

NW-SCC*

PRESCHOOL

2 ½ TO 4 YEAR OLDS

REGISTRATION PACKET

Please note: This application for admission must be accompanied by

- The child's original birth certificate
- The child's Social Security Card
- The child's up-to-date certificate of immunization
- Proof of residency
- The parent's driver's license

* accredited by the National Association for the Education of Young Children (N.A.E.Y.C.)

Dear Parents,

The Child Development Center staff at Northwest-Shoals Community College continuously works to provide the highest quality care for your preschool child (2 ½ -4 year olds). Our well-trained teachers provide a happy, safe, and learning-friendly environment for the children in their care. These are our goals while at the same time striving to keep tuition rates as affordable as possible, especially for our students. The following current rates are subject to change.

RATES:

Registration fee (non-refundable)			\$50.00*
Full-Time	Mon. – Fri.	7:00 a.m. to 5:30 p.m.	\$97.00 per week (\$92.00 per week Faculty/Staff/Student)
Part-Time *Minimum 2 days	Daily Rate	7:00 a.m. to 5:30 p.m.	\$27.00 per day
*Late Fees	Tuition payments not made within the week services are provided will be assessed a late fee. The student will be terminated if tuition payments become 2 weeks delinquent.		\$25.00

The NW-SCC Child Development Center accepts CMA for those children qualifying. We encourage you to apply for this service if you feel that you qualify. If you would like additional information on this, contact the Childcare Management Agency at (256) 764-9381 or our billing clerk, Jacque Jefferys at (256) 331-5245.

Your understanding and cooperation is greatly appreciated and we welcome your questions in this matter.

Sincerely,



Jacque Jefferys, Coordinator
Northwest-Shoals Community College
Child Development Center

A word concerning licensing and accreditation:

The State of Alabama requires that persons operating daycare/childcare centers in the state of Alabama be licensed through the Alabama Department of Human Resources. There are exceptions to this mandate, however. Childcare centers operated by churches and governmental agencies (ie, public schools) are exempt from this licensure requirement. Northwest-Shoals Community College Child Development Center falls in this last category. As a state agency, we are exempt from licensure by the Department of Human Resources. However, we voluntarily adhere to all of the standards set forth in the “Alabama Minimum Standards for Day Care Centers” by DHR. A copy of the Minimum Standards is available for your review in the Child Development Center office at any time. Additionally, we are accredited by the National Association for the Education of Young Children (N.A.E.Y.C.), which is a national accreditation and is an indicator of the **highest quality programs for young children**. Both DHR Licensing and NAEYC accreditation provide standards that must be met for the following: teacher/child ratio, qualified teachers/staff, square footage of indoor and outdoor physical space required per child, equipment and materials needed for safe environment daily, nutritious meals and snacks served daily, as well as other requirements contributing to a safe and nurturing environment for children.

As a parent, you can be assured that NW-SCC Child Development Center adheres to these guidelines and will provide the highest quality environment and qualified staff to insure your child’s optimal development in all developmental areas (cognitive / intellectual, physical, social and emotional).

**NW-SCC CHILD DEVELOPMENT CENTER
SCHOOL CALENDAR
2022-2023**

Labor Day Holiday	Monday, September 5
Veteran's Day Holiday	Friday, November 11
Thanksgiving Holidays	Wed., Nov 23-Fri., Nov 25
Christmas Holidays	*Monday, Dec 19- Friday Dec 30
Center Re-opens	Tuesday, January 3
King/Lee Holiday	Monday, January 16
Spring Break	March 27-31
Memorial Day Holiday	Monday, May 29
Independence Day/Holiday	Tuesday, July 4

(*Revisions to this calendar may be made as necessary.)

CHILD DEVELOPMENT STUDENTS

Dear Parents:

The Child Development Center at Northwest-Shoals Community College is also a vital part of our Child Development training program.

Throughout the year, child development students are required, as an important part of their internship, to do observations and interactions with the children. These students have been and are being trained in all areas of child development and contribute in a very positive manner to our program. All child development students will be properly tagged before entering the center. Also, anyone working with the children will be approved through the Alabama Department of Human Resources prior to their involvement in the center.

We look forward to a year of many wonderful learning experiences with your child. If you have any further questions regarding our program, please do not hesitate to ask.

Yours, truly,

Diann Durdunji, Instructor
Jacque Jefferys, Child Development Center Coordinator

LUNCH FORM

Dear Parents,

Included in this packet, you will find a lunch form to complete; it is mandatory that you complete this form. We are required by the state to have a current form on file for each child participating in our program. This form is not shared with the public and no one is allowed to see this information but office personnel. The information included on this form is used to determine the reimbursement rate to the College for the food your child receives. This will not in any way affect the amount of your bill.

If you have any questions, please do not hesitate to call me at 331-5245. Thank you for your understanding in this matter.

Sincerely,

Jacque Jefferys,
Child Development Center
Coordinator

Family Registration Form

Parent/Guardian Information

Registration Date: _____

School Directory: Would you like your family to be included in our school directory? Yes No

Parent/Guardian 1 – First Name: _____ MI: _____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: (____) _____

Occupation/Employer: _____ Cell Phone: (____) _____

Cell Phone Provider: _____

Work Address: _____ Work Phone: (____) _____

Custodial Parent (If married, mark both parents) Social Security #: _____

Email Address: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All That Apply: Child Lives With Emergency Contact Authorized Pickup

Is there other information you would like us to know?

Parent/Guardian 2 – First Name: _____ MI: _____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: (____) _____

Occupation/Employer: _____ Cell Phone: (____) _____

Cell Phone Provider: _____

Work Address: _____ Work Phone: (____) _____

Custodial Parent (If married, mark both parents) Social Security #: _____

Email Address: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All That Apply: Child Lives With Emergency Contact Authorized Pickup

Is there other information you would like us to know?

Child Information

First Name: _____ MI: _____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Social Security #: _____

Child's T-shirt Size: _____

Sibling's Name & Ages: _____

List any existing medical conditions, medication and/or special attention your child may require.

Is your child receiving Therapeutic Services? [] Yes [] No

If yes, through what agency or school system? _____

To better serve your child, may we obtain a copy of the IFSP/IEP? [] Yes [] No

Allergies: _____

Pediatrician's Name: _____ Phone #: () _____

Address: _____

Days to Attend: ____ M ____ T ____ W ____ Th ____ F

PERMISSION TO BE PHOTOGRAPHED

Often times during the course of a year, the children enrolled in the Northwest-Shoals Community College's Child Development Centers will be photographed or videotaped for promotional services such as brochures, pamphlets, catalogs, and other such materials along with local news media coverage. Because of this we need a signed permission slip on file giving permission for your child to be photographed or videotaped for the above purposes.

May we maintain a photo of your child for the above mentioned purposes? [] Yes [] No

Tuition/Payment Information

All payments are due in advance of services rendered.

Tuition Amount _____

Who is responsible for payment of tuition fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

I Give Permission for my child to participate in:

Activities away from the facility [] Yes [] No

Parent/Guardian Signature

Transportation provided by the facility [] Yes [] No

Parent/Guardian Signature

Water/wading activities provided by the facility [] Yes [] No

Parent/Guardian Signature

Emergency Authorization:

I give my 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. (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

NW-SCC Child Development Center Tuition Policy

I have read and understand the Tuition Policy of the Northwest-Shoals Community College Child Development Center.

Parent/Guardian Signature

Date

OFFICE USE ONLY BELOW THIS POINT

Immunization Expiration: _____

Lunch Code: _____

Fees: Preschool _____

Fees: Pre-K \$ _____ Before \$ _____ Before/After \$ _____

Emergency Contact & Authorized Pick-up Persons

Child's Name: _____

The following contacts need to be the persons and phone numbers to be called in case of bad weather, emergency, etc. Please list the contacts in the order you wish them to be called. If you, the parent/guardian, are the first person we need to contact, list your name and the phone number as the 1st contact. If any of these numbers change during the year, please contact the office with the correct information as soon as possible. **At least 3 contacts must be listed.**

1st Contact/Pick-Up

First Name: _____ MI: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

- Emergency Contact
 Authorized to Pick-Up

2nd Contact/Pick-Up

First Name: _____ MI: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

- Emergency Contact
 Authorized to Pick-Up

3rd Contact/Pick-Up

First Name: _____ MI: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

- Emergency Contact
 Authorized to Pick-Up

4th Contact/Pick-Up

First Name: _____ MI: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Emergency Contact

Authorized to Pick-Up

5th Contact/Pick-Up

First Name: _____ MI: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Emergency Contact

Authorized to Pick-Up

6th Contact/Pick-Up

First Name: _____ MI: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Emergency Contact

Authorized to Pick-Up

ARRIVAL AND DEPARTURE PLAN

I, _____, or a person authorized by me will bring
(Parent/Guardian)

_____, to NW-SCC Child Development
(Child's Name)

Center at approximately _____ every day. I will walk him/her to the
(Arrival time)

door and see that he/she gets to his/her teacher on arrival. On departing from NW-SCC,
I will meet him/her at the door at approximately _____. If there is any
(Departure time)

change in this plan, I will send the teacher a written notice of this change as it occurs.

Parent/Guardian Signature

Preschool Daily Schedule

7:00-8:10	Arrival/Wash Hands/Restroom/Free Choice Centers
8:10-8:30	Morning Meeting/Rules/Jobs
8:30-8:45	Wash Hands/Breakfast
8:45-9:30	Free Choice Center Time/Table Toys
9:30-9:45	Small Group (Individualization)/Story Time
9:45-10:30	Outside Time/Bathroom
10:30-10:45	Large Group/Story Time
10:45-11:00	Activities/Free Choice Centers
11:00-11:15	Music/Movement
11:15-11:25	Restroom/Wash Hands
11:25-11:35	Story Time
11:35-12:00	Lunch
12:00-12:15	Restroom/Wash Hands/Brush Teeth
12:15-2:00	Nap Time
2:00-2:15	Restroom/Wash Hands
2:15-2:30	Snack Time
2:30-2:45	Music/Movement
2:45-3:00	Story Time
3:00-4:00	Outside Time
4:00-4:15	Restroom/Wash Hands
4:15-5:00	Free Choice Center Time
5:00-5:30	Manipulatives/Smart Board/Clean-Up



Dear Parents,

We are looking forward to working and interacting with your child at Northwest-Shoals Child Development Center. In order for your child to experience a safe and happy environment, we have established the following limits and discipline and behavior management techniques. We go over these limits on a daily basis with your child and ask that you go over them at home as well. Thank you for your help.

Yours truly,

Sonya Burkhart, Preschool Teacher
Elaine Malone, Preschool Teacher
Kristin Williams, Assistant Preschool Teacher

Limits

1. We walk when inside.
2. We listen.
3. We share.
4. We clean up.
5. We take care of our school.

Discipline and Behavior Management

Teachers support and redirect children as they learn to solve their own problems. Teachers and staff will model how to solve conflicts in the classroom by:

1. Acknowledging conflict and the children's feelings
2. Allowing each child to speak and explain his/her perspectives.
3. Helping children arrive at a solution.
5. The cozy area will be available for children to calm down and regain control of their feelings and learn to manage their behavior.
4. SEVERE Behavior clause: Parents will be contacted in the event of a child harming themselves or others, destruction of school property, or any behaviors that interfere with maintaining a positive classroom community.

I have read and understand the above limits and consequences concerning my child's behavior and have gone over these with my child.

Parent/Guardian Signature

Date

TUITION PAYMENT POLICY

1. There is a one-time \$50.00 non-refundable registration fee for all children enrolled at the Child Development Center Preschool Program. This fee is due on or before the first day of attendance. For children attending only for the summer semester the registration fee is \$25.00. There is no registration fee for enrollment in the Department of Children's Affairs, Office of School Readiness, 1st Class Pre-K Program.
2. **Payments are due in advance each week. ALL payments are collected through automatic withdrawal from a debit or credit card through Tuition Express. Information for this payment method will be collected during the registration process.**
3. If payments become two weeks delinquent, child care services will be discontinued. If services are discontinued a \$50.00 registration fee and all past due balances will be required for the child's re-admittance to the center.
4. **A two-week notice is requested in case a child is to be withdrawn from the center. If this two-week notice is not given, you will be still charged for this time (this could be amended in case of extenuating circumstances to be determined by NW-SCC administration). If a child is absent for two consecutive weeks without notifying the Center of the reason, the child's name will be taken off the enrollment list and a \$50.00 registration fee will be required for readmission.**
5. If your child is registered in the Child Development Center you will pay the weekly tuition charge each week regardless of the number of days your child is absent due to illness out-of-town, etc. In extreme cases when a child has serious illness and is hospitalized, the parent must contact the center director in order for tuition charges to be waived for that time. If there is a death in the immediate family (father, mother, brother, sister) the child's tuition may be waived one or two days.
6. If your child is registered as part-time (2 or 3 days a week), you will be expected to pay the weekly charge for the number of days you are registered for whether your child attends all of the agreed upon days or not for that week. Your child is registered for certain days, and we are committed to reserve childcare services on those days. The exchange of attendance days is not allowed, as we must daily stay within teacher-student ratio.
7. In the event the Child Development Center is closed due to inclement weather, or any other extenuating circumstances tuition will be charged as follows:
 - a. Preschool students will not be charged for the days closed.
 - b. Pre-K students will be charged the sliding scale fee, but not after care days (\$10 per day).
8. In the event of an overpayment to an account for any reason, a refund will not be issued. The Child Development Center will use any overage as a credit applied to your account.
9. THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT AWAY-FROM-FACILITY ACTIVITIES, INCLUDING SWIMMING, TRANSPORTATION, OR ANY OTHER ACTIVITIES. THE FACILITY SHALL ASSUME FULL AUTHORITY AND RESPONSIBILITY FOR ACTIVITIES AWAY FROM THE FACILITY. A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.

MEDICAL INFORMATION

Child's Physician: _____

Physician Address: _____

City _____ State _____ ZIP _____

Telephone: _____ After Hours Telephone: _____

Should my child become ill or suffer an injury of any nature while he or she is in the care of the NWSCC Child Development Center, the center shall undertake to contact me immediately. In the event they are unable to reach me immediately, the center and/or its designated staff shall be authorized to secure and consent to such medical attention, treatment and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Signature of both parents is needed:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Through the National Association for the Education of Young Children (N.A.E.Y.C.) accreditation criteria for health standard, the following information is required to be in your child's file:

1. Does your child have health insurance? Yes No
2. Please give the names of individuals authorized to have access to health information about your child:

1. _____

2. _____

3. _____

**NORTHWEST-SHOALS COMMUNITY COLLEGE
CHILD'S MEDICAL REPORT**

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

**Attach Certificate of Immunizations (blue slip).*

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

Date

Physician's Signature

**NORTHWEST-SHOALS COMMUNITY COLLEGE
CHILD DEVELOPMENT CENTER**

EMERGENCY MEDICATION

In the event of accidental poisoning and/or allergic reactions, I give my permission to the Northwest-Shoals Community College Child Development Center to administer the necessary emergency medications as directed by the Center for Poison Control regarding accidental poisoning or the necessary dosage of Benadryl as indicated on the medicine container for the age of the child for allergic reactions. (Also, please note that in the event of the above emergency, the parents will be immediately contacted and the child driven to the nearest emergency room.)

Please administer / DO NOT administer (circle one) medication as indicated above.

Parent/Guardian Signature

Date

Printed Parent/Guardian Name

Child's Name

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

“This institution is an equal opportunity provider”.



Child Development Center

THE ALABAMA DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT AWAY-FROM-FACILITY ACTIVITIES, INCLUDING SWIMMING, TRANSPORTATION, OR ANY OTHER ACTIVITIES. THE FACILITY SHALL ASSUME FULL AUTHORITY AND RESPONSIBILITY FOR ACTIVITIES AWAY FROM THE FACILITY. A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.

I have read and acknowledge the above state.

Parent/Guardian Signature



Child Development Center

If your family struggles with homelessness, please notify NW-SCC CDC. We will provide you with information concerning homelessness according to the McKinney-Vento Homeless Assistance Act.

By signing below, I am stating that my family struggles with homelessness.

Signature