

**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 _____

Date of completion of this document: _____

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

DAYCARE REGISTRATION FORM (3K & 4K)

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DATE OF APPLICATION: _____

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: (____) _____

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: _____

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:_____

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: _____

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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: _____