



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



## **Welcome to our TodayCare Family!**

To receive center news, events and information, please list your email below.

Child's Name:
Parent's Name:
Email Address:

# 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.

---

Parent/Guardian's Printed Name

Child's Printed Name

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

---

Parent/Guardian's Signature





**SOCIAL SECURITY ADMINISTRATION – BIRMINGHAM, ALABAMA  
PARENT ADMISSION/COMMITMENT AGREEMENT**

Dear Parent:

This is your Parent Commitment Agreement for childcare services.

Your signature on this form indicates that you have read and agree to abide by the Parent Admission Agreement. We look forward to having your child registered and using the services at TodayCare at the Social Security Child Development Center.

Tuitions for all programs are listed below and will be in effect until a new Parent Admission Agreement is signed. You will be given 30 days written notice of a rate change. You must cancel any reservation agreement a month prior to the last day of care or you will be billed the full rate of tuition. Tuition is due either monthly or bi-weekly via ACH or payroll deduct and must be paid in advance. There will be no refunds. You may not schedule your child for care if your fees are not paid.

**SSA/Federal Employees/Regions Employees**

	<i>Full Time Four or Five Days Monthly/Bi-Weekly</i>	<i>Part Time Three Days Monthly/Bi-Weekly</i>	<i>Part Time Two Days Monthly/Bi-Weekly</i>	<b>Back-Up Care* (Per Day)</b>	
<b>Infants</b>					
Infants	\$953/\$440	\$715/\$330	\$620/\$286	\$60	
<b>One Year Old</b>					
Young Toddlers	\$953/\$440	\$715/\$330	\$620/\$286	\$60	
<b>Two Year Old</b>					
Older Toddlers	\$910/\$420	\$683/\$320	\$592/\$250	\$55	
<b>Three &amp; Four Year Old</b>					
Preschool	\$867/\$400	\$650/\$300	\$564/\$240	\$55	

**Community Child Care**

	<i>Full Time Four or Five Days Monthly/Bi-Weekly</i>	<i>Part Time Three Days Monthly/Bi-Weekly</i>	<i>Part Time Two Days Monthly/Bi-Weekly</i>	<b>Back-Up Care* (Per Day)</b>	
<b>Infants</b>					
Infants	\$1040/\$480	\$780/\$360	\$676/\$312	\$70	
<b>One Year Old</b>					
Young Toddlers	\$1040/\$480	\$780/\$360	\$676/\$312	\$70	
<b>Two Year Old</b>					
Older Toddlers	\$997/\$460	\$748/\$340	\$648/\$280	\$60	
<b>Three &amp; Four Year Old</b>					
Preschool	\$953/\$440	\$715/\$330	\$619/\$270	\$60	

Summer School Age care \$150 weekly - \*Back up care when available.

Multiple child families - the oldest child receives a 5% discount.

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

**SSA BIRMINGHAM CHILD DEVELOPMENT CENTER  
TUITION ASSISTANCE PROGRAM**

**I. POLICY**

The Board of Directors of SSABCDC, Inc. has established a Tuition Assistance Program. The goal of the Program is to make quality childcare services affordable for all families of SSA employees that are currently enrolled or going to be enrolled in the Birmingham SSA Child Care Center. The Program's policy is to provide financial assistance to SSA families with a documented need. Continuity of childcare experiences for the child is of prime importance. Therefore, first priority will be given to current Tuition Assistance recipients who continue their enrollment in the SSA Birmingham Child Care Center. The second priority is to applicants currently enrolled in the SSA Birmingham Child Care Center, but not receiving tuition assistance. The third priority is to newly enrolled applicants seeking tuition assistance throughout the year.

**II. ELIGIBILITY**

Financial need will be determined based on the total family income. The family income includes both parents' income, if the child lives with both parents; the income of single parent or guardian having legal custody of the child; as well as funds received from other sources for the support of the child will be considered. Children receiving daycare vouchers from any source are not eligible for assistance through this program.

**III. AVAILABILITY OF FUNDS**

Funds for this Program are obtained primarily through the fundraising activities of the Board of Directors and recycling funds. Subsidies are not provided by the Social Security Administration.

**IV. TERMS OF ASSISTANCE**

- A. The Program is for a period of one year. Applicants will need to re-apply every twelve months. The period will begin on January 1<sup>st</sup> of every year, and end on December 31<sup>st</sup>. The deadline for filing an application for tuition assistance will be **October 31<sup>st</sup>** of each year unless changed by the Committee for administrative reasons.
  
- B. All Program awards will be in the form of tuition reduction. The recipient will receive tuition reduction during the first full week of each month. The Board will pay these funds directly to TodayCare, Inc. The applicant is then responsible for the remaining tuition balance paid directly to TodayCare, Inc. by the tuition due date set by TodayCare.

- C. Childcare center application enrollment fees, late pickup charges, and other miscellaneous fees are not included in the Program.
- D. Applications will also be considered at times other than the initial review on a case-by-case basis, as funding is available. Tuition assistance granted for these applications will be granted only until December 31st of the current year.
- E. To remain eligible for tuition assistance participants must remain current in their payments to TodayCare, inform to the Board immediately of enrollment date changes, and participate in fundraising activities for the Center throughout the year (minimum 2 hours per year). Failure to comply with section E requirements could result in disqualification from the Tuition Assistance program.

## **V. APPLICATION PROCEDURES**

- A. An applicant for tuition assistance must submit the following information:
  - 1. A **completed** application, signed by parent/parents/guardian(s) (signatures certify that all information is **complete, correct and true**);
  - 2. Copies of pay/earnings statements from every job for the last two pay periods from each person contributing to the household and/or child;
  - 3. A copy of the W2s from the previous year, and federal and state income tax returns filed for the past year for anyone contributing to the support of the child and household;
  - 4. Documents granting tuition assistance for the child from other sources, i.e., parent's employer, etc., and,
  - 5. Any other supporting documentation needed for income verification.

All information is confidential and will be used solely to determine eligibility for tuition assistance.

Every applicant will be given equal consideration without regard to race, creed, color, national origin, sex, age or handicap.

- B. The completed application, along with **all** supporting documentation, should be forwarded to:

SSA Childcare Liaison  
Tuition Assistance Committee  
c/o Michelle Brown  
1200 Rev Abraham Woods Jr. Blvd  
Birmingham, AL 35285

- C. The deadline for submitting applications will be **October 31<sup>st</sup>** (or a date determined by the Committee) of each year for the following calendar year beginning January 1<sup>st</sup>.

## **VI. REVIEW PROCEDURES**

- A. The Tuition Assistance Committee is appointed by the Board to consider applications and distribute funds that are allocated. The Committee shall include the Treasurer, who will serve as chairperson, and three voting Board members.
- B. The Committee will meet and a determination will be made no later than November 21<sup>st</sup> in order to have a decision prior to commencement of the new calendar year (January 1<sup>st</sup>).
- C. All information provided by the applicant will be kept strictly confidential, unless otherwise required by law.
- D. In the event that the need-based scholarship funds are lower than projected, it may be necessary to adjust some or all awards. If this occurs, the Committee Chairperson will notify the recipients affected as soon as possible.
- E. The Committee may request that the applicant supply additional information. Such requests will be handled through the Committee.
- F. Rejected applicants may reapply for tuition assistance at the next application deadline (October 31<sup>st</sup>) or at the point a significant change in family circumstances occurs.
- G. The applicant will be required to report any change of financial situation, marital status, etc. to the Committee Chairperson within 30 days of that change(s).

## **VII. EVALUATION CRITERIA**

It is important that the Tuition Assistance Committee recognize that some of the decisions to grant tuition assistance are subjective. It is not always a

simple, clear-cut decision. For instance, the Committee will take into consideration all unusual circumstances brought to its attention prior to making a final decision.

- A. Evaluation and review criteria shall include, but may not be limited to:
  - 1. Family gross income,
  - 2. Family's other income;
  - 3. Amount of money available to the Board;
  - 4. Multiple children per family (separate application needed per child);
  - 5. Total number of applicants; and
  - 6. Relative need among applicants.
  
- B. Tuition assistance will be awarded on an individual basis based on need and fund availability of the Board.

The total family income will be used to determine the amount of tuition assistance. **If total family income exceeds \$70,000.00, no assistance will be provided.**

### **VIII. REDUCTION OR TERMINATION OF TUITION ASSISTANCE**

Tuition Assistance may be reduced or terminated at any time for any of the following reasons:

- A. Projected funds for the program do not materialize;
- B. Withdrawal or dismissal of the child from the Center for any reason. If a child previously receiving assistance withdraws/is dismissed and reenrolls, they will have to re-apply for assistance;
- C. Change in family circumstances to be reported by the family;
- D. False or inaccurate information submitted on the application;
- E. Change in child's classroom or age will/may cause a reduction to be reported by the family and/or center;
- F. End of assistance year;
- G. End of Social Security employment.

Falsification or inaccuracies in the information submitted will result in repayment of tuition assistance for the period in question, termination from the program, and denial of future assistance.

### **VIX. EMERGENCY TUITION ASSISTANCE**

SSA employees may apply for temporary tuition assistance for the following circumstances: Death of spouse, divorce or legal separation, spouse job loss, or extended illness resulting in employee loss of income of more than two weeks.

**SSA BCDC  
TUITION ASSISTANCE APPLICATION**

**PLEASE COMPLETE ALL INFORMATION AND ATTACH ALL REQUESTED DOCUMENTS**

\*\*Only one application per family is required. If you are applying for tuition assistance for more than one child in your family, please supply the requested information for each child on the same form.

**IDENTIFYING INFORMATION**

1. Your Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (MI)
2. Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_
5. Your Marital Status (check one):  
 Married /Remarried  Separated  Unmarried (single, divorced, widowed)
6. The month and year you were married, separated, divorced or widowed. \_\_\_\_/\_\_\_\_  
Month/Year
7. If married / living with, name of spouse / significant other:  
\_\_\_\_\_
8. Telephone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

**Enrollment**

1. Child's Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (MI)  
Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: ( ) Male ( ) Female  
(Month) (Day) (Year)
- Child's Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (MI)  
Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: ( ) Male ( ) Female  
(Month) (Day) (Year)
- Child's Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (MI)  
Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: ( ) Male ( ) Female  
(Month) (Day) (Year)

2. Have you filed an application for admission with the Center Director? \_\_\_\_\_  
Is space available in the Center for your Child? \_\_\_\_\_
3. Number of days child will attend Center: \_\_\_\_\_
4. When will child begin attending the Center? \_\_\_\_\_

**ANNUAL GROSS INCOME FOR HOUSEHOLD**

(Applicant must report total income which means combined gross household income.) **\*\*\*\*If you have more than one job, please list the total amount of yearly salary you receive. For instance, if you make \$24,000 per year at one job, and you make \$10,000 per year on your second job, on the line that says "Your Salary" you would put \$34,000 per year.**

	Self	Spouse/ Others
Annual Gross Income of Applicant (Use additional sheets if necessary)	\$ _____	\$ _____

**ALL OTHER ASSETS**

Savings Account(s):	\$ _____	\$ _____
Checking Account(s):	\$ _____	\$ _____
Investment(s):	\$ _____	\$ _____
Properties:	\$ _____	\$ _____
Stocks, Bonds, etc.	\$ _____	\$ _____

**LIST ALL OTHER FORMS OF INCOME AND/OR ASSISTANCE**

Social Security Benefits:	\$ _____	\$ _____
For Child	\$ _____	\$ _____
Temporary aid to Needy Families (TANF)	\$ _____	\$ _____
Net rental income	\$ _____	\$ _____
Section 8/HUD	\$ _____	\$ _____
Food Stamps:	\$ _____	\$ _____
Medical Assistance:	\$ _____	\$ _____
Other Childcare Subsidy for child you are applying for	\$ _____	\$ _____
Alimony:	\$ _____	\$ _____

Child Support Received for child for which you



are applying: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 If you do not receive child support, please supply document of denial if applicable

For Other Children \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other income (list types):  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**NUMBER OF PERSONS IN HOUSEHOLD**

How many people in your household? \_\_\_\_\_

Please list below:

Amount Contributed

Name	Relationship	Age	Gross Annual Income	for Child
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**Amount of income (i.e., room & board) received from those living in household:**

<u>Whom</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Is there any other source/individual that contributes to the support/care of this child (i.e., employer tuition assistance program)?

If yes, whom and amount: \_\_\_\_\_  
(Whom) (Amount)

**EXPENSES**

1. How much are you currently paying for child care per month for enrolled child?  
\$ \_\_\_\_\_ For other children: \$ \_\_\_\_\_

2. How much can you pay for child care per month at this time  
\$ \_\_\_\_\_

3. How much tuition assistance are you requesting?  
\$ \_\_\_\_\_

4. Explain why you cannot pay the full fee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will you be able to pay more in the future? ( ) Yes ( ) No  
If yes: When? \_\_\_\_\_ How much? \$ \_\_\_\_\_

**PLEASE NOTE:** Evidence of your income must accompany this application. Evidence must consist of copies of the most recent W2s and the latest income tax returns for all income earners in the child(ren)'s household. If there are two separate returns filed in your household, both returns must be submitted with this application. Plus copies of pay/earnings statements from every job for the last two pay periods from each person contributing to the household and/or child.

Do you wish to have your W2s and tax return copy(ies) returned to you or destroyed once your evaluation is completed?

Please attach to this application a statement indicating any additional reasons or circumstances that you may wish to have considered. Special attention should be given to explaining unusual circumstances.

-----DO NOT WRITE BELOW THIS LINE-----

Date: Approval: YES NO Rate:

Reason for Disapproval:

Signature of Committee:

*I/We state that everything I/we have stated in this application is correct to the best of my/our knowledge and that I/we have provided a complete listing of my/our income, debts, and obligations. I will notify the Chairperson of the Tuition Assistance Committee within 30 days if any of this information changes. I understand that falsification of the information submitted will result in **repayment** for the period in question, cancellation of assistance and will also result in denial of future assistance.*

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

## Additional Sources of Assistance

Federal Tuition Assistance

Military Subsidy

State of Alabama

Child Care Subsidy