



Applied Behavioral Concepts, Inc.
CHILD CARE ENROLLMENT APPLICATION
(256) 783-5151

While completing this application if you find it necessary to provide additional comments or explanations to questions asked, please attach additional sheets of paper. PLEASE PRINT OR TYPE ALL INFORMATION!

STUDENT INFORMATION

Date of Birth: _____ Sex: _____
 Date of Enrollment: _____
 Full Name: _____
 Last First Middle Nickname
 Child's Address: _____
 No. Street City State Zip
 Child's Mailing Address: _____
 No. Street City State Zip
 Primary Days of Care: M T W TH F Total number of Days: _____
 Primary Hours of Care From : _____ To: _____
 Before School Only: _____ After School Only: _____ Both: _____

FAMILY INFORMATION

Child Lives With: _____
 Custody: Mother Father Both Other (specify): _____
 Mother's Name: _____ Address: _____ Home Phone: _____ Employer: _____ Address: _____ Work Phone: _____ Email: _____
 Father's Name: _____ Address: _____ Home Phone: _____ Employer: _____ Address: _____ Work Phone: _____ Email: _____
 Siblings and their ages: _____

MEDICAL INFORMATION

I hereby grant permission for the staff of Applied Behavioral Concepts, Inc. to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor/Dentist/Hospital	Phone	Address

Please list allergies, special medical or dietary needs, or other areas of concern: _____

CONTACTS

Your child(ren) will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name	Home Phone	Work Phone	Address

HELPFUL INFORMATION ABOUT THE CHILD

Please list or describe your child's special interests, talents or pertinent anecdote(s) you would like to share:

CONDITIONS FOR REGISTRATION – PLEASE READ CAREFULLY

If you wish to reserve a spot for your child(ren), the following information and conditions are provided for your understanding of the process and procedures:

1. The application must be submitted with a \$150 non-refundable registration fee for each child. Individual records on each child shall be on file in the center on the child's first day of attendance.
2. Should we be unable to place your child within 90 days, your registration fee(s) can be refunded if requested in writing.
3. All checks should be made payable to Applied Behavioral Concepts, Inc.
4. Payments are due at least one week in advance in order to maintain enrollment slots. Delinquent payment will result in a cessation of day care services.
5. On the child's first day of attendance, each child from two months of age to lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the center, or a valid Alabama Certificate of Religious Exemption.
6. A parent manual with policies, procedures, and helpful information will be available for all our families.
7. Registrations are considered incomplete if any of the above conditions are not met.

Confidential information or discussions about children and their families shall not be used or disclosed for any purpose not directly related to the well being of the child. Records will be accessible only to authorized persons.

This initial information is provided in the spirit of fostering honesty and integrity, two of our Core Values. Healthy communication facilitates healthy relationships. Because we wish to establish and maintain healthy relationships with all of our clients and their children, open and honest communication will always be our goal. These standards are established to provide the best care for your child.

Signature of Parent/Guardian

Date