



Please review and sign the following pages. Once you have filled in all required fields, please return to readysetgrowinccdc@gmail.com.

You can also fax to 205.678.7127, Attention: Jean McGuire

Forms may also be dropped off at our location:

110 Highway 337

Chelsea, AL 35043

If you need assistance, please feel free to contact us at
205.678.7123

We look forward to you joining the Ready, Set Grow Family!

Jean McGuire, Director
Mac McGuire, Program Director
110 Highway 337
Chelsea, AL 35043
205.678.7123

Child's Preadmission Record

This section is to be completed by the child's parent or guardian. This form will be kept in the Ready, Set Grow Facility at all times.

Registration Date: _____

Child's Information

Last Name	First Name	M.I.	Nickname
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____	
Social Security # _____			

Existing medical conditions, medications and/or special attention your child may require. Please list ALL Allergies:

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo/s of your child? Yes No

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian

Last Name	First Name	M.I.	Relationship to Child
Email Address		Work Phone	Cell Phone
Occupation	Employer	Work Address	
Home Address	City	State	Zip

2nd Primary Guardian

Last Name	First Name	M.I.	Relationship to Child
Email Address		Work Phone	Cell Phone
Occupation	Employer	Work Address	
Home Address	City	State	Zip

Which Guardian Should be Called First?	Home Phone	Preferred language for written communication:
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Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address	Work Phone		Cell Phone	
2nd Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address	Work Phone		Cell Phone	
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [] Yes [] No
Second Household Mailing Address		Apt #	City	State Zip Code

I give permission for my child/ren to participate in: (Check yes or no and sign each line)

Activities away from the facility	[] Yes [] No	Signature:
Transportation provided by the facility	[] Yes [] No	Signature
Swimming/wading activities provided by the facility	[] Yes [] No	Signature

“I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The license of the child care facility assumes full responsibility for such activities.”

Signature

Parent / Guardian Signature

Date

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Emergency Contacts

1st Contact		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	Address

2nd Contact		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	Address

3 rd Contact		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	Address

Authorized Pickups

1st Authorized Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____
Address	City	State, Zip Code

2nd Authorized Contact		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____
Address	City	State, Zip Code

3 rd Authorized Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____
Address	City	State, Zip Code

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Please attach any additional emergency contacts or authorized pickups on a separate piece of paper and include with this form.

Emergency Information:

I give permission for the childcare 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 that may be incurred. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. (If parent/guardian refuses to sign, instructions must be attached to this form stating what procedure the facility is to follow in an emergency).

Signature

Parent / Guardian Signature

Date

For Office Use Only

Enrollment Date: _____

Withdrawal Date: _____

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General Parent or Guardian Agreement & Authorization Form

To be completed by parent(s) or legal guardian with legal & physical custody.

Child's Name: _____

Emergency Medical Treatment

In the event that my child should need professional medical treatment, Ready, Set, Grow CDC is authorized to secure necessary services. I agree to assume responsibility for total payment of medical costs and the center will not be liable for the results of any treatment received by my child.

Transportation & Field Trips

My child will be transported to and from Ready, Set, Grow in a private vehicle. My child will attend the center between the hours of 6:30am-6:00pm. I understand I will be notified of field trips that are planned during the year. Children may walk or be transported by cars. All children must wear proper restraints. Ready, Set, Grow will not be liable for these trips.

Testing

I am aware that my child may be evaluated periodically. These evaluations will be supervised by a staff member.

Media

My child has permission to be photographed and/or taped vocally for publicity or Ready, Set, Grow projects. I understand that any proceeds from projects will be used to benefit the center and no child can be rewarded financially for participating in these projects.

Water Play

I understand that children enrolled in Ready, Set, Grow will participate in water activities. I am aware that these activities are planned and carefully supervised by an adequate number of adults. I am willing for my child to participate in these activities.

Child Custody

If the custody of the child enrolled at Ready, Set, Grow changes during the school year, I/We will notify the director in writing and will complete additional information forms at that time.

Operating Policies

I have read and understand that Ready, Set, Grow Child Development Center Operating Policies. I have gone through the orientation process outlined in the policies. Ready, Set, Grow assumes responsibility for children only when they are delivered and properly signed in to the center.

Parent or Guardian Signature _____
Date _____

Jean McGuire, Director
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Parent Agreement

I am the parent or legal guardian of _____

In order to record my understanding of my rights and responsibilities as a parent, guardian, or custodian of the above named child, who is enrolled at the program of Ready, Set, Grow Child Development Center, I agree to abide by the requirements written below and all policies set forth in the **Parent Handbook**.

In return for this promise of continual fulfillment of all policies, Ready, Set, Grow agrees to provide care for the above named child which meets the standards and guidelines as set forth below and in the **Parent Handbook**.

The fee as set forth herein will be in effect until a new agreement is signed by me. This fee for each child will be paid in advance. I understand that care will not be provided without this advanced payment.

I understand that a **registration fee of \$50** is required at the time of registration.

Tuition checks will be made by check, money order. Receipts will be given for payments if requested. A **\$25 late fee** will be charged for accounts not paid by the 5th of the month. If my child is picked up after 6:00pm, I will pay the required late fee.

I understand that a \$_____ **supply fee** is required.

I understand that there is no automatic reduction of fees when my child is on vacation or gone from the center for any other reason.

I understand that a **\$30 insurance fee** is required.

I understand there is a **returned check fee of \$30**.

Four weeks advanced written notice to the director is required when withdrawing a child from Ready, Set, Grow. If 4 weeks advanced notice is not given, I will pay 4 weeks from the time notice is given.

Parent/Guardian Signature

Director Signature

Date

Date

Effective Date: _____

Tuition Per Month: _____

Hours/Days of Attendance: _____

Deposit	Supply	Tuition	Total Due
	Registration	Insurance	

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Ready, Set, Grow is accredited with the National Accreditation Commission for Early Care and Education Programs. One of the forms we need is a physician's statement of health and ability to participate in group care for each child enrolled at the center.

You can fax or bring this form to your child's physician and either bring the signed copy back or fax it to Ready, Set, Grow Child Development Center. Please make it attention to : Jean McGuire, Director. The fax number is 205.678.7127.

Child's Name _____ has the health and ability to participate in group care.

Physician's Signature: _____ Date: _____

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Direct Payment Authorization Form

I authorize _____ to initiate electronic debit entries each week _____, month _____, year _____ in the amount of \$ _____ and if necessary credit entries and adjustments for any debit entry errors to my account.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Bank Name: _____

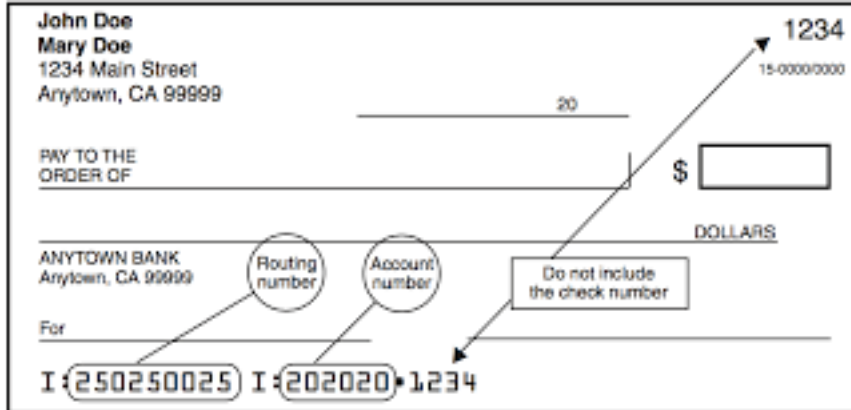
Nine Digit Routing (ABA) Number: _____

Account Number: _____

Please indicate type of account (circle one) CHECKING or SAVINGS

If this is a new account, it must be an active account at your bank.

Please attach a voided check for checking or a deposit slip for savings account.



Signature

Date

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