

Julius R. Scruggs
Child Development Center and Academy
3509 Blue Spring Road Huntsville, Alabama 35810-3458
(256) 852-6673
Application for Enrollment



Email form to: JRSCDCA@FMBC.ORG

Date registered _____ School Year ____ - ____ check Session(s) Summer Fall

Please check one Pre-K 2 ½ Pre-K3 Pre-K4 Kindergarten 1st 2nd 3rd 4th 5th

Student Name _____
Last First Middle

Date of Birth _____ Gender M F Immunization Expiration Date _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____ Church Affiliation _____

Previous school attended _____

Address of School _____ City _____ State _____ Zip _____

Mother/Guardian _____ Email address _____

Home Address _____
Street City/ State Zip

Occupation _____ Employer _____

Home () _____ Work Phone () _____ Cell () _____

Father/ Guardian _____ Email address _____

Home Address _____
Street City/ State Zip

Occupation _____ Employer _____

Home () _____ Work Phone () _____ Cell () _____

How did you hear about Julius R. Scruggs Child Development and Academy? Please check one

Family/Friend/Co- worker _____ Church bulletin
 Social Media /Internet Advertisement Other (Please specify) _____

A Non-refundable and Non- Transferable registration fee per session MUST accompany this application.

FOR OFFICE USE ONLY

Amount \$ _____ Check # _____ Credit Card _____ Registration ____summer ____fall
Registered by _____ Date _____

CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form 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)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as beeper, 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: ()
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Emergency Authorization:

I 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.)*

_____ / _____
Signature **Date**

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

Page one of two-form not valid without second page

