



**CAHABA VALLEY LEARNING CENTER**  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

Enrollment Agreement/Financial 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 week's 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 \$25.00 will be assessed for payments received after 6:00 pm on Wednesday.

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Social Security Number or Driver's License #

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Social Security Number or Driver's License #

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.

**G. Child's preadmission record**

**DHR-CDC-739**

**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:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: (      )	Employer's Telephone Number: (      )
List telephone numbers such as pager, 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: (      )
-------------------------	----------	-------------------------------

**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:**

**(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: \_\_\_\_\_

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

*Additional information may be attached.*



**CAHABA VALLEY LEARNING CENTER**  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

**Parent Handbook Key Points**

Please initial that you understand the following policies. A complete copy of the Parent Handbook can be found at [www.cahabavalleylearning.com](http://www.cahabavalleylearning.com).

\_\_\_\_\_ **Hours of Operation:** Monday-Friday from 6:30 am-6:00 pm; Holidays: New Year's Day, Independence Day, Thanksgiving Day and the day after, Labor Day, Memorial Day, Christmas Eve and Christmas Day; Training days for staff: Veteran's Day and Martin Luther King Day

\_\_\_\_\_ **Signing in and Out:** Please sign your child(ren) in and out daily on the iPad at the classroom door.

\_\_\_\_\_ **Drop off:** All students must be dropped off by 11am or they can not attend until the next school day.

\_\_\_\_\_ **Late Pick Up:** If late pick up is charged is as follows: 1<sup>st</sup> & 2<sup>nd</sup> time: \$20.00, 3<sup>rd</sup> time: \$30.00, 4<sup>th</sup> time or more: \$50.00 and a conference will be held with the director.

\_\_\_\_\_ **Withdrawal:** If you need to withdraw your child please submit in writing 2 weeks before their last day.

\_\_\_\_\_ **Late Tuition:** Late fee of \$25 will be added to all accounts with an open balance at close of business on Wednesday.

\_\_\_\_\_ **Food and Allergies:** We are a nut free facility and follow the USDA food guidelines. If you choose to send special milk, juice, etc., we need a note on file stating you will send stated items and why you choose to do that. This is DHR requirement.

\_\_\_\_\_ **Sick Policy:** If your child is running a fever of 100.4 or higher your child will be sent home. They will need to be fever free without medication for 72 hours. If we send your child home with diarrhea or vomiting, they need to be symptom free for 24 hours without medication.

\_\_\_\_\_ **Medications:** Medications forms must be filled out weekly and all lines filled in and "As needed" can not be used on any line.

\_\_\_\_\_ **Attendance & Tuition:** Tuition is charged and due even if your child does attend unless you have a vacation week available to use.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date



**CAHABA VALLEY LEARNING CENTER**  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

## Acknowledgement of Receipt

Form Title	Received (please check)	Did NOT Receive (please check)
About your child form		
Parent Handbook/Operating Policy ( <i>found online at cahabavalleylearning.com</i> )		
Activity Authorization		
Food and Allergy Form		
Safe Sleep Policy (infants only)		
Fee Schedule		
Financial Agreement		
Covid-19 Wavier		

**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**

\_\_\_\_\_  
**Provider**

\_\_\_\_\_  
**Date**



**CAHABA VALLEY LEARNING CENTER**  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

## **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 \_\_\_\_\_

*If you have questions, please email dawn at [dawncvlc@outlook.com](mailto:dawncvlc@outlook.com)*

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.**

**Infants  
only**

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: \_\_\_\_\_

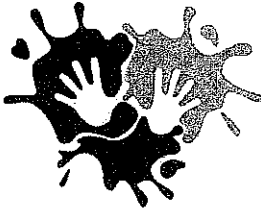
Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Child Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

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



CAHABA VALLEY LEARNING CENTER  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

Please provide an example of a typical day in your child's life: (be sure to include eating, napping/bedtime, playtime, etc.)





CAHABA VALLEY LEARNING CENTER  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

**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? \_\_\_\_\_



CAHABA VALLEY LEARNING CENTER  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

**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? \_\_\_\_\_



CAHABA VALLEY LEARNING CENTER  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

Health History

1. Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_
2. Last Physical Examination \_\_\_\_\_
3. Has or does your child have any known health problems? ( ) yes ( ) no If yes, describe: \_\_\_\_\_
4. Does your child need regular medication? ( ) yes ( ) no If yes, what and when is it given? \_\_\_\_\_
5. Does your child have any known allergies? ( ) yes ( ) no If yes, please list allergens: \_\_\_\_\_
6. Special instructions in case of an allergic reaction: \_\_\_\_\_

7. Illnesses: (if yes, please circle and list approximate date)

Does your child have any problems with any of these?

Constipation  
Convulsions  
Diarrhea  
Fainting Spells  
Frequent Colds  
Frequent Ear Infections  
Frequent Sore Throats  
Lice  
Ringworm  
Skin Rash  
Soiling  
Stomach Upsets  
Urinary Problem  
Worms

Has your child had any of these diseases?

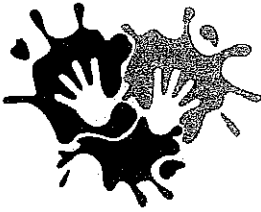
Asthma  
Bronchitis  
Chicken Pox  
Diabetes  
Heart Disease  
Hepatitis  
Impetigo  
Measles  
Mumps  
German Measles  
Polio  
Scarlet Fever  
Tuberculosis  
Whooping Cough

8. Other ILLNESSES? (besides above) \_\_\_\_\_
9. Has your child been HOSPITALIZED? (explain) \_\_\_\_\_
10. Has your child had INJURIES with fractures or loss of consciousness? (explain) \_\_\_\_\_
11. Last VISION Test Date \_\_\_\_\_ Last HEARING Test Date \_\_\_\_\_
12. Last DENTIST Visit Date \_\_\_\_\_
13. Any other members of your family with SERIOUS ILLNESS recently? (explain) \_\_\_\_\_
14. Any other members of your family history of: ASTHMA \_\_\_\_\_ DIABETES \_\_\_\_\_ EPILEPSY \_\_\_\_\_



**CAHABA VALLEY LEARNING CENTER**  
 151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

Substances	Child's Information					(Check if allergic)	
	MAY be exposed	May NOT be exposed	IS allergic	Is NOT allergic	Not Sure	Parent(s)	Other family member
<b>Foods:</b>							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's Milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg Yolks							
Egg Whites							
Soy Foods							
Fish							
Shell Fish							
<b>Environmental:</b>							
Dust							
Mold Spores							
Cats							
Dogs							
Other Animals							
Pollen							
Bee stings							
<b>Medical:</b>							
Penicillin							
Latex							
<b>Other(Please list):</b>							



**CAHABA VALLEY LEARNING CENTER**  
151 Narrows Parkway, Suite E, Birmingham, Alabama 35242

## Activity Authorization Form

I hereby grant permission for my child/children named below to use all of the play equipment and participate in all 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