept of Human Resources (CCL) shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provision for private interviews with any children or staff member, and for the examination of all records relating to the operation of the childcare center. The CCL department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, and inappropriate placement.

**Please return your completed form and check to center management. You will be given a copy of the signed agreement. Please consider this a commitment – all deposits/payments are non-refundable. It is important that you follow the starting date that you have committed to. We will schedule staff based on Commitment Forms returned indicating a start date and the hours your child (children) will attend.**

Printed name of Parents: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Director's Signature Date

# Tuition Express

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 your bank account.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize **TodayCare Children's Center @SSA** to initiate debit entries to my (our) checking or savings account, indicated below.

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.

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Your Name

Phone #

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Address

City State Zip

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Bank or Credit Union Name

Bank or Credit Union Address City State Zip

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Routing Transit Number

Account Number

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Authorized Signature Date

**\*Attach Voided Check**

For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_





## **Parent Handbook – COVID 19 Addendum Agreement**

I understand that my signature below indicates that I have read and understand the above statements and have received a copy of TodayCare Children's Center Parent Handbook-COVID 19 Addendum. I understand that it is my responsibility to read and abide by the policies and programs described in this handbook.

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_