



Champion Christian Learning Academy Enrollment Form

P:(423) 498-2642

F (423) 498-2663

There is a \$25 registration fee

Start Date: _____ **Withdrawal Date** _____

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Name the child goes by: _____

Child's Social Security Number: _____

Is child related to primary caregiver? No Yes – Relationship: _____

Parents/Custodial Parents:

Father's Name _____ Home Phone _____

Father's Home Address _____

City _____ State _____ Zip _____

Father's Employment _____ Work Phone _____

Work Address _____ City _____ State _____ Zip _____

Work Hours: _____ Father's Email: _____

Mother's Name _____ Home Phone _____

Mother's Home Address _____

City _____ State _____ Zip _____

Mother's Employment _____ Work Phone _____

Work Address _____ City _____ State _____ Zip _____

Work Hours: _____ Mother's Email: _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s) (check one) Both Parents Mother Father Other

Transportation Plan:

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to Child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to Child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

My child may **NOT** be released to the following persons: _____

Emergency Contact Information:

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Physician Contact Information:

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodations(s) may be required to most effectively meet my child's needs while at the center: _____

Background Information:

Other Children in the Family _____ Date of Birth _____ School _____

Experiences with Others:

What are some of the ways the child plays at home? _____

Eating Habits:

Food Allergies: _____

If the child is an infant, use a separate sheet for information about formula, bottle schedule, etc.

Sleep Habits:

Has own room: _____ Shares room with: Other Children Parents

At night sleeps from ____ to ____ Average Hours of Sleep Per Night: _____

Naps from ____ to ____ Average Hours of Naps: _____

Is bed wetting an issue? _____ At nap time? _____ At night? _____

If yes, how is the situation handled? _____

Toilet Habits:

Urinating: _____ Bowel Movement: _____

Speech and Physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All

Does anyone read to the child? _____ How Often? _____ At what age did child creep? _____

Crawl? _____ Walk? _____ Which of the following words would you use to describe the child

(check all that apply): active quiet thin average weight heavy tall average height

short friendly unfriendly

Is there any other information you think we should have about the child? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____

If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that the facility? Yes No if yes, describe the care required: _____

(Request a doctor's statement for any specified requests for care at the facility).

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of Champion Christian Learning Academy and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Facility Administrator/Person-In-Charge _____
Signature

Date: _____

Parental Agreement with Champion Christian Learning Academy

The Champion Christian Learning Academy agrees to provide childcare for

_____ on _____ from _____ a.m. to _____ p.m.
(Child's Name) (Days of Week) (Time)
from _____ to _____.
(Month) (Month)

CCLA does not administer medicine. My child will not be allowed to enter or leave the facility without being escorted by parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Champion Christian Learning Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, water-related activities occurring in water that is more than two (2) feet deep.

I authorize Champion Christian Learning Academy to obtain emergency medical care for my child when I am not available.

I have received a copy of the Parent Handbook and agree to abide by the policies and procedures for Champion Christian Learning Academy _____

Signed: _____ Date _____

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date _____
(Parent/Guardian)

Signed: _____ Date _____
(Facility Administrator/Person-In-Charge)

Payment Agreement

- Voucher
- Non-Voucher

Method of Payment

- Check
- Card
- Recurring Card Payment (fill out the Card authorization form)

Itty Bitty Inchworms - 214

Crawling Caterpillars - 214

Wandering Penguins - 195/weekly

Tiger Cubs - 195/weekly

Busy Bees - 195/weekly

Trailblazing Tigers - 180/weekly

Brilliant Bears - 175/weekly

PreK - 160/weekly

Sibling Discount – 15% off for additional children in the same family

Registration Fee - \$25 per application (Non-Refundable)

Child(ren) Name _____ Ages _____

Child(ren) Name _____ Ages _____

Child(ren) Name _____ Ages _____

Child(ren) Name _____ Ages _____

Payment is due weekly by Friday end of business day. Monthly payments can be made as well please speak with office manager to set up. You are still responsible to pay even when your child does not come to CCLA.

You must submit a 2-week notice to disenroll your child, without a 2 -week notice, you are still responsible for tuition.

Child's Health History Checklist

Child's name

Birth date

Parent or guardian name

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the right answer. We will go over the checklist with you when you have finished.

Pregnancy and Birth

Yes / No 1) Were there any problems with pregnancy or your child's birth?

Yes / No 2) Was his/her birth weight under 5 ½ pounds?

Yes / No 3) Did the baby have any problems in the hospital?

Medical Problems

Yes / No 4) Has your child ever been in the hospital overnight?

Yes / No 5) Is your child taking any medicine?

Yes / No 6) Any allergies or reactions to medicine, DTP or other shots, or insects?

Yes / No 7) Has your child had asthma or wheezing?

Yes / No 8) Does your child have speech or hearing problems?

Yes / No 9) Has your child had more than two ear infections in a year?

Yes / No 10) Has your child had tonsillitis?

Yes / No 11) Does your child have trouble with his/her eyes or seeing?

Yes / No 12) Has your child had a bladder or kidney infection?

Yes / No 13) Does he/she have burning when urinating?

Yes / No 14) Does he/she have seizures, fits or shaking spells?

Yes / No 15) Have you ever been told your child has a heart murmur?

Yes / No 16) Is your child able to play as hard as other children?

Yes / No 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?

Yes / No 18) Has your child ever been with anyone having TB?

Yes / No 19) Has your child ever had worms?

Yes / No 20) Does your child scratch his/her genital area?

Is his/her bottom or genitals red or sore?

Yes / No 21) Is your child a hemophiliac (free bladder)?

Yes / No 22) Is your child on a heart monitor?

Yes / No 23) Does your child have tubes in his/hers ears?

Older Girls

Yes / No 24) How old was your daughter when she had her first period?

Yes / No 25) Does she have any problems with her period?

General Development

Yes / No 26) Is your child in a special education class in school?

Yes / No 27) Does your child get along with other children?

Yes / No 28) Is he/she usually happy?

Yes / No 29) Does your child have any special problem not indicated above?

Yes / No 30) When did your child last see a doctor? _____

Champion Christian Learning Academy Pre-Enrollment Visit

Child's Name: _____ Age _____

Parent (s) Name: _____

Areas of Facility toured

- Infant Room
- 1 Year old Room
- 2-Year-old Room
- 3-Year-Old Room
- 4-Year-Old Room
- Cafeteria
- Playground

Parent Family Engagement

- Drop off/Pick up times
- Tuition (Amount; When needs to be paid; method of payments; late payments)
- Parent Engagement (How you as a parent can help us)
- Food Program Application
- Food Allergies
- Monthly Schedule Calendar
- Extra-curricular activities
- A bulletin board updated monthly shall be used for communications and announcements to parents.
- A written communication provided to parents monthly.
- One group parent meeting offered and documented per licensing year.
- Three individual parent conferences offered and documented per licensing year.
- Parent education handouts provided to all parents on a variety of issues.
- One project or activity involving families in the childcare center offered and documented.
- A list of current comm-unity resources for enrolling parents shall be provided.
- Parents offered an annual opportunity to evaluate the curriculum, structure, and parent involvement aspects of the program.
- Parent Advisory Council meets at least 2 times per year to help implement and improve plans concerning parental involvement, curriculum, and program structure shall be established and maintained, and meetings shall be documented.
- Offer monthly documented opportunities for parent participation in the classroom.

Parent(s) Signature _____

Date: _____



Champion Christian Learning Academy
3661 Brainerd Rd. Ste 201
Chattanooga, TN 37411

I _____ (print parent name) parent of

_____ (print student name) have read and received a copy
of licensure summary requirements.

Parent Signature and Date



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Child and Adult Care Licensing
EASTGATE CENTER, SUITE 605-
B 5600 BRAINERD ROAD
CHATTANOOGA, TENNESSEE 37411

Telephone: (423) 634-6180 Fax: (423) 892-2926

www.state.tn.us/humanserv/

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

Influenza Information Notification

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August of September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

PERSONAL SAFETY CURRICULUM NOTIFICATION FORM

Since 1985 Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child abuse prevention. The Personal safety curriculum shall include a Department recognized component on the prevention of child abuse

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parent/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. The Department of Human Services was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parent/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by the Department. This Curriculum takes a Holistic approach to the safety of children. The curriculum is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (4-5 years old's), and Safety Around Me. All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The Curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private parts"

(Continued on Reverse)

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- "Keeping Kids safe" is the personal safety curriculum used by our child care agency.
- Our agency uses another personal safety curriculum described below:

Method of Instruction:

Circle Time

Sample Terminology:

We will use all real names
for body parts: vagina and penis.

The instructional Materials used in the agency personal safety curriculum are available for review by the parents or legal guardian

I/We acknowledge that we have been provided an opportunity to review the agency's personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date

Permission to Take Photos

I, _____ give my daycare provider **Champion Christian Learning Academy** permission to take and use still photographs or videos of my child(ren)

_____ in the following ways:

(Check all that apply)		
Photo Authorization	Grant Permission	Decline Permission
Daycare Provider's Photo Books		
Craft Projects		
Online: Facility's Private Facebook Page		
Online: General Social Media sites (i.e. Facebook, Twitter, Instagram, etc.)		

(Photos may be taken by the provider, an assistant, a staff member or other delegated photographers, but will never be sold for commercial use.)

_____ I understand that it's my responsibility to update this form if I wish to retract
Initial permission in category listed above

_____ I understand that permission is given for the entire period of my child's enrollment
Initial unless I update the form

(Signature of Parent/Guardian)

(Date)

(Provider's Signature)

(Date)