

ENROLLMENT FORMS 2020-2021



11319 Highway 231/431 North
Meridianville, AL 35759
(256) 714-9273

Identify Session Enrolling for:

- Summer 2020 9 weeks: May 26-July 24
- School Year 2020/2021 August 5, 2019 -May 25, 2020
- Both Sessions Summer and School Year

Registration Fees Due at Enrollment:

- Summer: \$75 (\$50 for sibling)
- School Year: Preschool \$125 (\$75 for sibling)
- After School Care from LFE & MMIS: \$25

Indicate program selection by checking appropriate box

Full-Day School-Year Session (open 6:30 am-6:00 pm)		
2 ½ year-old by Sept. 1	<input type="checkbox"/> 3 Days (Tu/We/Th): \$110 weekly	full-time sibling discount \$10 off per child per week
2 ½ year-old by Sept. 1	<input type="checkbox"/> 5 Days (Mon thru Fri): \$160 weekly	
3 & 4 years-old by Sept.1	<input type="checkbox"/> 3 Days (Tu/We/Th): \$105 weekly	full-time sibling discount \$10 off per child per week
3 & 4 years-old by Sept.1	<input type="checkbox"/> 5 Days (Mon thru Fri): \$155 weekly	

Half-Day School-Year Session (8:15 am - 12:15 pm)	
3 & 4 years-old by Sept.1	<input type="checkbox"/> 3 Days (Tu/We/Th): \$175 monthly
4 years-old by Sept.1	<input type="checkbox"/> 5 Days (Mon - Fri): \$245 monthly

Summer Session (open 6:30 am - 6:00 pm)		
2 ½ thru entering 1st grade	<input type="checkbox"/> 3 Days (Tu/We/Th): \$105 weekly	full-time sibling discount - \$10 off per child per week.
2 ½ thru entering 1st grade	<input type="checkbox"/> 5 Days (Mon - Fri): \$155 weekly	

After School Care from LFE & MMIS
<i>From August 5, 2020 thru May 25, 2021</i>
Ages Pre-K thru 5th Grade
<input type="checkbox"/> \$50 per week
\$5 weekly discount for another sibling enrolled in ASC
Which school does your child attend?
School: <input type="checkbox"/> LFE <input type="checkbox"/> MMIS
Indicate grade for the 2020/21 school year: _____



Submit Registration Fees with Enrollment Paperwork

CHILD INFORMATION

Name of Child (Last, First, Middle): _____

Nickname: _____ Age of Child as of Sept. 1 (min. age 2 ½): _____ Sex: _____ DOB: _____

Child's home address: _____

Child lives with (relationship): _____

MOTHER/GUARDIAN'S INFORMATION
Name: _____
Address: _____
Employed by: _____
Occupation: _____
Home Number: _____
Cell Number: _____
Work Number: _____

FATHER/GUARDIAN'S INFORMATION
Name: _____
Address: _____
Employed by: _____
Occupation: _____
Home Number: _____
Cell Number: _____
Work Number: _____

Email addresses to use for _____
preschool classroom newsletters _____
May list more than 1

Email address for invoices (*only list 1 please*): _____

MEDICAL INFORMATION

Known food allergies: _____ Known other allergies: _____

Chronic illnesses or diagnoses: _____

Will you need to supply an emergency medication for this allergy or condition to our office? Yes No

Please list anything we should know about your child's health or development. _____

MEDICAL INFORMATION CONTINUED

Child's Doctor: _____ Phone: _____

Emergency Hospital Preference: Huntsville Hospital Crestwood Medical Center

Child's Insurance Company: _____ Policy #: _____

Allergies to Medications: _____ Other Medical Conditions: _____

Child's Dentist: _____ Phone: _____

For preschool children: Is your child potty trained? Yes No In the process

All children placed in a 3 year-old and Pre-K class are required to be fully potty trained.

Does your child have any special bathroom needs that we should know about? _____

For preschool children: An original & current immunization card is required prior to the first day of attendance

If your family attends a Church, please tell us where you attend _____

Acknowledgements & Permissions

Please initial where indicated



I understand that if any of the information noted on my child's enrollment form changes that I will notify the Director in writing. This includes (but not limited to) health history, addresses, telephone numbers, emergency contacts, etc.



Medical Authorization

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize North Hills Early Childhood Center, into whose care the above named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. The undersigned further authorizes the above named center to have the above named minor released into custody of its representative, should hospital care no longer be required. **These permissions are to be used ONLY in an extreme emergency**, when said parents or guardians cannot be or are unavailable to be contacted. I hereby release North Hills Early Childhood Center, its employees, or those associated with the program from any liabilities for accidents or injuries to the above named child. I agree to assume responsibility for all medical costs incurred.



Release for Administrating Medications

The undersigned hereby authorizes North Hills Early Childhood Center, into whose care the above named minor has been entrusted, to administer oral medications as so needed for an allergy reaction, asthma, or any other emergency medication. It is NOT the responsibility of the center to administer oral medications such as vitamins or antibiotics, cough medicines, or fever reducing medicines, etc. Parent/guardian will be contacted if emergency medication is administered.

If your child has a history of medical problems or allergies that require immediate medication, it is required that the medication is registered with the center, and be labeled with the child's name and current dosage. If the medication date expires or dosage requirements change, it is your responsibility to notify the center immediately.

Acknowledgements & Permissions continued

Please initial where indicated



Illness or Injury

No child shall be brought to school who is running a fever, has diarrhea, a contagious disease, or who has a yellow or green discharge from their nose. It will be left to the Director’s discretion whether or not the child will remain at school if any questions arise about a child’s health. A child should not be brought back to school until he/she has been completely free of fever for 24 hours. Also, if a child has been diagnosed with a contagious virus or infection, the child should remain at home for 48 hours (or has a written note from a medical professional stating that it is okay for the child to return to school). These rules are for the protection and well-being of all the children. Hopefully, this will keep everyone’s child healthy and happy.

In the event of an emergency, accident, or sickness involving our child, the Director, or the appointed person in charge, or worker on duty is authorized to call the family physician noted on this enrollment form. They may also seek emergency medical treatment for our child as necessary in the event the parent cannot be contacted. I hereby release North Hills Early Childhood Center, its employees, or those associated with the program from any liabilities for accidents or injuries to the child. I agree to assume responsibility for all medical costs incurred.



Information Release

It is our policy that when preparing for any external publications (including print, non-theatrical, video, internet and any other medium presently in existence or invented in the future), to seek permission before publishing your child’s participation in center activities in which they may be photographed and videotaped and the event be posted on the classroom website or blog. Our classroom websites and blogs are restricted access and available for viewing only to those who are sent an invitation by the teacher(s).

I hereby release North Hills Early Childhood Center, its staff, ministers, successors, and assigns from and against all claims, demands, actions, suits, expenses, liabilities, and damages whatsoever that I may have against North Hills Early Childhood Center in connection with any publication mentioned.



Parent Agreement

The following conditions are understood and agreed upon between North Hills Early Childhood Center and the undersigned.

FEES: The parents/legal guardians will pay \$_____ per _____ (week or month).



Tuition payments for Full-Time Preschool and After School Care

Weekly tuition is due by Tuesday afternoon. A \$10 late fee is applied on Wednesday.

Tuition payments for Part-Time Preschool

Monthly (part-time) tuition is due the 1st of each month. A \$10 late fee is applied on the 5th.

If tuition is over a week late, your child may be dropped from the rolls and their spot may be filled with another child.

Parent/Guardian agrees to pay all registration fees and it is further understood that fees are non-refundable.

There will be no discount of fees due to holidays, school closings, personal vacations, or illnesses of your child.



Late Pick Up Fee

If a child is picked up after 12:20 (for half-day children) and 6:05 (for full-day children) there is a \$5 late pick-up fee for every 5 minutes late. The clock posted at our entrance is the clock we will use as the official time. Excessive or frequent late fees will result in the dismissal of the child.



Statement of Commitment

Our **summer session** runs 9 weeks (from May 26th to July 24th). The parent/legal guardian agrees to pay for the full length of our summer program. During our **school-year session**, a two-week notice is requested when withdrawing your child from NHECC. We also request two-weeks notice when changing program selection from full-day to half-day.

A change in program selection may not be available, as the center has to maintain a certain balance of half-day & full-day children to meet budget.



Authorization for Release of Child 2020/2021

Name of Child: _____

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize North Hills Early Childhood Center, into whose care the minor has been entrusted, to consent to emergency release or car pool release of the above named minor to the following people. Be sure to include someone who is local and will usually know your whereabouts. UNDER NO CIRCUMSTANCES will a child be released to anyone not known to the school without authorization from the parents. Unless personally known to the staff, valid picture identification will be required. If this list of people approved to pick your child up should change during the school year, it is your responsibility to keep the list current. **NOTE: It is legal for either parent to pick up a child from school unless the Center has a court order restricting a parent.**

List of those authorized to pick up above mentioned child:

Parents/Guardians authorized to pick up:

Parent/Guardian: _____ Contact Phone Number: _____

Parent/Guardian: _____ Contact Phone Number: _____

Parent/Guardian: _____ Contact Phone Number: _____

Parent/Guardian: _____ Contact Phone Number: _____

Other family and friends authorized to pick up:

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

PLEASE SIGN HERE  **Parent/Guardian Signature** _____ **Date** _____



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 www.nhecc.net

STATE OF ALABAMA

COUNTY OF MADISON

Before me, a Notary Public in and for said State and County, appeared _____
 (parent/guardian) 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 _____;
 that affiant has been notified by Paul Turner, a representative of North Hills Presbyterian Church,
 that said church has filed notice and is exempt under law from regulation by the Department of Human
 Resources.

Signature of Parent/Guardian _____ Printed Name: _____

Sworn, or affirmed to and subscribed before me this _____ day of _____, 202____.

NOTARY PUBLIC

My commission expires _____ Signature of Notary: _____

Seal or stamp of Notary