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 registration fee per session MUST *accompany this application.*

FOR OFFICE USE ONLY

Amount $_____ Check #_____ Credit Card___ Registration ___summer ___fall

Registered by _____ Date_____

G. Child's preadmission record

DHR-CDC-739
Revised 1/22

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: ( )

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

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 childcare facility (home or center). The licensee of the childcare 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 homeless according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.