

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: _____

Additional information may be attached.

APPLICATION PACKET

TRIUMPHANT CHILD CARE

"Promoting an Environment Conducive To Growth"

HOURS:

6:30 am to 5:30 pm

Monday - Friday

Location:

1431 13th Avenue North

Bessemer, AL 35020

Phone: 205-424-6892

Fax: 205-424-6368

***Child's Immunization Blue Card *Child's Social Security Card * Child's Birth Certificate * Parent's Driver's License**

***Signed Affidavit *Completed Application * Registration**

TRIUMPHANT CHILD CARE PRE-ENROLLMENT FORM

Child's Name: _____

Sex: _____ Date of Birth: _____

Mother's Name: _____

Mother's Work Phone: _____

Father's Name: _____

Father's Work Phone: _____

Home Phone: _____

Address: _____

City: _____ State _____ Zip: _____

Days Attending: M ___ T ___ W ___ TH ___ FR ___

Hours: _____

Will you need After School Care? Yes _____ No _____

BUSINESS OFFICE USE ONLY

Approved: Yes _____ No _____

Signature of Authorized Official: _____

Triumphant Child Care Admission Application Form

Student Information:

Grade applying for _____ Data admission is desired _____

Student's name: _____ Male: _____ Female: _____

Student's age: _____ Date of Birth: _____

Social Security Number: _____ Home PHone: _____

Home Address: _____

Please identify any/all physical, mental or emotional needs of this student: _____

Parent/Guardian Information:

Mother's Name: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Business or Profession: _____ Drivers License No. _____

Social Security Number: _____ If separated or divorced, with whom does the

child reside? _____

Educational Information:

List all schools the applicant has attended in the past.

Name of School	City/School	Grades Attended
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Other Information:

Do you consider your home a "Christian Home?" _____ Yes _____ No

What Church do you attend? _____

Which most accurately describes your church attendance?

_____ active in Church _____ the children attend Sunday School

_____ attend occasionally _____ do not attend more than a few times a year

What are your academic expectations of Triumphant Child Care?

References:

Please list below information regarding a minister, youth leader or Sunday School teacher from your church who would be familiar with the character of your child.

Name: _____ Phone Number: _____

Address: _____

Title or Position: _____

Computer/Internet Authorization:

I authorize my child(ren) to utilize the computers and Internet access available in Computer Lab located at Triumphant Child Care.

Parent's Signature: _____ Date: _____

Computer/Internet Authorization:

I authorize my child to utilize the computers and internet access available in the future Computer Room located at Triumphant Child Care.

Parent's Signature _____ Date: _____

Music/Spanish Classes Authorization:

I authorize my child to attend Music and or Spanish class with the understanding that a fee of \$35.00 per month will be due each month for a total of four classes per month. The fees (check or money order) will be made payable to Triumphant Child Care.

Photograph Authorization:

Parents who object to their child(ren) being photographed or recorded for the purpose of public information and being identified in district publications, broadcast, newspapers, school web pages, or television coverage are asked to submit a written refusal to the Director of Child Care.

Consent for Medical Treatment:

In the event that my child(ren) become(s) ill or is injured while under school supervision, I approve Triumphant Child Care to take the following steps:

1. Contact a parent/guardian of the student and follow his or her instructions.
2. In the event of an emergency when a parent or guardian cannot be reached immediately by the Director or designated authority are hereby authorized to use their judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting is to be done either by the Child Care Center provided transportation, or if center officials deem it wise by ambulance with the understanding that the parent will be responsible for the ambulance bill.

Student's Physician: _____ Phone Number: _____

Physician's Address: _____

Insurance Carrier _____ Policy Number: _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and cannot be reached, I hereby authorize, appoint, and empower the Director or designed representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal or designated representative, and Triumphant Child Care from any liability which might arise as a result of medical service and treatment provided by an

hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical services or treatment of my child or children as the result of the above authorization and agree to indemnify and hold harmless Triumphant Child Care, the director or authorized representatives, from any expenses incurred for said treatment or services.

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
Parent/Guardian's Signature

Field Trip and Excursion Release:

I, _____ (Parent/Guardian), release Triumphant Child Care, its Board, the Director, the teachers, the chaperones, and employees from any injury that arises out of, result from, caused by, occurring during or in any way connected with the field trips or excursions as outlined in the Child Care Schedule.

_____ (Child's Name) has my permission to participate in all field trips and excursions appropriate for my child's age group. I give the Director/teacher in charge of my child permission to see that he or she receives any medical treatment deemed necessary in the event of emergency. I understand Triumphant Child Care will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent or Guardian Agreement:

I hereby certify that I have read this Child Care Application Form, including the Consent for Medical Treatment, and I do agree to comply with the terms and conditions stated therein, and furthermore accept the condition and requirements of all other official policies and procedures of Triumphant Child Care, including the payment of Child Care Services.

Triumphant Child Care Emergency Authorization Form

Child's Name _____ Home Phone: _____

Birth Date: _____ Child's SSN: _____

Mother's Name: _____ Father's Name: _____

Employed at: _____ Employed At: _____

Business Phone: _____ Business Phone: _____

Name of friends or relatives to call, if you cannot be reached:

1. _____ Phone: _____ or _____

2. _____ Phone: _____ or _____

Physician to be called in an emergency:

1. _____ Phone: _____ or _____

2. _____ Phone: _____ or _____

Dentist to be called in an emergency:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

I hereby grant permission for the director or supervisor's staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact a parent through any of the persons listed
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance (c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses under 4, above, will be borne by child's family.

Date: _____ Signature of Parent/Guardian _____

Subscribed and sworn before me this _____ day of _____.

Notary Public _____

My Commission expires on _____

ALLERGY REPORT

list all known allergies. If the child need any special foods or drinks it is the responsibility of the parents. Make sure whatever you bring for your child is labeled with the child's name and it is clearly stated to the teacher all instructions.

We do not administer medications.

Child's Name: _____

Food Allergies

Any Others?

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

CHILD'S BIOGRAPHY

Child's Full Name: _____

Date of Birth: _____

Parent's Name: _____

Siblings: How Many? _____

Names of each sibling: Include step brothers and sisters if any

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Child Activities: _____

Child Dreams: _____

Triumphant Child Care Services Rendered Notice

- * Hours: 6:30 am to 5:30 pm
- * Days: Monday thru Friday
- * For the weekly rate of \$100.00 (K2-K5) which is due each Monday and late on Friday.
- * The Bi-weekly rate is \$200.00 (K2-K5) being due on the 1st and 15th of every month. Late fee after the 15th.
- * Monthly rate is \$400.00 (K2-K5) unless there is 5 weeks, the rate is then \$500.00 (K2-K5) which is due on the first of every month and late after the 10th. Late fee amount is \$25.00
- * Infant/Toddler tuition is \$111.00 weekly. (Ages 6 weeks to 2 1/2 years of age)
- * After School Care is Available \$50.00 a week for ages 5 to 12.
- * **Refunds are not given for center holidays or days the child is absent.**
- * **Return Check Fees \$25.00.**
- * **Exceptions:**
 1. Vacations - if a two week notice is given (written or spoken) to the Director, parents pay half the established rate in advance.
 2. Severe Illness and/or Surgery of the child, which requires absence of one week or longer, the following rates apply:
1st week and 2nd week - full price rate
3rd week and beyond - half price rate

Sick care is not available. It is a parent responsibility to make substitute arrangements.

A two week written notice to the director is required to withdraw a child from the program. Parents are responsible for the services rendered for these two weeks, whether our services are used or not. If it is necessary for the center to terminate services, the parent will receive two weeks' notice in writing.

When a change of hours, days or payment is needed, a new service agreement is required.

Parents arriving after 5:30 pm must pay the late fee of \$5.00 for first fifteen minutes. This must be paid at the time of pick-up and you will be given a receipt at that time. Parents must notify the school if they are delayed beyond their scheduled arrival time.

There is a registration fee of \$75.00 (non-refundable)

Signature _____ Date _____