

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 _____.

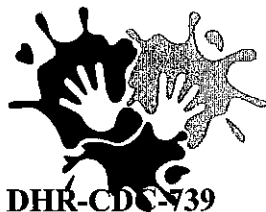
 Parent/Guardian

 Social Security Number

 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.



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Child's Preadmission Record

Mom's Email: _____

Dad's Email: _____

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	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 of telephone numbers such as beeper, cellular phone,	Instructions regarding how parent/guardian may be reached in and emergency:
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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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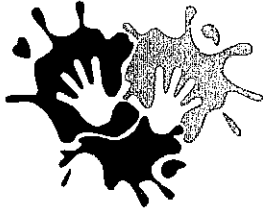
Emergency authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reach immediately. I agree to be responsible for any emergency medical expense incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
 Signature Date

September 30, 2019

Form not valid without signature of child's parent/guardian. Page one of two-form not valid without second page.



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Child's Preadmission Record (continued)-page two of two-form not valid without first 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 facility				
Swimming/wading activities provided. By the facility:				

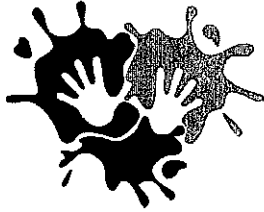
Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility staff.

Child's first day of attendance: _____ Child's Withdrawal date _____

September 30, 2019

Form not valid without signature of child's parent/guardian. Page one of two-form not valid without second page.



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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

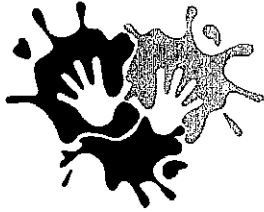
Date

Parent or Guardian

Date

Provider

Date



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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 _____

If you have questions, please email dawn at 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: _____

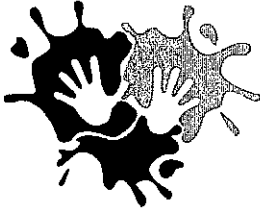
Signature of Parent or Guardian: _____

Date: _____

Signature of Child Care Provider: _____

Date: _____

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



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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? _____

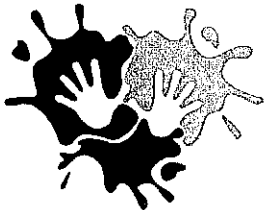
15. Previous childcare child has attended: _____

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? _____



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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?

Has your child had any of these diseases?

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

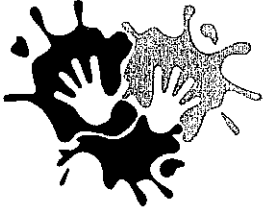
Worms

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)

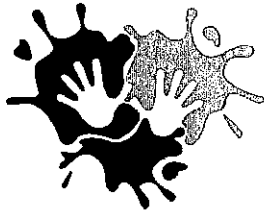
11. Last VISION Test Date _____ Last HEARING Test Date _____
12. Last DENTIST Visit Date _____
13. Any other members of your family with SERIOUS ILLNESS recently? (explain)

14. Any other members of your family history of: ASTHMA ___ DIABETES ___ EPILEPSY ___



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



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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? _____

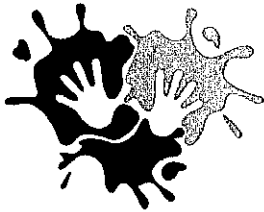
15. Previous childcare child has attended: _____

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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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?

Has your child had any of these diseases?

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

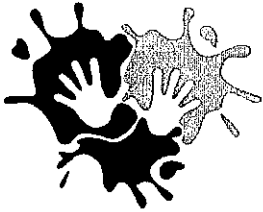
Worms

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)

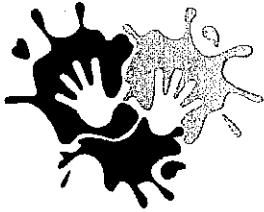
11. Last VISION Test Date _____ Last HEARING Test Date _____
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13. Any other members of your family with SERIOUS ILLNESS recently? (explain)

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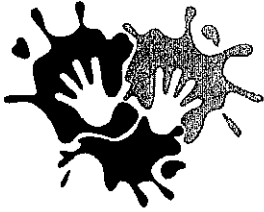
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Please provide an example of a typical day in your child's life: (be sure to include eating, napping/bedtime, playtime, etc.)



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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
Foods:							
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							
Environmental:							
Dust							
Mold Spores							
Cats							
Dogs							
Other Animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							
Other(Please list):							



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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 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