

**Beacon of Hope Childcare Center
1045 Coliseum Blvd.
Montgomery, AL 36109
334-386-3512**

FORM OF AFFIDAVIT for Parent/Guardian

STATE OF ALABAMA

COUNTY OF MONTGOMERY

Before me, a notary public in and for said state and county, appeared _____ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children _____, that affiant has been notified by Angie Williams, a representative of Beacon of Hope Childcare church/school, that said church or school has filed notice and is exempt under law from regulation by the department of human resources.

_____ Parent/Legal Guardian
Sworn, or affirmed to and subscribed before me this _____
day of _____, 20____.

_____ Notary Public

Beacon of Hope Child Care
and Learning Center

Enrollment Application
386-3512

Last Name _____ First _____ MI _____
Child goes by _____ DOB ___/___/___ Age _____
Male _____ Female _____ Social Security Number ___-___-___

Mother/Female Guardian _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Place of Employment _____

Father/Male Guardian _____
Address(if different from mother) _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Place of Employment _____

Family Physician _____ Phone Number _____
Hospital Requested In Case Of Emergency _____
Family Dentist _____ Phone Number _____
In Case Of An Emergency Contact _____
Phone _____ Relation To Child _____

Child May Be Released To:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____

Signature Of Both Parents Or Guardians

Mother _____ Father _____ Date _____

CONTRACT WITH THE CENTER:

I have read through all the material that pertains to this child care facility (including the Center Policy and Procedure Manual) and agree to follow all procedures as outlined. I will pay and be responsible for all debt incurred for tuition as a result of my child being a student at this facility. I understand late fees, returned check fees, book fees, and weekly fees will be my responsibility to pay when those debts are incurred. I also understand that in leaving the center a two-week paid, advanced notice is required and any unpaid fees are due immediately (regardless of the situation or reason for leaving).

I will hold this Learning Center responsible for the care and safety of my child only after I have left them in the care of the center and before I have taken them from the care of the child care worker. I understand children may not leave the center until signed out by an authorized adult.

SIGNATURE OF PARENTS OR GUARDIANS:

_____Relation_____

_____Relation_____

Date_____

******This form must be signed and dated before leaving your child at the center.**

Beacon of Hope Child Care and Learning Center Discipline Procedures

Newborns-6 Months - Absolutely None

6 Months-12 Months - Put in an isolation bed for 10 minutes. This usually only occurs if a child teethes early and begins to bite.

Young Toddlers (12 months to 18 months) - Put in an isolation bed or sitting against the wall from other children during a favorite activity.

Older Toddlers (18 months to 2 years) - Put in an isolation bed or sitting against the wall away from other children during a favorite activity.

Two through Five - Isolation chair (set aside from the group), a privilege taken away or not allowed to participate in a favorite activity.

Six through Twelve - Stand against the wall (no more than 10 minutes), a privilege taken away or not allowed to participate in a favorite activity.

Note: When our discipline procedures fail to be effective, we will have no other choice but to contact the parents and ask for the child/children to be picked up for the day.

Corporal Punishment

We will not administer any form of physical discipline without the express, written permission of the parent. The attached form must be completed in order for us to administer corporal punishment

Beacon of Hope Child Care and Learning Center
Discipline Procedure Form

Child's Name _____ DOB _____

Check One:

I do not wish my child to receive corporal punishment at all from this center. If my child cannot be controlled by the other discipline procedures outlined, I understand that I will be called and must pick my child up for the remainder of the day.

This center has permission to administer the outlined corporal punishment when it is deemed necessary.

I do not wish my child to receive the corporal punishment as outlined by the center, however, the following would be agreeable with me.

This form may be updated at any time during your child's tenure in this institution.

Thank you for your concern in this matter.

Parent/Guardian Signature _____

Date _____

Please see procedure manual under discipline for more information.

Beacon of Hope Childcare and Learning Center

1045 Coliseum Blvd. Montgomery, Al. 36109 • 334-386-3512

HOURS

6:30 AM TO 6:00 PM MONDAY - FRIDAY

REGISTRATION FEE - \$60.00

This fee is NON-REFUNDABLE and is due upon the initial enrollment for each student and annually after. If a student leaves for any length of time - registration fee must be paid again on re-enrollment.

WEEKLY FEES

6 weeks to 12 months - \$140.00

12 months to 2 years - \$130.00

2 years to 12 years- \$120.00

FAMILY RATES

Youngest child- full price

Second child- \$90.00

Third Child- \$80.00

*updated as of
Aug. 2021*

BEFORE AND AFTER SCHOOL RATES

1 to 5 days \$70.00

*Thank
you*

BEFORE AND AFTER SCHOOL FAMILY RATES

First child- \$70.00

Second or third child - \$65.00

Absence Credit

Allows parents to pay half the regular tuition when their child is out for a whole week.

(Monday – Friday)

Meals

Included in tuition are breakfast, lunch, and two snacks per day.

ABEKA Preschool Curriculum

Learning Center Holidays

New Year's Day

Martin Luther King's Birthday

Presidents' Day

Good Friday

Memorial Day

4th of July

Labor Day

Columbus Day

Veteran's Day

Thanksgiving Day and the day after Thanksgiving

Christmas Eve

Christmas Day

******We close at 2:00 p.m. on New Year's Eve**

Listed above are the days that the Learning Center will be closed.

There may be additional days as a result of "Acts of God" or other circumstances beyond our control.

Beacon of Hope Child Care and Learning Center
Child Care Medication Form

Date _____

Child's Name _____

Teacher _____

Medication _____

Medication to begin _____ 20 _____ and
end _____ 20 _____

Amount to be given and
when _____

*****Last time medication was administered at
home _____

I give my permission for the above medication to be
given to my child as I have prescribed above.

Parents

Signature _____

Medication Administration Record

Child's Name/Date Time Amt. Given Teacher's Initial

ATTENTION: When this is completed, please place in
child's file.

Additional forms may be obtained in the office.

Beacon of Hope Child Care and Learning Center

Medical Information Release Form

Child's Name _____

Social Security Number _____ Birthdate _____

Please check any items listed that pertain to your child and give an explanation below.

My child has a history with:

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies (List Below) |
| <input type="checkbox"/> Breathing Difficulty | <input type="checkbox"/> Aids (HIV) |
| <input type="checkbox"/> Hives/Skin Difficulty | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Intestinal Problems |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Coordination Difficulty |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Emotional Trauma |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Attention Difficulty (ADS) |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other (Explain) |
| <input type="checkbox"/> Seizures/Epilepsy | |

Explanation for any of the above: _____

Does your child have a history of any type of abuse? Explain: _____

Is your child on any type of regular medication? Explain: _____

Special instructions in case of an emergency: _____

Medical Insurance Co. _____ Policy # _____

Principal Insured: _____ Relationship to child: _____

Physician: _____ Phone: _____

I give permission for Beacon of Hope Child Care and Learning Center to get medical attention for my child in the event of an emergency situation.

Signature _____ Date _____