JUST LIKE HOME ACADEMY
300 South 32nd Street
Bessemer, Alabama 35020
Phone (205) 425-2097 Fax (205) 424-3216
Ciarra Y. Lewis, Director

ENROLLMENT INTERVIEW REQUIREMENTS

Completed Handbook Student Blue Immunization Records (Childcare Resources Parents must present a certificate from CCC representative)

Tour of facility by director, clerk, asst. director (approximately 15 minutes)
Non CCC clients (full weeks tuition, including registration fee)
Infant's bottles are to be labeled, and cereal & baby food provided by parent(s)
All students must have a complete set of clean clothing, in case of accidents (including socks and underwear)
Parent(s) must sign his or her child IN and OUT (upon arrival and departure)
(NO INITIALS-- YOU MUST SIGN YOUR FIRST AND LAST NAME)
Persons picking up child(ren) that are not known by st ff must present the following:
(a) PICTURE ID
(b) A WRITTEN NOTE MUST BE ON FILE IN THE OFFICE FROM THE PARENT (NO EXCEPTIONS!!!)
Weekly tuition is due on Monday and will be considered late after 6:00pm that same Monday (A LATE FEE OF $10.00 WILL BE APPLIED AFTER 6:00PM AND $10.00 EVERY MONDAY THEREAFTER)
If tuition is not paid by Tuesday of the following week, your childcare may be interrupted

** Hours of operation are as follows:
Day hours... 6:00am to 6:00pm
Night hours ... 3:00pm to 11:30pm

DHR-CDC-?39

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name: child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ( )
Address of parent(s)/guardia11(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: ( )	Employer's Telephone Number: ( )
List telephone numbers such as pager\ cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child •	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ( )

Emergency Authorization:

l 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 incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency).*

_____

Parent/Guardian Signature & Date

Form not valid without signature of child's parent/ guardian

Child's Preadmission Record (continued) – page two of two-form not valid without first page

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: _____

□This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

Authorization for Medical or Surgical Treatment

State of Alabama
Jefferson County

To Whom It May Concern:

JUST LIKE HOME ACADEMY

We the undersigned parents of _____ a Minor child, _____ years of age, have enrolled our said child in Just Like Home Academy and Development Center, Inc., are desirous of making provision for emergency treatment of our child in event, that the parents are out of town and the doctor cannot be contacted, emergency medical or surgical treatment should be considered necessary by any one of the persons in charge of Just Like Home because of injuries sustained by the child or otherwise. Accordingly, we do hereby authorize any physician or hospital to immediately render any and all medical or surgical treatment deemed necessary by any one of the persons in charge if Just Like Home for the immediate protection or well-being of our child and do hereby further certify that we are executing this authorized with the consent of our regular physician. Just Like Home will only give breathing treatments provided that all medication is in the original box.

_____(father)

_____(mother)

_____(address)

_____

JUST LIKE HOME ACADEMY
Financial Policies and Procedures
Ciarra Y. Lewis, Director

1. It is my desire to enroll _____ in Just Like Home Academy

2. I hereby agree to pay tuition in the sum of $ _____ in full on the Monday of each week

3. Payment of Fees
All fees will be due each Monday by 6:00pm. The fee becomes delinquent after 6:00pm on Monday. A late charge will be added to your balance everyday thereafter until paid in full. If tuition is not paid by Wednesday of the following week, your childcare will be interrupted.

4. Tuition in Full
No reduction of fees will be made for absences. Full fees will be due for the weeks in which holidays occur. You may take one week a year for vacation, at one-half tuition. You must inform the center in advance of taking vacation.

S. Registration Fee
I understand that an annual registration fee is to be paid at the time of enrollment. This fee is Non-Refundable. I further understand a new registration fee will be required each January should I choose to keep my child enrolled at Just Like Home Academy and Development Center, Inc.

6. Parents may withdraw their child from enrollment upon a two weeks' notice or upon payment of two weeks additional fee. I understand that if my child is absent for two weeks and appropriate fee as specified under Absentee Policy has not been paid, my child will automatically be terminated from Just Like Home Academy and Development Center, Inc. and you will be required to pay an additional registration fee prior to re-admission to Just Like Home Academy and Development Center, Inc. provided available opening is same class or group exists.

7. Returned Check Policy
I understand and agree that for any returned check a fee will automatically be charged to my account, as a processing fee.

I have read and thoroughly understand and agree to all terms set forth above.

_____ _____
Signature Date

JUST LIKE HOME ACADEMY PHOTOGRAPH PERMISSION FORM

This is to confirm that I _____, parent of

_____

do give Just Like Home Academy permission to take pictures of my children to use as needed.

_____ _____

Parent Signature Date

Date: _____

Dear Parent/Guardian,

We are writing to kindly request that you inform us if your child, _____, has any known food allergies. This information is crucial to ensure the safety and well-being of all students in our classroom.

Please let us know if your child has any allergies, including the specific food allergens they are allergic to, so we can take necessary precautions to prevent any potential allergic reactions.

If so, list the specific food allergens below:

_____

If you have any questions or concerns, please do not hesitate to contact us**.**

Sincerely,

Sharon Lewis

205-425-2097
Just Like Home Academy

_____

Parent Signature and Date