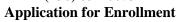
Julius R. Scruggs **Child Development Center and Academy** 3509 Blue Spring Road Huntsville, Alabama 35810-3458

(256) 852-6673





Data na sistema d		orm to: JRSCDCA@FMBC		Fau
Date registered	School Yo	ear checl	k Session(s) Summer	_ ran
Please check one	re-K 2 ½ Pre-K.	3 Pre-K4 Kinderg	garten 1st 2nd 3rd	4 th 5th
Student Name				
La	ast	First		Middle
Date of Birth		Gender M F Im	munization Expiration Da	ate
Street Address			Apt.	#
City	State	Zip Church Af	ffiliation	
Previous school attende	d			
Address of School		City	State	Zip
Mother/Guardian		Email address_		
Home Address		Gt. (G		
Occupation	Street	City/ State Employer	Zip	
Home ()	Work I	Phone ()	Cell ()	
Father/ Guardian		Email address	<u> </u>	
Iome Address		C': /S: ·		
Occupation	Street	City/ State Employer		Zip
Iome ()	Work P	rhone ()	Cell ()	
How did you he	ear about Julius R. S	Scruggs Child Developmen	t and Academy? Please c	heck one
Family/Friend/Co- w	vorker		Church b	ulletin
Social Media /Intern	et Advertisement	Other (Please specify)		
A No.	n-refundable registrati	<mark>ion fee per session MUST</mark> ac	company this application.	
	F	OR OFFICE USE ONLY		
Amount \$	Check # (Credit Card Re	gistrationsummer	fall
Registered by		Date		

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/child's Name:	center).		Name child is known by:			
Child's birthdate:			Child's home address:			
Name(s) of parent(s)/guard	lian(s):		Home telephone number: ()			
Address of parent(s)/guard	ian(s):					
Mother's employer:			Father's employer:			
Employer's address:			Employer's address:			
Employer's telephone num	ber: ()		Employer's telephone number: ()			
List telephone numbers suc	ch as beeper, c	rellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:			
Person(s) to be contacted i	in an emerge	ncy if parent(s)/guardian((s) cannot be reached:			
Name		Relationship to child	Addre	ess	Telephone number	
Name of child's doctor:	Address:	address:			Telephone number:	
Emergency Authorization I give permission for the chain transportation, for my child medical expenses incurred. The facility is to follow in an	ildcare facilit d if I cannot l (<i>If parent/gu</i>	oe reached immediately.	I agree to be responsibl	e for any emergency		
			1			

Page one of two-form not valid without second page

Child's Preadmission Record (continue Describe any special needs or instruct			f two - fo	rm not valid without first page			
Describe any special needs of instruct	ions beio	JW.					
Person(s) the child may be released to) :						
Name F	Relationship to child		child	Address		Telephone number	
I give permission for my child to p	articipat	e in:		/guardian Date	-		
activities away from the facility:	Yes	No	Signatu	ure of parent/guardian	Date		
ransportation provided by the facility:	Yes	No	Signatu	ure of parent/guardian	Date		
wimming/wading activities provided by he facility:	Yes	No	Signatu	ure of parent/guardian	Date		
Form not valid without sign	nature	of ch	ild's pa	rent/guardian in each space in	ndicated above.		
This section is to be completed	d by the	facili	ity's staf	f.			
Child's first day of attendance: _			C	Child's withdrawal date:			
This child meets the definiti	on of ho	meles	ss accord	ing to the McKinney-Vento Home	eless Assistance Act	. .	
Δ	dditions	al info	rmation	may be attached			