



OFFICE USE ONLY

Start Date: _____

Registration

Fee: \$ _____

Affidavit

Certificate of Immuniza-

Registration Packet

Margaret Penton, Director

Rev. Chad Stafford, Pastor

Coastal Kids Academy Location:

11101 CO Rd. 64 Daphne, AL 36526

251-621-9555 ext: 524

Established: August 22, 2016

Registration Information

Full Day Program

- Infant Program 12 weeks- 18 months
- Toddler and up (**Not Potty Trained**) 18 months – 4 years
- Toddler and up (**Potty Trained**) 18 months – 4 years

Child's Name: _____
(Last) (First) (Middle)

Preferred Name: _____ Child's DOB ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____

Marital Status: Single Married Separated Divorced

Names and ages of siblings (Please specify if they live with your child or elsewhere)

Emergency Contacts/Persons Authorized to Pick Up Child:

Name	Relationship	Phone	Address	Emergency Contact Only	Permission to Pick-up

***Picture ID will be required when authorized person picks up child/ren.**

Agreements

Please initial in the blanks below.

- _____ 1. If I choose to cancel my registration, or remove my child at any time, I understand no fees will be refunded.

- _____ 2. *I understand that weekly tuition is due on Friday for the up coming week, and a late fee of \$10 will be assessed on Tuesday if tuition has not been paid by Monday. Tuition and fees must be paid in full for your child/ren to attend class on Monday morning. If a delay is unavoidable, please contact the director.

- _____ 3. I understand that my account must be kept current. In the event that my account becomes 3 days past due, I will be required to meet with the director and/or Business Office administrator. If a payment arrangement cannot be made, your child/ren will be removed from the program.

- _____ 4. I understand that the full tuition is due and is payable regardless of the number of days a child is present. I understand that I am paying for my child's space and not the number of days he/she is present.

- _____ 5. I understand that CKA reserves the right to dismiss any child whose behavior is seriously disruptive to the class. I also understand that if my child is dismissed, no tuition or fees will be refunded.

- _____ 6. I understand that I will be charged the following for late pick up, \$1.00 per minute after 6:05 pm.

- _____ 7. I understand that habitual tardiness and late tuition payments can result in my child being removed from the Coastal Kids Academy program.

- _____ 8. I understand that this is a new daycare/preschool program, and that the policies and procedures are subject to change. I will abide by any new policies instituted during my child's enrollment. I understand that CKA will always make parent's aware of policy changes in writing and give ample notification before changes are implemented.

- _____ 9. I understand that a 2 week written notification must be given to the director if I decide to remove my child/ren from the program. I understand that all tuition during the 2 week notification period is due regardless of attendance. I understand I will not be refunded/credited if I choose to remove my child before the 2 weeks are expired.

- _____ 10. I have read and understand the CKA Policies and Procedures. I agree to following the policies as outlined.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Information

Child's Primary Care Physician: _____ Phone #: _____

Address: _____ City: _____

Insurance Company: _____ Policy #: _____

***Copies of Insurance Card and Child's up to date Certificate of Immunization (COI) are required on file.**

Food Allergies (Please note, We are a nut free facility):

Other Allergies:

Health Conditions:

In the event of an emergency, we will attempt to contact the parents first then the designated emergency contacts. If these numbers cannot be reached, we will call 911 or your child's doctor. In cases of extreme emergencies, we reserve the right to contact 911 prior to calling the parents/guardians or emergency contacts.

If deemed necessary by the medical personnel, your child will be transported to the closest hospital for treatment. If your child becomes ill at school, but it is not an emergency, he/she will be isolated from the other children, and the parents will be contacted.

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.

No medication or medical procedures (prescription or over the counter) will be administered without a written, signed authorization, on the required form, from the child's parent(s)/guardian(s). Blanket authorization forms will not be accepted. An authorization form will be valid for no more than seven (7) days unless accompanied by a written physician's statement. Please let your child's teacher or the director know if you need a medication form.

"I have read and understand the health/medical policies of Coastal Kids Academy. If my child is injured, but it is not an emergency, I authorized Coastal Kids Academy to administer first aid treatment to him/her. I understand that I will be notified by written form or a phone call depending on the nature of the injury."

Parent/Guardian Signature: _____ Date: _____



FORM OF AFFIDAVIT FOR PARENT/GUARDIAN

STATE OF ALABAMA
COUNTY OF BALDWIN

Before me, a notary public in and for said and county, appeared

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

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

Child's Name

Child's Name

Child's Name

The affiant has been notified by Margaret Penton, director, a representative of Coastal Kids Academy/Coastal Church, that said school and church has filed notice and is exempt under law from regulation by the Department of Human Resources.

Signature of Parent/Legal Guardian

Sworn or affirmed to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires: _____

Section 38-7-3 License to operate or conduct child-care facility - Required; exemption for church

preschool programs; filing of notices, maintaining records, etc.; form for affidavits by parents or guardians; investigation of complaints by district attorney.

No person, group of persons or corporation may operate or conduct any facility for child care, as defined in this chapter, without being licensed or approved as provided in this chapter; provided, however, that nothing in this section or in this chapter prohibits an employee of the department from carrying out the duties of the department as provided in this title. Provided, further, the provisions of this chapter shall not apply to preschool programs which are an integral part of a local church ministry or a religious nonprofit elementary school, and are so recognized in the church or school's documents, whether operated separately or as a part of a religious nonprofit elementary school unit, secondary school unit or institution of higher learning under the governing board or authority of said local church or its convention, association, or regional body to which it may be subject; provided that notice is filed by the governing board or authority of the church or school with the department that said church or school meets the definition of a local church ministry or a religious nonprofit elementary school under terms of this section and are exempt from regulation by the department and a notice of intent to operate said programs is given to the appropriate fire and health departments so that said facilities shall be inspected in accordance with the state and local fire and health requirements for such programs. In addition, all exempt churches hereunder shall publish annually, on church letterhead, a notice to the department certifying that the following records are being maintained by the church: fire and health inspection reports; immunization verifications for all children; medical history forms for all staff and children and that the following information shall be available to parents or guardian prior to enrolling their children in said church ministry; staff qualifications; pupil-staff ratio; discipline policies; type of curriculum used in the learning program; the religious teachings to be given each child; and the type of lunch program available; provided further that prior to enrolling and annually thereafter parents or guardian and a responsible individual representing the governing board as authority of the church or school be required to sign and file with the department the affidavits provided by this section that the parents or guardian have been notified by said responsible individual that the church or school has filed notice and is exempt from regulation by the department. The district attorney of the county in which the preschool program is located shall, upon proper presentment of charges, investigate at his discretion any allegations against any such church under the laws of the State of Alabama.

Permission to Photograph

I, _____, give permission for _____
 (Parent or Guardian name) (Child Care Provider)
 photograph my child, _____, for the following purposes:
 (Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permis- sion
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
Facebook™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

Parent/Guardian Signature

Date

Child's Medical Report

(This form may be used for household members younger than 19 years of age)

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____ Telephone Number: _____

In addition to medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five years olds who are not enrolled in public or private school.

History of Allergies: _____

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

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

Date