



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: \_\_\_\_\_

*Additional information may be attached.*

Administrative Use Only

ALLERGY ALERT

(Please check one below)

YES

NO

Preschool Plus

Southern Early Education Enterprise

4475 Atlanta Highway

Montgomery, AL 36109

Administrative Use Only

Start Date: \_\_\_\_\_

Program: \_\_\_\_\_

Classroom: \_\_\_\_\_

## Application for Enrollment

(Please Print Clearly)

Please provide the following state required information.

### Identifying information about your child:

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Sex: \_\_\_ M \_\_\_ F

Address \_\_\_\_\_  
Street City State Zip

Name of elementary school currently attending, if any \_\_\_\_\_

Date you would like to begin attending Southern Early Education Enterprise, Inc \_\_\_\_\_

Daily estimated arrival time \_\_\_\_\_ Departure time \_\_\_\_\_

Days your child will attend (please check) \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

Child lives with: \_\_\_ Mother \_\_\_ Step-Mother \_\_\_ Legal Guardian

\_\_\_ Father \_\_\_ Step-Father \_\_\_ Other \_\_\_\_\_

Who has custody of child? \_\_\_\_\_

Identifying information about the parents or guardian (please indicate which parent you would prefer to have as primary call contact):

	Father	Mother	Legal Guardian/Step-Parent
Name			
Street Address (If different than child) City, State, Zip			
Occupation			
Employer			
Street Address City, State, Zip			
Home Phone #			
Work Phone #			
Cell Phone #			
Email			

Primary Name on Account

Primary Call Contact

## Vehicle Emergency Medical Information & Emergency Medical Authorization

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_M \_\_\_F

Address \_\_\_\_\_

	Street	City	State	Zip
	Father	Mother	Legal Guardian/Step-Parent	
Name (First & Last)				
Home Phone #				
Work Phone #				
Cell Phone #				
Email				

**In an emergency, if parent cannot be reached, please contact: (at least 2 LOCAL)**

Name (First & Last)	1)	2)	3)
Address: City, State, Zip			
Home Phone #			
Cell Phone #			
Relationship to child			

Name of Physician \_\_\_\_\_ Physicians Phone # \_\_\_\_\_

Physicians

Address \_\_\_\_\_

Child's medical conditions (asthma, diabetes, drug allergies, etc.) \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's Special Medical Needs & Conditions

\_\_\_\_\_

In the event of an emergency involving my child, \_\_\_\_\_, & if Southern Early Education Enterprise, Inc (Preschool Plus) is unable to contact me immediately, I hereby authorize Preschool Plus to secure any needed medical emergency, medical care & attention. I agree to keep Preschool Plus informed of changes in telephone numbers, etc. where I can be reached. Preschool Plus agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Additional Pick-up Information

Please list below any other people (other than parents/guardians or emergency contacts listed above) having permission to pick up your child (must be 18 years of age or older):

Name (First & Last)	1)	2)	3)
Street Address: City, State, Zip			
Home Phone #			
Cell Phone #			
Relationship to child			
I authorize person to obtain their own code:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Check)

Please notify us anytime someone else will be picking up your child (see front desk). If their name is not on our list and we have no other instructions in writing from you, we will not allow them to leave with your child. If, due to an extreme emergency, you can phone in this information, you will be asked for a codeword to verify your identity. NO EXCEPTIONS! Thank you for your cooperation in helping us keep your child safe.

Code Word: \_\_\_\_\_

Does your child have any allergies?  YES  NO List (please let us know if any allergies require medical treatment such as an EpiPen) \_\_\_\_\_

Please list any medications given regularly and the dosages/frequency. (Any medications dispensed at Preschool Plus, will require an "Authorization for Medication" form be filled out at the front desk.)

Please list any other medical conditions your child has. \_\_\_\_\_

Does your child have any mental health disorder, mental retardation, or developmental disabilities which would limit the child's participation in the center's program and activities?  YES  NO

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Please list any special procedures required in caring for your child.

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How did you first learn about us?

- Friend     Mailing     Sign/Banner     Print Ad     Yellow Pages     Website  
 LH Member: \_\_\_\_\_     OA Parent: \_\_\_\_\_     Other: \_\_\_\_\_

### Child Information Sheet

Child's Name \_\_\_\_\_

Sibling Information: Names & Ages: \_\_\_\_\_

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Please list any other person(s) living with family and indicate their relationship to the child: \_\_\_\_\_

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Fears or dislikes: \_\_\_\_\_

Other information you feel would help the teacher know your child better. For example: names and type of family pets, favorite foods or favorite TV shows: \_\_\_\_\_

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How does your child handle frustrations? \_\_\_\_\_

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Bathroom competency (please check one)     In diapers     In training     Trained (asks to go potty)

Did your child have any serious complications at birth?     YES     NO

If yes, please describe \_\_\_\_\_

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Is your child adopted (check one)     YES     NO    If yes, when? \_\_\_\_\_

Does your child have any developmental concerns?     YES     NO    Describe \_\_\_\_\_

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What other child care situations has your child experienced? \_\_\_\_\_

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How does your child act when you have to leave him/her? What do you find is best way to say at these times? \_\_\_\_\_

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Are there any sleeping or napping instructions? \_\_\_\_\_

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Do you have any concerns about any of your child's routines (sleeping, eating, etc.)? \_\_\_\_\_

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Please use the space below to tell us any other information about your child that you think would enable our staff to give him/her the very best care possible. \_\_\_\_\_

**Please remember that even small children have strong feelings concerning changes or tragedies that affect their lives, i.e. death (even a pet), relocation, change in home situations, any medications they might be taking, etc. Please keep an open dialogue with your child's teacher so we can do our part to help. Thank you.**

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Annual Parent Contract

The Southern Early Education Enterprise, Inc. agrees to provide child care and education for \_\_\_\_\_ (child's name), beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date).

#### *Please read and initial each line*

\_\_\_\_\_ I understand that The Southern Early Education Enterprise, Inc. does not discriminate on the basis of sex, race, color, national origin, handicap, or religion in the educational programs or activities which it operates.

\_\_\_\_\_ I understand that only prescription medication will be dispensed to my child. I agree to provide written authorization which includes: date, child's name, name of medication, prescription number, dosage, date and time of day medication is to be given. Medicine will be in its original container with my child's prescription number and name clearly labeled on all items. I will also provide any measuring items for said medication.

\_\_\_\_\_ I understand that my child will not be allowed to enter or leave the facility without being escorted to and from the classroom by the parent(s)/legal guardian, authorized pick up person, or facility personnel.

\_\_\_\_\_ I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur (i.e. telephone numbers, e-mail addresses, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.).

\_\_\_\_\_ The Southern Early Education Enterprise, Inc. agrees to keep me informed on incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases, which affect my child. This information will be communicated via telephone, e-mail, or the parent information area located in the lobby.

\_\_\_\_\_ The Southern Early Education Enterprise, Inc. agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water more than two (2) feet deep.

\_\_\_\_\_ I have a copy of the Parent Handbook and agree to abide by the policies and procedures for The Southern Early Education Enterprise, Inc.

\_\_\_\_\_ I agree to submit all changes with regard to my child's care in writing. I also understand that I cannot change any flexible days of attendance for my child without prior authorization from a Director.

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Financial Agreement

The Southern Early Education Enterprise, Inc. is a not-for-profit ministry. We continually strive to provide the very best care and education for your child at competitive rates. The following is a description of our financial policy:

*Please read and initial each line*

### Registration Fees

\_\_\_\_\_ An annual registration fee is due at the time of enrollment to reserve a space. The registration fee is from August through July of the next year (billed per child), is non-refundable, and is applicable to the program for which the child is enrolled.

### Tuition Fees

\_\_\_\_\_ Tuition is based on a yearly fee, which has been calculated into a weekly payment. Tuition is billed weekly, and can be paid weekly, bi-weekly, or monthly. Regardless of payment method, payments are due in advance to avoid late fees. Tuition is billed on Friday for the following week and become late at close of business on Monday of the attendance week. *(Note: You can view your account balance by clicking on the Account button when logged into your child's Procare account. The software that we use automatically shows your existing balance at the bottom of the check in screen. This figure will not include the following week's tuition amount, as that tuition will be dated on Monday of the week of attendance. This program feature can't be adjusted by The Center. A negative dollars figure indicates a credit on your account. If you are unsure of the amount due, please inquire at the front desk.)*

\_\_\_\_\_ Weekly tuition is payable in advance on Friday for the following week. Monthly tuition, if approved by the administration, is payable in advance on the first of the month. **Full tuition is due even if my child is not in attendance due to illness, vacation, holidays, or inclement weather.** Thereafter, the full weekly rate is required even if my child is absent (this includes school age an extended Pre-K for entire public school year). No other pro-rated tuition due to missed attendance will be approved.

\_\_\_\_\_ Payment may be made via cash, check, cashier's check, or debit/credit card, ACH through Pro-Care. Third party checks will not be accepted. Checks should be made payable to The Southern Early Education Enterprise, Inc.

### Late Payments

\_\_\_\_\_ If my *weekly* tuition payment is not received by the close of business on Monday, it will be considered late and a \$25.00 late fee will be charged. If a weekly tuition payment is not received by the following Friday and special arrangements have not been made, my child will not be allowed to return and their space will not longer be considered "reserved." In addition, a weekly late payment fee of \$25.00 will be charged until my account balance is paid in full.

\_\_\_\_\_ A payment plan may be worked out with the Director, if arranged **before** tuition is past due.

### Late Pick-up Fees

\_\_\_\_\_ I am aware of the late pick-up fee policy and understand that Preschool Plus goal is to care for the children in The Center in the best possible way. Children become anxious when it is time to go home and no one has come for them yet. It is not only unfair to the child, but also to the staff who cannot complete their day-end duties to leave on schedule. For these reasons, I understand that a stringent late pick-up fee will be assessed as follows: If I arrive after my scheduled pick up time (by Preschool Plus clock), a late fee of \$15.00 per child/per quarter-hour (rounded up to the next quarter-hour) will be charged.



\_\_\_\_\_ If there is a late pick-up, the fee will be invoiced the following day and is to be paid by the next weekly tuition due date. In the event there are three late pick-ups, it will be brought to the attention of the Director and could result in termination of enrollment.

**Returned Checks**

\_\_\_\_\_ Any check or ACH returned from the bank marked Non-Sufficient Funds (NSF) or unpaid will result in a \$25.00 charge per check/ACH. If a second check/ACH is returned, checks will no longer be accepted and all future payments must be made via cash, money order, or credit/debit card for a period of 365 days from the date of the most recent NSF returned check.

**Withdrawal from The Center**

\_\_\_\_\_ In the event my child(ren) must withdraw from The Center, I must notify The Center in writing two (2) weeks prior to my child(ren)'s last day. The weekly fee must be paid in full during this period, regardless of attendance.

**I have read the Preschool Plus Financial Agreement.** I agree to and will abide by the terms and conditions.

Parent #1

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

SSN: \_\_\_\_\_ Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent #2

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

SSN: \_\_\_\_\_ Parent DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Photograph Release Form

Periodically, we will be submitting articles, including pictures of our children, to the neighborhood newspapers or posting pictures to The Southern Early Education Enterprise, Inc. website. To stay in cooperation with' rules and regulations, we find it necessary to ask each parent to give permission to display your child's picture. Please sign below and indicate whether or not you agree to have your child's picture in the paper or occasionally on the website.

(Please note: *We DO NOT include children's names with the photographs.*)

Child's Name: \_\_\_\_\_

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

I agree to have my child's photograph released for publication in the following:

Newspaper                       Preschool Plus website                       Preschool Plus Facebook page

I decline to have my child's photograph released for publication in the following:

Newspaper                       Preschool Plus website                       Preschool Plus Facebook page

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Authorization to Dispense External Preparations 590-1-1-20(1)

**Parental Authorization:** Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician. Over the counter medications must have a doctors order (prescription) to administer. Such authorization will include, when applicable, date; full name of the child, name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of doctor.

I give Preschool Plus to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Item(s) provided by parent(s)	Item(s) provided by Preschool Plus
Baby Wipes	Band-aids
Sunscreen	Neosporin or similar ointment
Insect Repellent	Bactine or similar fist aid spray
Non-Prescription ointment (such as A & D, Desitin, Vaseline, Aquaphor)	
Chapstick	
Lotion	

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parent Conduct Agreement

The Southern Early Education Enterprise, Inc. is committed to exceeding customer expectations. In order to have a positive experience, positive relationships must develop between the Director, teachers, parents, supporting staff, and children. By enrolling at The Southern Early Education Enterprise, Inc., the parent acknowledges and accepts the academy's education philosophies and accepts all policies and procedures written within the handbook. The following behaviors will not be tolerated:

- Threats
- Dissensions
- Inappropriate language
- Illegal actions
- Any inappropriate behaviors that do not promote a positive, nurturing learning environment.

Should this agreement be violated in any way, The Southern Early Education Enterprise, Inc. has the right to terminate enrollment, without notice.

Parent Name/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pre-K - Fifth Grade (Field Trip)**

This is to certify that I give Southern Early Education Enterprise, Inc. permission to transport my child,  
\_\_\_\_\_ (name of child), to and from field trips and to various other  
destinations as planned by the Preschool Plus staff.

I understand that field trips may take place on school property (outside the fenced in areas) or off the property at other locations and that I shall be notified in advance of the destination of an given trip and have the opportunity to refuse my child's participation in said trip by notifying Preschool Plus by the stated deadline in the field trip announcement.

Parent Name/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_