



UNION CHAPEL M B CHURCH CHILD DEVELOPMENT CENTER
315A WINCHESTER ROAD NE
HUNTSVILLE, AL 35811

256-852-4082 OFFICE

256-852-8310 FAX

www.unionchapelcdc.org

WELCOME!

Thank you for expressing an interest in Union Chapel M B Church Child Development Center. As part of this application process, we invite you to take a few moments and carefully read through this information packet. We would also encourage you to come in and visit our Center. We feel the best way to get to know us is to see us in action. Please call our office if you have any questions. We look forward to serving you and your family in the future.

In His service,

Ruby Gandy Biffle

Director

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CHILD DEVELOPMENT CENTER QUESTIONNAIRE

RELEASE FORM

TO: _____ CHILD'S NAME: _____
ADDRESS: _____ DATE OF BIRTH: _____

I, _____ (Parent's Name), hereby give
_____ (Institution's Name) permission to release to Union Chapel
Child Development any behavioral, social or financial information requested concerning
_____ (Child's Name). I release you and your institution from
any liability in furnishing said information on the enclosed Questionnaire. I understand that all information will
remain confidential.

Parent's Signature

Date

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Child's Name _____

Parents' Names _____

The above named parents have made application to UCCDC for their child in the appropriate daycare class. We are asking for your assistance in answering the questions on the form below. All information will remain confidential and we appreciate your prompt response. For your convenience, you will find a self-addressed and stamped envelope. Thank you in advance for your consideration and time.

Sincerely,



Ruby Gandy Biffle
Director

1. How long have you been acquainted with the child/family? _____
2. Does the child adapt easily to a new class environment? _____
3. Does the child have acceptable social skills? _____
4. Has the child reached the appropriate developmental stages for his/her age? _____
5. Does the child have a history of biting/aggressive behavior? _____
6. What is the parent's current financial status in your organization? _____
7. Is there any history of non-payment on account or difficulty in collecting fees? _____
8. On a scale from 1-10, how would you rate the parent's cooperation and support of your policies and procedures?
1 2 3 4 5 6 7 8 9 10
Least Cooperation Average Cooperation Outstanding Cooperation
9. If this child re-applied at your daycare, would you accept him/her? _____
10. Comments: _____

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Organization: _____

How do you know the applicant (teacher, babysitter, etc.)? _____

Name (please print): _____

May we contact you by phone if additional information is needed? YES NO

_____ Signature and Date

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Huntsville, AL 35811

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. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. *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

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Huntsville, AL 35811

Child's Preadmission Record (continued)--page two of two--form not valid without first page

Describe any special needs, allergies 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:

(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:				
Swimming/wading activities provided by the facility:				

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: _____

Additional information may be attached.

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Form of Affidavit for Parent/Guardian

STATE OF ALABAMA
COUNTY OF MADISON

Before me, a Notary Public in and for said State and County, appeared

(Parent's name)

_____ 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

(Child's name)

that affiant has been notified by Union Chapel Missionary Baptist 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

_____, 200__.

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CHILD'S MEDICAL REPORT – DAY CARE

Child's Name _____ DOB _____

Parent's or Guardian's Name _____

Address _____ Telephone No. _____

Attach Certificate of Immunizations (blue slip).

IMMUNIZATIONS:

Immunizations are up to date for age of child: Yes _____ No _____

Laboratory and Other Testings (if indicated): Yes _____ No _____

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities, except as noted below.

Date

Physician's Signature