

**Julius R. Scruggs**  
**Child Development Center and Academy**  
3509 Blue Spring Road Huntsville, Alabama 35810-3458  
(256) 852-6673  
**Application for Enrollment**



Email form to: [JRSCDCA@FMBC.ORG](mailto:JRSCDCA@FMBC.ORG)

Date registered \_\_\_\_\_ School Year \_\_\_\_ - \_\_\_\_ check Session(s) Summer  Fall

Please check one  Pre-K 2 ½  Pre-K3  Pre-K4  Kindergarten  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

**Student Name** \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Gender M  F  Immunization Expiration Date \_\_\_\_\_

**Street Address** \_\_\_\_\_ Apt. # \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Church Affiliation** \_\_\_\_\_

Previous school attended \_\_\_\_\_

Address of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ Email address \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street City/ State Zip

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Father/ Guardian** \_\_\_\_\_ Email address \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street City/ State Zip

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**How did you hear about Julius R. Scruggs Child Development and Academy? Please check one**

Family/Friend/Co- worker \_\_\_\_\_  Church bulletin  
 Social Media /Internet  Advertisement  Other (Please specify) \_\_\_\_\_

**A Non-refundable registration fee per session MUST accompany this application.**

**FOR OFFICE USE ONLY**

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Registration \_\_\_\_summer \_\_\_\_fall

Registered by \_\_\_\_\_ Date \_\_\_\_\_



