

Re-registration for current clients: Tuesday 2/21 6pm-7:30pm, Wednesday 2/22 6am-2pm,  
Thursday 2/23 6pm-7:30pm. Open to the public 2/27

**CHASE YOUTH CENTER**  
**Chase Learning Center & Daycare, Inc.**  
**Summer & After School Care Program Registration**

A \$55.00 non-refundable registration fee for one child or a \$100.00 non-refundable registration fee for a family (2+) is due at the time of registration. Registration fees include the use of Summer, After-School Care & Holiday Care (if needed). Tuition includes all field trips, breakfast, lunch & snack. The activity fee covers in house vendors (pottery lady, pet show, etc.) and is due at the time of registration.

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Grade Child Completed: \_\_\_\_\_

\_\_\_\_\_ **AFTER-SCHOOL CARE PROGRAM:** The center provides transportation from the following schools for a fee of \$100.00 bi-weekly or you may choose to pay monthly. We follow the Shelby County School calendar. (All new cliental must use the ACH draft for payment, see ACH draft form at end of packet).

- \_\_\_\_\_ Pelham Ridge Elementary
- \_\_\_\_\_ Pelham Oak Elementary
- \_\_\_\_\_ Helena Elementary
- \_\_\_\_\_ Helena Intermediate
- \_\_\_\_\_ Creekview Elementary
- \_\_\_\_\_ Meadowview Elementary
- \_\_\_\_\_ Thompson Intermediate

**\*For Summer Care please choose one (1) of the following three (3) options.\***  
**\*First day of school will depend on your child's school system calendar\***

\_\_\_\_\_ **OPTION 1:** Choose the Full Summer Care Program with a 1 week free vacation, (see Operating Policies pg. 3 – fill out Vacation Request Form). Tuition is \$270.00 bi-weekly or you can pay monthly (All new cliental must use the ACH draft for payment, see ACH draft form at end of packet).

\_\_\_\_\_ **OPTION 2:** Choose 6 weeks to attend below. The fees are \$150.00 per week. You can pay this in advance or on the Monday you drop off.

**\*You must have your weeks chosen NO later than May 5th.\***

("X" here)      **DATES**

- \_\_\_\_\_ May 30 – June 2 (closed the 30<sup>th</sup>)
- \_\_\_\_\_ June 5 – June 9
- \_\_\_\_\_ June 12 – June 16
- \_\_\_\_\_ June 19 – June 23
- \_\_\_\_\_ June 26 – June 30
- \_\_\_\_\_ July 3 – July 7 (closed the 4<sup>th</sup>)
- \_\_\_\_\_ July 10 – July 14
- \_\_\_\_\_ July 17 – July 21
- \_\_\_\_\_ July 24 – July 28
- \_\_\_\_\_ July 31 – Aug 4

\_\_\_\_\_ **OPTION 3:** Choose twenty 20 days to attend during the summer (from May 27<sup>th</sup> through August 5<sup>th</sup>). The fee is \$700.00 and is **due in full no later than May 19<sup>th</sup>**. (You may make installment amounts between now and May 19<sup>th</sup>, but the balance must be paid by May 19<sup>th</sup>). You must have your days chosen **NO later than May 5<sup>th</sup>**. You will **NOT** be allowed to drop off if you have not turned in your selected days and payment by the due dates.

**CIRCLE ATTENDING DAYS:**

**May/June**

	M	T	W	T	F	
<b>MAY</b>	closed	30	31			
<b>JUNE</b>				1	2	
	5	6	7	8	9	
	12	13	14	15	16	
	19	20	21	22	23	
	26	27	28	29	30	

**July**

	M	T	W	T	F	
	3	closed	5	6	7	
	10	11	12	13	14	
	17	18	19	20	21	
	27	25	26	27	28	
	30	31				

**August**

	M	T	W	T	F	
			1	2	3	
	6	7	8			



## CHILD'S PREAMISSION 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).

<b>Child's name:</b>		<b>Name child is known by:</b>
<b>Child's birth date:</b>	<b>Or Due date:</b>	<b>Child's home address:</b>
<b>Name(s) of parent(s)/guardian(s):</b>		<b>Home telephone number: (    )</b>
<b>Address of parent(s)/guardian(s):</b>		
<b>Mother's employer:</b>		<b>Father's employer</b>
<b>Employer's address:</b>		<b>Employer's address:</b>
<b>Employer's telephone number: (    )</b>		<b>Employer's telephone number: (    )</b>
<b>List telephone numbers such as beeper, cellular phone, etc.</b>		<b>Instructions regarding how parent/guardian may be reached in an emergency:</b>

**Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:**

Name	Relationship to child	Address	Telephone number

<b>Name of child's doctor:</b>	<b>Address:</b>	<b>Telephone number:</b> (    )
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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 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)

	yes	no	Signature of parent/guardian	Date
Activities away from the facility:				
Transportation provided by the 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's staff.**

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

*Additional information may be attached.*

Chase Learning Center & Daycare, Inc.  
330 Canyon Park Drive  
Pelham, AL 35124  
205-620-1616

**\*\*\* Policy & Procedures Manual\*\*\***

This is to verify that I have read and understand the Operating Policy and Procedures manual of Chase Learning Center & Daycare, Inc. By signing this document, I agree to abide by the rules of the Department of Human Resources (D.H.R.) and Chase Learning Center & Daycares, Inc.

**Initials:** \_\_\_\_\_

**\*\*\* Withdrawal Two Week Notice for Currently Attending Students\*\*\***

I understand that a written two week notice is required in order to withdraw my child from any program offered by Chase Learning Center & Daycare, Inc. If my child is a current student, the two week notice must be in writing and paid. Otherwise, my account will be billed for the two weeks and my child will not be able to use the facility for any other program until my account is brought current.

**Initials:** \_\_\_\_\_

**\*\*\*Withdrawal Two Week Notice for Programs That Have Not Begun\*\*\***

If the program has not begun yet, in order to not incur a cost for the program, the written notice must be turned in a minimum of two (2) weeks prior to that program starting. (Example A: If you register for a Summer Option and do not need care, you will be required to turn in a written notice two weeks prior to the start of summer. Example B: If you register for After School Care and will not need a spot on the bus, you will be required to turn in a written notice two weeks BEFORE the start of school.) Otherwise your account will be billed for the two weeks and you will not be able to use the facility for any other program.

**Initials:** \_\_\_\_\_

**\*\*\*Change of Status\*\*\***

In order to change Summer options or to change from After School Care to Holiday Care, a Change of Request Form must be completed, signed, and returned within the time specifications. You must use a Change of Status form from the desk or website and turn it into the office. It must be signed by a parent/guardian and office staff.

**Initials:** \_\_\_\_\_

**\*\*\*Summer Care Vacation Policy\*\*\***

For those enrolled in the full summer option, you receive one week (Monday-Friday) of vacation; where your child does not attend and you do not pay for that one week. Your request must be in writing and turned in two weeks prior to the week being requested. You must use a Vacation Request form from the desk or website and turn it into the office. If you are signed up for the monthly draft; your request must meet the two (2) week notice requirement, and also be submitted by the Wednesday before the draft will come out. If your request is denied you are still financially responsible for that week; regardless if your child is here for that week or absent.

**Initials:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CHASE LEARNING CENTER & DAYCARE, INC.  
Media Release / Web Publishing Form

Student Name: \_\_\_\_\_

I hereby give Chase Learning Center & Daycare, Inc. the right and permission to publish the image and/or intellectual property of my child to enhance the individual or group accomplishments of my student, my student's school, or Chase Learning Center & Daycare, Inc. Intellectual property includes, but is not limited to, photographs, audio/video productions, and other written and graphic works. I understand that such reproductions could be used to publicize/promote my child's school through the commercial print or television media and through its own media productions. I further agree that these items may be used for publication, broadcast or reproduction without limitations, or reservation or any fee.

\_\_\_YES

\_\_\_NO

I further authorize the release of the above mentioned items on the Chase Learning Center & Daycare, Inc. website as indicated:

I do,  I do not authorize the release of my child's first name and initial of last name to be used on the Chase Learning Center & Daycare, Inc. website and social platforms.

I do,  I do not authorize the release of my child's identifiable individual picture to be used on the Chase Learning Center & Daycare, Inc. website and social platforms.

I do,  I do not authorize the release of my child's identifiable group picture to be used on the Chase Learning Center & Daycare, Inc. website social platforms.

I do,  I do not authorize the release of my child's intellectual property such as art work, poetry, essays, performances, etc. to be used on the Chase Learning Center & Daycare, Inc. website and social platforms.

I understand that this release can be cancelled or amended at will upon notification to the school.

\_\_\_\_\_  
(Parent/ Guardians Signature)

\_\_\_\_\_  
(Date)

TURN OVER

Dear Parents,

Although we are a private center, we operate just like a public school with the many programs and events going on continuously throughout the year. We are requesting your e-mail address to effectively bring awareness of our calendar events and activity programs such as class field trips, picture days, fundraisers, Graduation & Christmas Programs. We want to make sure that everyone gets the information they need.

*Please understand that e-mail will not be a means used to discuss individual student academics or behaviors between teachers and parents. These important matters should be discussed in scheduled parent-teacher conferences or, if not possible, in a scheduled telephone conference. NO e-mail messages from parents to teachers will be acknowledged. NO e-mail messages to the center requesting change in transportation, medication instructions, excuses for absences or tardiness, or personal messages for children will be acknowledged. There will be no exception to this rule!*

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**Please fill out the form below:**

**Child's name:** \_\_\_\_\_

**Child's center:** (circle one) **Infant** **Preschool** **Youth** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

Parents' Name: \_\_\_\_\_

How many children enrolled at C.L.C.: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

If Pregnant, Due Date: \_\_\_\_\_ Proposed date of Admission: \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***



Registration: \_\_\_\_\_ \$55.00 for one child cash/check# \_\_\_\_\_ date: \_\_\_\_\_

\_\_\_\_\_ \$100.00 per family cash/check# \_\_\_\_\_ date: \_\_\_\_\_

<b>INFANT</b> _____	<b>TODDLER</b> _____	<b>3-K</b> _____	<b>4-K</b> _____	<b>Adv 4-K</b> _____	<b>Y.C.</b> _____
Reg. Fee _____	Reg. Fee _____	Reg. Fee _____	Reg. Fee _____	Reg. Fee _____	Reg. Fee _____
Craft Fee \$15.00 _____	Craft Fee \$15.00 _____	Craft Fee \$15.00 _____	Craft Fee \$15.00 _____	Craft Fee \$15.00 _____	Activity Fee \$45.00 _____ (Due @ reg.)
		Book Fee \$100.00 _____	Book Fee \$100.00 _____	Book Fee \$100.00 _____	T-Shirt & Tote Bag \$15.00 _____ (Due @ reg.)
			Supply Fee \$40.00 _____ (t-shirt incl.)	Supply Fee \$40.00 _____ (t-shirt incl.)	Optional Additional (2 <sup>nd</sup> ) T-Shirt \$10.00 _____ (Due @ reg.)





## Medical Alert

(parents please fill in)

# Chase Registration Form

Pelham First Baptist VBS June 5th-8th

Parents, you will need a copy of your child's VBS registration form. This form will become your child's security information & pick-up form. You must show this form when picking your child up each day. If you misplace this form, you will be asked to see a VBS Director to obtain a new copy. Thank you for helping us keep your children safe.

Grade \_\_\_\_\_

Completed 5K- 5th Grade (Children will be placed in grade just completed)

### Child's Information

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**Pick-up Information** (remember that **anyone** picking up your child MUST have the copy of this registration form)

Who other than yourself has permission to pick up your child?

Name: Chase Learning Center

### Medical and Special Needs Information

Please tell us about any allergies, conditions, medications, or special needs that your child has. We want to provide the best care possible while they are with us!

\_\_\_\_\_

\_\_\_\_\_

My child has already received Jesus Christ as Savior and Lord.

My child has not yet received Jesus Christ as Savior and Lord.

My child has received Jesus Christ but needs to be baptized.

We regularly attend church. If so, where? \_\_\_\_\_

### Photo Waiver

To the parents or guardian of the child registered above, please note that by signing this registration form you understand that photos may be taken of activities or events sponsored by First Baptist Church of Pelham, and may be presented in various church-sponsored media. These include, but are not limited to: photos, videos, slide presentations, PowerPoint presentations, newsletters, bulletins and/or bulletin inserts, brochures, handbooks, programs, and church internet Web pages. I hereby remise, release and forever discharge First Baptist Church of Pelham from any liability for any injury or action against the above named minor resulting from the use of such photos, video, or other image in any medium utilized. This release includes that First Baptist Church of Pelham will not be responsible for other users' production, display, distribution, or modification of the minor's images in any manner, nor will First Baptist Church of Pelham be responsible for defamation, misrepresentation, or criminal acts as a result of unauthorized use of First Baptist Church of Pelham images by third parties. Images of a minor child published on First Baptist Church of Pelham's internet Web site will not be identified by name.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Authorized Payment (Debit) Service Authorization Agreement

Chase Learning Center  
Company/employer name

63-1134641  
company ID #

I (we) authorize the above COMPANY and the financial institution listed to electronically debit my (our) Account specified below:

Choose one option:

Checking **(attach copy of VOIDED check)**

Savings

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either or us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by COMPANY, upon request, to the BANK.

\_\_\_\_\_  
(name please PRINT)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(child/children's name)

Choose one option:

Bi-Weekly

Monthly

Date for draft to start:

\_\_\_\_\_

**\*If there are no banking changes: write NO CHANGES, fill in names, signature, & date.**

**\*Only one form is needed per family.**