

CAHABA VALLEY LEARNING CENTER
 COLUMBIANA
 21019 Alabama Highway 25 Columbiana, AL 35051

Enrollment Agreement (Waitlist Agreement)

I, _____, hereby wish to enroll my child(ren)

1). _____

2). _____

3). _____

in Cahaba Valley Learning Center.

_____ (initial) I am securing my child(ren)'s placement in their classroom by paying a deposit of \$ _____. I understand that this deposit will be applied to the first weeks tuition, but is NON-REFUNDABLE should I not bring my child(ren) (for any reason).

_____ (initial) I also understand that should that need arise to un-enroll my child(ren), I must give a written two (2) weeks' notice to Cahaba Valley Learning Center.

_____ (initial) I understand that by enrolling my child(ren) in Cahaba Valley Learning Center, tuition is due and payable on Monday of each week and a late fee of \$10.00 (ten dollars) will be assessed for payments received after 6:00 pm on Wednesday.

Signed this _____ day of _____, 2018.

 Parent/Guardian

 Social Security Number

 Parent/Guardian

 Social Security Number

This binding agreement will be kept in a secure location. Any unpaid tuition expenses will be collected in Shelby County Small Claims Court. Customer is responsible for all collection expenses including attorney and court fees.

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:

(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: _____

Additional information may be attached.



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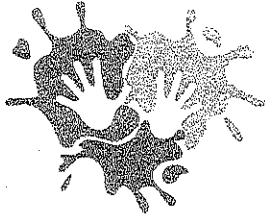
Parent Release Form for Media Recording

I, the undersigned, do hereby grant/deny permission to Cahaba Valley Learning Center to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Cahaba Valley Learning Center Web site. I agree to participate in the project without financial remuneration, and I understand that this releases the school/photographer from any future claims, as well as from any liability, arising from the use of the said photograph.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage: I wish my child's image to be used within the Cahaba Valley Learning Center setting only (not in the larger community).
 - Limited usage: I wish my child's image to be used for educational materials only (not marketing). This could be either within Cahaba Valley Learning Center or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage: I wish my child's image to be used on printed materials only (no digital or video usage).
 - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Cahaba Valley Learning Center for a variety of purposes and that these images may be used without further notification. I do understand that the child's surname will not be used in conjunction with any video or digital images.

Parent/guardian signature _____

Date _____



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Activity Authorization Form

I hereby grant permission for my child/children named below to use all of the play equipment and participate in all of the activities on the premises of Cahaba Valley Learning Center

Name of child: _____ Age: _____

I understand that ride on toys, chairs, sprinklers, sandboxes, slides, and other toys are used on a regular basis (weather permitting).

Comments _____

Please do not allow my child to play on the following equipment in your playground or participate in the following activities:

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider/ signature	Date

Name of Center: Cahaba Valley Learning Center, Inc.



Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: August 1, 2009

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.
We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.
6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F and a thermometer kept in the infant room.
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We may use a sleep sack instead of a blanket.**
9. No loose bedding, blankets, pillows, bumper pads, etc. will be used in cribs.
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.

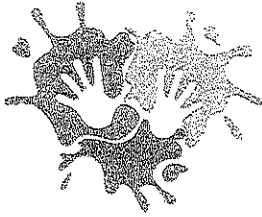
I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Child Care Provider: _____ Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.



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About Your Child (age 6 wks – 23 months)

Please answer only the questions that apply to your child. If the answer is n/a or if you feel uncomfortable answering any item, then the line can be left blank.

1. What FOODS does your child especially like? _____

2. Especially DISLIKE? _____

3. Favorite toys, games, activities? _____

4. Is your child on formula or breast milk? _____ If Formula, what brand? _____

5. How frequently (approx.) is your child fed? _____

6. Does your child have any special FEARS? _____

Explain _____

7. When your child is upset, what helps to COMFORT him/her? _____

8. How does your child express ANGER or frustration? _____

9. How frequently (approx.) does your child NAP? _____ Approx. how long? _____

10. Is your child accustomed to having a toy or blanket for NAP? _____

11. What is your child's disposition upon waking up? happy, grouchy, clingy, slow, _____

12. Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.) _____

13. Anticipated ADJUSTMENT problems? _____

14. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

15. Previous childcare child has attended: _____

16. Any problems at previous daycares? _____

17. What different would you like to see take place at our center _____

18. Any brothers or sisters at home? (Please list age) _____

Other COMMENTS? _____

205.669.4854

www.cahabavalleylearning.com



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About Your Child (age 24 months – pre k)

Please answer only the questions that apply to your child. If the answer is n/a or if you feel uncomfortable answering any item, then the line can be left blank.

1. What FOODS does your child especially like? _____
2. Especially DISLIKE? _____
3. Favorite toys, games, activities? _____
4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____
5. How frequently (approx.) is your child fed? _____
6. Does your child have any special FEARS? _____

Explain _____

7. When your child is upset, what helps to COMFORT him/her? _____
8. How does your child express ANGER or frustration? _____
9. How frequently (approx.) does your child NAP? _____ Approx. how long? _____
10. Is your child accustomed to having a toy or blanket for NAP? _____
11. What is your child's disposition upon waking up? happy, grouchy, clingy, slow, _____
12. Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.) _____

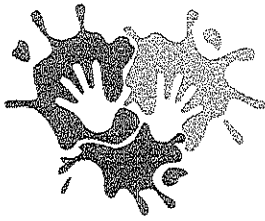
13. Anticipated ADJUSTMENT problems? _____
14. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

15. Previous childcare child has attended: _____
16. Any problems at previous daycares? _____
17. What different would you like to see take place at our center _____
18. Any brothers or sisters at home? (Please list age) _____

Other COMMENTS? _____

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Allergy Form

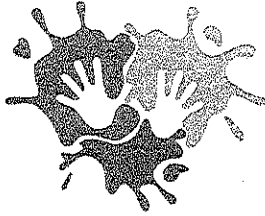
Please list any allergies your child has.

Food -

Seasonal -

205.669.4854

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Acknowledgement of Receipt

Form Title	Received	Did NOT Receive
Parent Handbook/Operating Policy (located on website)		
Fee Schedule		
Allergy Form		
About Your Child Form		
Safe Sleep Policy		
Activity Authorization Form		
Media Release Form		

By signing below, I acknowledge receipt of the above listed forms, and agree to abide by the terms and policies as outlined in them.

Parent or Guardian

Date

Parent or Guardian

Date

Child Care Provider

Date

205.669.4854

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Fee Schedule

Camera Viewing Fees	\$free
Meals	\$free
Registration (per child)	\$free

<u>Age</u>	<u>Weekly Rate</u>
6 weeks – less than 12 months	\$180.00
12 months – 24 months	\$175.00
2 years old	\$170.00
3 years old	\$165.00
4 and 5 years old	\$160.00

Tuition[®]

Express

Convenient and Safe
On-time Payments



PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It's easy to sign-up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.

Tuition®

Express

Automated Payment Processing

Safe — Convenient — Easy

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

I am a customer of _____ (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Cardholder Signature

Date

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only

Date Received

Employee Signature

A service of



procare
SOFTWARE®

Tuition[®]

Express

Automated Payment Processing
SAFE - CONVENIENT - EASY

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Pine Street Anytown, USA	BANK OF THE WEST 999-999-9999	00226
Pay to the order of: _____	Attach Voided Check Here	\$ _____
Deposit slips not accepted		Dollars

A service of

