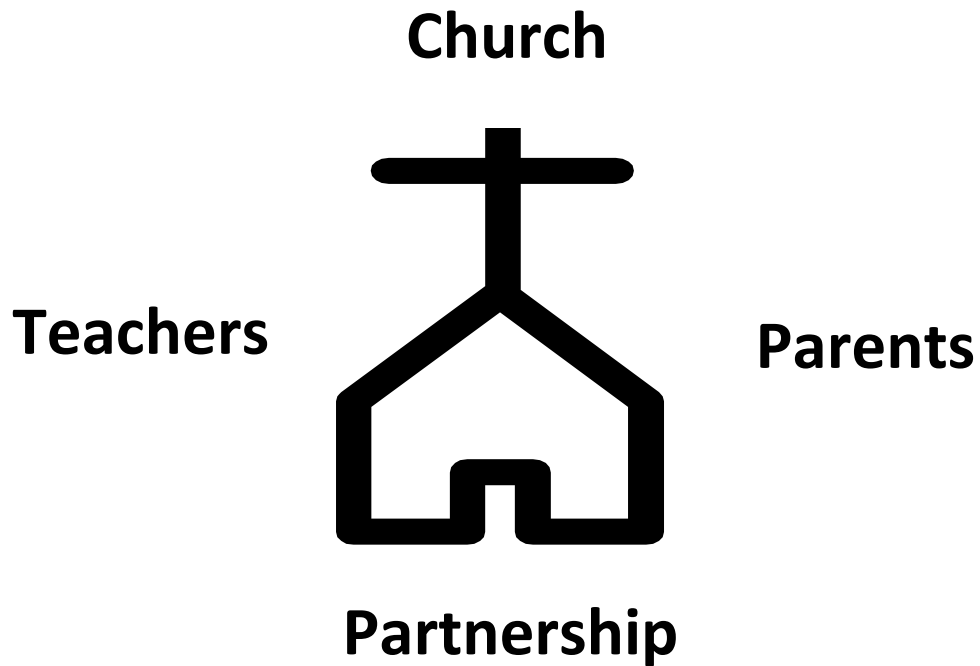


**PROGRESSIVE UNION M.B. CHURCH
CHILD DEVELOPMENT CENTER**



STUDENT APPLICATION



Proverbs 22:6

Train up a child in the way he should go: and when he is old, he will not depart from it

1919 Brandontown Road Huntsville, Alabama 35816

**PROGRESSIVE UNION M.B. CHURCH
CHILD DEVELOPMENT CENTER**

CDC / Church Office: 256-534-8266

Email - cdcoffice@pumbc.org

www.pumbchurch.org - link: *Church Ministries > CDC*

**PROGRESSIVE UNION M.B. CHURCH
CHILD DEVELOPMENT CENTER**

Parental Emergency Agreement

I, _____ give permission to the employees of PU CDC to obtain emergency care in the event of sickness or if the child is in an accident, in the event the parents cannot be reached, PU CDC is authorized to transport my child. Transportation will be by ambulance and I am aware that the charge for the transportation is my sole responsibility and that PU CDC or its staff is in no way responsible for transportation cost.

Child's Physician _____

Address _____

Phone _____

Preferred Hospital _____

Parents Signature _____

Date _____

Allergies _____

Medications _____

PROGRESSIVE UNION M.B. CHURCH CHILD DEVELOPMENT CENTER

The following is provided as general information pertaining to payment fees. Progressive Union Child Development Center (PU CDC) will accept individual checks and money orders as payment for childcare. However, if we experience more than two returned checks, we will no longer accept your check and payment must be in the following manner:

- Money orders or certified checks should be made out to Progressive Union or PUMBC
- Registration and first week's tuition must be paid upon enrollment. The registration fee is paid annually (August / September) and is not refundable.
- A late fee of \$5.00 will be assessed for tuition not paid by 6 pm on Monday of the due week.
- A penalty fee of \$15 will be charged for the 1 to 15 minutes when a parent is late picking up a child. There will be a \$1.00 per minute fee thereafter. This money is payable when the child is picked up. Therefore, we strongly urge all parents to pick up their children on time according to this agreement.
- Parents should call the PU CDC when After School Program students are not to be picked up from there designated location. A \$5 fee will be assessed to your account when PU CDC is not notified of changes to the student's schedule.
- After one year of continuous enrollment, your child(ren) are entitled to one week of tuition free to be used towards a vacation / absence time off from the CDC. The week must be taken in its entirety and two weeks written notice must be given to CDC management. Vacation does not accrue from year to year.
- Three days constitutes a week and full weekly payment is due. The PU CDC does not provide drop-in or part-time care.
- A child will be terminated from the center when his / her account is two weeks past due, unless payment arrangements are made with the manager.
- A credit of \$5 off the total weekly bill is given to parents who have more than one child enrolled in the CDC. That \$5 is taken off the child with the highest tuition rate.

The PU CDC reserves the right to seek legal means, if necessary, to collect past due accounts.

Signature of Parent / Guardian

Date

PROGRESSIVE UNION M.B. CHURCH

CHILD DEVELOPMENT CENTER

Discipline is a necessary part in your child's development; it is designed to help each child learn self-control, make appropriate choices, identify feeling, and develop respect for the feelings of others.

The guidance of the child's behavior will be conducted in such a manner as to assist the children in developing self-control and assuming responsibility for their own behavior. Discipline will be treated as a positive learning experience and administered under the following guidelines:

- 1) Behavioral standards, limits and rules shall be understandable by the children;
- 2) Discipline shall be fair and consistent, related to the specific misbehavior and administered by the teacher / caregiver who is primarily responsible for the child's care.

Discipline approaches used include removing the child from the activity, explaining why the behavior is not acceptable (toys are for playing, not throwing), and using a "Time Out" or "Sit and Watch" chair where the child can gain control of his / her behavior. When appropriate, parents will be asked to participate in decisions regarding their child's behavior. Physical punishment (e.g., spanking, hitting, verbal abuse, or derogatory remarks) or humiliating a child will not be used. If any abusive behavior continues, CDC management may recommend withdrawal of a child in the event it is in the best interest of your child and / or the other children enrolled in the CDC.

Signature of Parent / Guardian

Date

**PROGRESSIVE UNION M.B. CHURCH
CHILD DEVELOPMENT CENTER**

FAMILY INFORMATION

(PLEASE PRINT)

Child's Full Name: _____ Sex: ____ M ____ F

Child's Birthday: _____ Age as of September _____

Do Both Parents Live with the Child: ____ Y ____ N Total # of Children in the Household: _____

Sibling's Names & Ages: _____

CHILD'S INFORMATION

(PLEASE PRINT)

Eating Habits

Is your child (check all applicable):

Able to Feed Self: _____ Slow Eater: _____ Fast Eater: _____

Any Food Allergies? (circle one): No Yes If yes, what? _____

My child's appetite is ... (circle one): Good Appetite Poor Appetite

My child enjoys the following food(s): _____

PROGRESSIVE UNION M.B. CHURCH CHILD DEVELOPMENT CENTER

Sleeping Habits

Child's Usual Bedtime: _____ Child's Usual Morning Wake Up Time: _____

Does he/she wet the bed: _____ If yes, how often? _____

Is the child accustomed to taking a nap: _____ If So, How Long? _____

Who else shares the bedroom: _____ Children: _____ Adults: _____

Play and Relationship With Others

Play Interest: _____

Favorite Toys: _____

Plays Alone? (Circle one): No Yes

Plays With Others? (Circle one): No Yes

Is it hard for Your Child to Share? (Circle one): No Yes

Has Your Child Had Other Group Experiences? (Circle one):

 School (Circle one): No Yes

 Home Day Care (circle one): No Yes

PROGRESSIVE UNION M.B. CHURCH CHILD DEVELOPMENT CENTER

STUDENT: _____ CLASS: _____

Parent/Guardian #1: _____

Address _____

Phone# _____ (Home) _____ (Cell) _____ (Work)

Email Address: _____

Parent/Guardian #2: _____

Address _____

Phone# _____ (Home) _____ (Cell) _____ (Work)

Email Address: _____

PROGRESSIVE UNION M.B. CHURCH CHILD DEVELOPMENT CENTER

Doctor: _____ Ph# _____

Preferred Hospital _____

Medications: _____

Allergies: _____

EMERGENCY CONTACTS (IN THE EVENT PARENTS CANNOT BE REACHED):

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Who is authorized to drop off/pick up your child?

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____