

WESTBROOK CHRISTIAN SCHOOL
100 Westminster Drive
Rainbow City, AL 35906
(256) 442-7457
www.westbrookchristian.org

DAYCARE REGISTRATION FORM (3K & 4K)

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CHILD'S NAME: _____

PARENT(S): _____

NAME CHILD GOES BY: _____ MALE FEMALE
(Circle one)

CHILD'S HOME ADDRESS: _____
Street Address/P.O.Box/Apartment Number

City/State/Zip Code

TELEPHONE: (____) _____ SOCIAL SECURITY #: _____

AGE OF CHILD: _____ BIRTHDAY: _____

MOTHER'S NAME: _____

HOME ADDRESS: _____
Street Address/P.O.Box/Apartment Number

City/State/Zip Code

MOTHER'S OCCUPATION: _____

TELEPHONE NUMBERS: Home: (____) _____

Work: (____) _____ Ext. _____ Cell: (____) _____

FATHER'S NAME: _____

HOME ADDRESS: _____
Street Address/P.O.Box/Apartment Number

City/State/Zip Code

FATHER'S OCCUPATION: _____

TELEPHONE NUMBERS: Home: (____) _____

Work: (____) _____ Ext. _____ Cell: (____) _____

FAMILY

Give names and ages of your child's siblings:

PARENTS' MARITAL STATUS: Married Separated Divorced Widowed
(Circle one)

If parents are separated, who has custody of the child? _____

A copy of the most recently issued Court Order providing custody status must be on file with the school.

List persons approved to call for child (Child will not be released to others without specific permission from parents.): _____

MEDICAL

NAME OF CHILD'S PHYSICIAN: _____

PHYSICIAN'S TELEPHONE NUMBER: (_____) _____

Persons to be called in case of emergency if parents are unavailable:

NAME: _____

RELATIONSHIP: _____ TELEPHONE: (_____) _____

NAME: _____

RELATIONSHIP: _____ TELEPHONE: (_____) _____

Should my child, _____, become ill or suffer an accident of any nature while in the care of Westbrook Christian School Daycare, Rainbow City, Alabama, the Preschool Director shall undertake to contact me immediately. In the event she is unable to reach me immediately, she will attempt to reach one of the above listed persons. Should this be impossible, the Director shall be authorized to secure and consent to such medical attention, treatment, and services for my child if given by me in person. I agree to assume the responsibility for payment of all medical costs incurred and not covered by the insurance.

Date: _____ Parent(s) Signature: _____

Check any of the following your child has had:

- | | | |
|---|---|---|
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Prolonged high fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Acute ear infections |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Other _____ | | |

What allergies does your child have? _____

List other medical information that you feel might help us: _____

SOCIAL INFORMATION

Is this your child's first separation from home? _____

Has your child had any kind of group experience? Describe: _____

Does your child make new friends easily? _____

Is your child toilet trained? _____

What special words does your child use to tell you he/she needs to urinate or have a bowel movement? _____

What time does your child get up in the morning? _____

What time does your child go to bed at night? _____

Is your child accustomed to taking an afternoon nap? _____ For how long? _____

Does your child have any special nap or bedtime routine? _____

What time does your child usually have: Breakfast _____ Lunch _____ Dinner _____

Is your child accustomed to having between meal time snacks? _____

Does your child need any help feeding himself/herself? _____

What fears does he/she have (such as animals, storms, etc.)? _____

How do you handle these fears? _____

Other comments and special instructions: _____

RELIGIOUS AFFILIATION

What church do you attend? _____

Do you attend: Regularly_____ Occasionally_____ Seldom_____

Is your child enrolled in Sunday School? _____

If not a church member, give a church preference: _____

**Westbrook Christian School
Daycare Contract
(3K & 4K)**

Westbrook Preschool Daycare will be open from 12:00 noon until 5:30 p.m. Children must have a daycare enrollment form, affidavit and daycare contract on file before staying in daycare.

Please complete the following:

Child's Name _____

Days my child is enrolled in preschool (circle):

Monday Tuesday Wednesday Thursday Friday

Days daycare is needed (circle):

Monday Tuesday Wednesday Thursday Friday

Charges for daycare are as follows:

\$15.00 (includes lunch) 12:00-5:30

A late fee charge of \$5.00 per every 2 minutes for late pickup after 5:30.

I agree to pay Westbrook Christian School Daycare with post-dated checks for the days I have enrolled my child in daycare. Daycare charges will apply even in the event that my child is unable to attend.

Parent's Signature: _____

Date: _____

WESTBROOK CHRISTIAN SCHOOL Child's Medical Report – Daycare

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT OR GUARDIAN'S NAME: _____

HOME ADDRESS: _____

Street Address/P.O.Box/Apartment Number

City/State/Zip Code

HOME TELEPHONE: (____) _____

Attach Certificate of Immunizations (blue slip) for children age 4 years and older. If blue slip is not available or if child is 3 years of age and under, complete the section below.

IMMUNIZATIONS

Type of Immunizations	Number Given as of Date of this Examination
DTP or DT	_____
Polio	_____
Red Measles	_____
Rubella (German Measles)	_____
Mumps (Optional)	_____

Immunizations are up to date for age of child	Yes _____	No _____
Laboratory and other testings (if indicated):	Yes _____	No _____

History of Allergies: _____

=====

I examined this child on this date _____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in daycare activities, except as noted below.

DATE: _____ PHYSICIAN'S SIGNATURE: _____

STATE OF ALABAMA
COUNTY OF ETOWAH

AFFIDAVIT FOR PARENT/GUARDIAN

Before me, a Notary Public in and for said State and County, appeared

and is known to me, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the minor child/children

_____ : that affiant has been notified by

Sandra Handley, a representative of Westbrook Christian School, that said

church or school has filed notice and is exempt under law from regulation by

The Department of Human Resources.

_____ parent/legal guardian sworn,

or affirmed to and subscribed before me this _____ day of _____,

20_____.

NOTARY PUBLIC

My Commission Expires:_____

