

**Julius R. Scruggs**  
**Child Development Center and Academy**  
3509 Blue Spring Road Huntsville, Alabama 35810-3458  
(256) 852-6673 Fax (256) 852-5975  
**Application for Enrollment**  
*(Ages Pre K 2 1/2 years old – 5th grade)*



*Please print clearly and fill in all blanks completely.*

Date registered \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_ check **Session(s)** **Summer** \_\_\_ **Fall** \_\_\_

**Please check one** \_\_\_ Pre- K 2 1/2 \_\_\_ Pre- K 3 \_\_\_ Pre- K 4 \_\_\_ Kindergarten \_\_\_ 1st \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4th \_\_\_ 5th

**Student Name** \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Gender M \_\_\_ F \_\_\_ **Immunization Expiration date** \_\_\_\_\_

**Street Address** \_\_\_\_\_ Apt. # \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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 \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_ Registration \_\_\_ summer \_\_\_ fall

Registered by \_\_\_\_\_ Date \_\_\_\_\_

**H. Child's preadmission record**

**DHR-CDC-739**  
Revised 1/06

**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 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.)**

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**Form not valid without 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 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:

(Check yes or no and sign each line)

<b>Activities away from the facility:</b>	yes	no	Signature of parent/guardian	Date
<b>Transportation provided by the facility:</b>	yes	no	Signature of parent/guardian	Date
<b>Swimming/wading activities provided by the facility:</b>	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

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This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

*Additional information may be attached*