

**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.**

\_\_\_\_\_  
 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: \_\_\_\_\_

## Appendix E: Child Care Center Emergency Contact Form

<b>Mom's Name:</b>			
<b>Address:</b>			
<b>Phone Numbers</b>			
<b>Home:</b>		<b>Work</b>	
<b>Cell</b>		<b>Other</b>	
<b>Notes (regarding schedules, etc.):</b>			
<b>Dad's Name:</b>			
<b>Address:</b>			
<b>Phone Numbers</b>			
<b>Home</b>		<b>Work</b>	
<b>Cell</b>		<b>Other</b>	
<b>Notes (regarding schedules, etc.):</b>			
<b>Additional Emergency Contact Numbers</b>			
<b>Name:</b>		<b>Relationship to Child:</b>	
<b>Phone Numbers:</b>			
<b>Authorized to drop off/pick up child at center?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Name:</b>		<b>Relationship to Child:</b>	
<b>Phone Numbers:</b>			
<b>Authorized to drop off/pick up child at center?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Name:</b>		<b>Relationship to Child:</b>	
<b>Phone Numbers:</b>			
<b>Authorized to drop off/pick up child at center?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



## **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.

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Parent/Guardian's Printed Name

Child's Printed Name

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

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Parent/Guardian's Signature



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

Dear Parent:

This is your Parent Admission/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 in Birmingham.

Tuitions for all programs are listed below and will be in effect until December 31, 2021 and a new Parent Admission Agreement is signed. You will be given 30-day written notice when a tuition increase will occur. You must cancel any reservation agreement a 30-days prior to the last day of care or you will be billed the full rate of tuition. There will be no refunds. You may not schedule your child for care if your fees are not paid. Tuition is payable monthly per ACH withdrawal or bi-weekly via payroll deduct and must be paid in advance. The registration fee is \$100 per child or \$150 per family paid in advance and non-refundable.

**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>	<i>Back-Up Care* (Per Day)</i>	
<b>Infants</b>					
Infants	\$953/\$440				
<b>One Year Old</b>					
Young Toddlers	\$953/\$440	\$715/\$330	\$620/\$286	\$60	
<b>Two Year Old</b>					
Older Toddlers	\$910/\$420	\$683/\$315	\$592/\$273	\$60	
<b>Three &amp; Four Year Old</b>					
Preschool	\$867/\$400	\$650/\$300	\$564/\$260	\$60	

**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>	<i>Back-Up Care* (Per Day)</i>	
<b>Infants</b>					
Infants	\$1082/\$480				
<b>One Year Old</b>					
Young Toddlers	\$1082/\$480	\$812/\$375	\$703/\$325	\$70	
<b>Two Year Old</b>					
Older Toddlers	\$1037/\$460	\$778/\$359	\$674/\$311	\$70	
<b>Three &amp; Four Year Old</b>					
Preschool	\$992/\$440	\$744/\$344	\$645/\$298	\$70	

School Age care for all ages \$440 bi-weekly - \*Back up care when available.

Multiple children 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.

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.**

In order to meet CDC requirements for group care during the Pandemic, we are anticipating the center being open from 7:00 am to 6:00 pm with care available for 9 hours per day. Any care outside of the hours indicated will have an additional hourly cost.

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 Johnetta Nicholson, Center Director. 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 to return 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