

Bay Area Child Development Center, Inc.
5215 Embassy Dr.
Corpus Christi, TX 78411
Tel: (361) 857-6543
Fax: (361) 857-2622

LIST OF REQUIRED REGISTRATION INFORMATION

Enroll Date: _____ Withdraw Date: _____

1. Enrollment Information: _____
 2. Enrollment Agreement: _____
 3. Signature of Parent Handbook: _____
 4. Physician's Statement & Vision/Hearing _____
 5. Photograph Release Form: _____
 6. Copy of Current Immunization:
 - a) Updated: _____
 - b) Updated: _____
 - c) Updated: _____
 - d) Updated: _____
 7. CACFP Forms: _____
 8. Infant Care Instructions :(if necessary): _____
-

Parent Information updated on: _____

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Enrollment Information

Enroll Date: _____ Withdraw Date: _____ Accepted By: _____

Child's Name: _____ D/O/B: _____ Home #: _____

Child's Address: _____
Street City State Zip

Mother's Name: _____ SS#: _____

Father's Name: _____ SS#: _____

Address if different: _____
Street City State Zip

Phone numbers while child is in care:

Mother: WK: _____ Cell #: _____

Father: WK: _____ Cell#: _____

Days and Hours expected to be in care: **F/T** **P/T**

(Circle one)

Emergency contact (MUST BE OTHER THAN PARENT IF HE/SHE CANNOT BE REACHED)

Name: _____ PH#: _____ Relationship: _____

Address: _____
Street City State Zip

I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons (include parent's name):

_____ PH# _____ / _____ PH#: _____

_____ PH#: _____ / _____ PH#: _____

_____ PH#: _____ / _____ PH#: _____

I understand that all persons listed to pick up the child will provide a copy of a current Driver's License and that any changes to this list must be in writing by the parent to the center. There are no exceptions to this rule:

_____ Date: _____

Parent Signature

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and other information which should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician: _____ Address: _____ PH#: _____

Hospital: _____ Address: _____ PH#: _____

ONE OF THE FOLLOWING STATEMENTS MUST BE FILLED IN AND DOCTOR'S STATEMENT RECEIVED WITHIN 6 WEEKS OF ENROLLMENT:

1) **SCHOOL AGE CHILDREN:** My child attends the following school and his/her immunization record is on file at the school. Immunizations and tuberculosis test results are current:

School: _____ Address: _____ PH#: _____

2) **DOCTOR'S STATEMENT:** My child has been examined within the past year by a licensed physician and is able to participate in the day program:

Name and address of physician

(Within the next 6 weeks, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT program, or a formal statement from a health service of clinic and will submit it to the day care facility).

3) **MY CHILD HAS AN APPOINTMENT FOR A PHYSICAL EXAMINATION ON:**

_____ Date: _____

Name and address of Physician or address of EPSDT screening site: (I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination).

_____ Date: _____
Signature of parent

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ENROLLMENT AGREEMENT

I, _____ (Parent) agree that Bay Area Child Development Center, Inc. will care for _____, child(ren) beginning on _____, 200_____.

Care will include the following meals and snacks: (circle those that will be provided):

Breakfast Lunch PM Snack Supper

I understand and agree to pay a weekly/monthly fee of \$ _____. I understand that payment for childcare is due on the Monday of each week wherein payment would be made in advance for care. If this fee is not paid on the first day of the week, a late penalty of \$5.00 per day will be charged daily until paid in full. Continuous late fees will be grounds for termination or participation in our daycare program.

Parents of children who are on the Workforce Program are required to pay the first half of the required parent fee on the 1st of the month and the second half on the 15th. Unless specific arrangements are made with the staff a late charge of \$25.00 will be added for late fees.

My child(ren) is (are) to be in care between the hours of:

_____ and _____ on _____.

Arrival Departure Days of the Week

Late pick up for children left at the center outside of normal hours of operation will require an additional fee of \$5.00 per minute, per child that is kept in care after the 7:00 closing time and will be due upon pick up of the child(ren).

WHEN I WITHDRAW MY CHILD(REN) FROM CARE, I AGREE TO GIVE AT LEAST A 2 WEEKS ADVANCE NOTICE AND UNDERSTAND I WILL BE BILLED FOR THE TWO WEEKS IF NOTICE IS NOT GIVEN IN WRITING.

If nonpayment is the cause for termination, the 2 weeks notice will still be charged when care is terminated. In case suit or action is instituted to collect any portion thereof, the below named buyer(s) promises to pay all collection costs and such additional sums as the court may adjudge reasonable such as court costs, attorneys fees, services of process, etc. in said suit or action.

Signature of Parent/Legal Guardian Social Security # Drivers' License #

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Photograph Release Form

I/we the parent(s) and/or guardian(s) of _____ grant permission for photographs of our child to be used for informational and professional development purposes, daycare brochure, and future website by your child/ren teacher at Bay Area Child Development Center. The photographs that will be taken will be pictures of the children engaged in learning activities going on in the classroom or playground, and holiday parties.

I/we hereby represent that I/we have the legal right to issue such content.

Signature: _____ Date: _____

Signature: _____ Date: _____

Name (print): _____

Name (print): _____

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CACFP DOCUMENTATION ACKNOWLEDGMENT

I hereby acknowledge that I have received the following information concerning the USDA Food Program:

1. Building for the Future;
2. WIC: The Special Supplement Nutrition Program for Women, Infants & Children
3. Non-Pricing form; and
4. Civil Rights Information.

_____ Date: _____
Child's Name Parents Signature

Dear Parents:

Bay Area Child Development Center is operated in accordance with the U.S. Department of Agricultural policy, which prohibits discrimination on the basis of race, color, sex, age, handicap, religion, or national origin.

If you believe that you have been discriminated against in any department activity, service, or program you should immediately contact the civil rights office listed below.

Civil Rights Office
M.C. W-206
P.O. Box 149030
Austin, TX 78714-9030
Voice: (512) 438-4313
TDD: (512) 438-2960
Fax: (512) 438-5866

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Director: Anita A. May

PHYSICIAN'S STATEMENT

Date: _____

TO WHOM IT MAY CONCERN:

_____ was seen in our office on _____.

This child was found to be in good physical health and may participate in all daycare activities. For further information, please contact our office at () _____.

Thank You,

Physician's Signature

VISION/HEARING SCREENING FOR 4 YR. OLDS

Hearing: _____ Date: _____ Signature: _____

HZ _____ 1000 _____ 2000 _____ 4000 _____ Pass _____

R _____ L _____ Fail _____

Vision: _____ Date: _____ Signature: _____

R20/ _____ L20/ _____ Pass _____ Fail _____

Infant Care Instructions

Dear Parent,

In order to serve your infant's needs in a more individual manner, we ask that you fill out this form and return it to the nursery.

Baby's Name: _____ Baby's Birthday: _____

Type of Formula (Be specific) _____ Warmed? _____

Type of juice(s) _____

Type of Diet: Cereal _____ Meats _____

Vegetable _____ Fruits _____

Allergies: Food _____

Skin _____

Other _____

Skin Care: Ointment _____ Special soap _____

Sleeping position: On Stomach _____ On Back _____ On Side _____

Does your baby use a pacifier? _____

OTHER HELPFUL INFORMATION (Please include schedule for feeding, sleeping, etc.)

Thank You for sharing your child with us!!!!

Parent Signature

Date

Update:

Changes

Parent Initial

Date

Changes

Parent Initial

Date

Changes

Parent Initial

Date

Changes

Parent Initial

Date

Changes

Parent Initial

Date