

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## APPLICATION FOR ENROLLMENT

*IMPORTANT form directions: CPDC is licensed by the Mississippi Department of Health and participates in other programs. Licensing requires that you complete these forms. You must INITIAL yes or no, or write NA. Do not leave ANY blanks unanswered.*

Child's Full Name (FIRST, MIDDLE, LAST): \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Hours of Care Needed: \_\_\_\_\_ 7:30 AM - 5:30 PM (Typical drop off and pick up times: \_\_\_\_\_)

Days Care Needed: \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

Meals Needed: \_\_\_\_\_ AM Breakfast/Snack \_\_\_\_\_ Lunch \_\_\_\_\_ Afternoon Snack \_\_\_\_\_ Late Snack

Complete the below by **initialing** either yes or no. Licensing requires you initial in any yes or no location on these forms.

- I have provided CPDC with a current 121 Immunization Form, and understand that I must provide updated forms as required. I understand my child cannot attend without a current 121 Form.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- I understand CPDC does not provide accident or liability insurance. \_\_\_\_\_ Yes \_\_\_\_\_ No

- I have been given and have read a copy of the MSDH Regulation Summary for Parents. (Last sheet of the CPDC Handbook.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

- I understand MUW CPDC is laboratory school and my child may participate in classroom activities with college students as part of their educational process.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- I acknowledge that I have read and understand the CPDC Preschool Policies and Procedures Handbook. I agree to comply with all stated policies and procedures.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- I acknowledge that I have received, read, and understand the CPDC Application for Enrollment. I have retained a copy of my signed contract, which contains tuition payment policies and procedure information. I agree to comply with all stated policies and procedures.

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent(s) or guardian(s)

### Parent Change/Check Application Minimum Once Per Year: (INITIAL AND DATE AT ORIENTATION)

Revised application: \_\_\_\_\_ Revised application: \_\_\_\_\_

Revised application: \_\_\_\_\_ Revised application: \_\_\_\_\_

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## Family Information:

Parent/Guardian 1: Full Name: \_\_\_\_\_

- ☐ Child Lives at this Address      ☐ Authorized to Pick Up / Drop Off      ☐ Emergency Contact  
☐ This parent has primary custody      ☐ Court documents received, if necessary

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

Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

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

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Degrees Held: \_\_\_\_\_

Social Security Number: (This is used to secure non-payment only) \_\_\_\_\_

Are you a Student at MUW? \_\_\_\_\_ How many hours? \_\_\_\_\_ Department: \_\_\_\_\_

Areas of Interest/Hobbies: \_\_\_\_\_

Relationship to Child: ☐ Mother      ☐ Father      ☐ Grandparent      ☐ Other \_\_\_\_\_

Parent/Guardian 2: Full Name: \_\_\_\_\_

- ☐ Child Lives at this Address      ☐ Authorized to Pick Up / Drop Off      ☐ Emergency Contact  
☐ This parent has primary custody      ☐ Court documents received, if necessary

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

Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

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

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Degrees Held: \_\_\_\_\_

Are you a Student at MUW? \_\_\_\_\_ How many hours? \_\_\_\_\_ Department: \_\_\_\_\_

Areas of Interest/Hobbies: \_\_\_\_\_

Relationship to Child: ☐ Mother      ☐ Father      ☐ Grandparent      ☐ Other \_\_\_\_\_

Are there any other custodial agreements that we need to be made aware of? Do we have proper documentation on record? If divorced or separated, does non-custodial parent have any visitation rights?

\_\_\_\_\_  
\_\_\_\_\_

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## Emergency Contacts and Authorized Pickup/Drop-Off Persons

If the parents or guardians cannot be reached, CPDC will contact the following:

This list is for your child's safety. It is very important to us! Please notify us immediately if there are any changes. Should any person come to pick up your child not on this list, pick up will be denied without written guardian permission. Please complete every line.

*For the "Name to Child", what does your child call this person? Example – Granny, PawPaw, Aunt Sue – Just let us know what to expect.*

Contact 1: Full Name: \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to Pick Up      ☐ Authorized to Drop Off

Relationship to Child: \_\_\_\_\_ Name to Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact 2: Full Name: \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to Pick Up      ☐ Authorized to Drop Off

Relationship to Child: \_\_\_\_\_ Name to Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact 3: Full Name: \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to Pick Up      ☐ Authorized to Drop Off

Relationship to Child: \_\_\_\_\_ Name to Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## Emergency Contacts and Authorized Pickup/Drop-Off Persons Continued:

Contact 4: Full Name: \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to Pick Up      ☐ Authorized to Drop Off

Relationship to Child: \_\_\_\_\_ Name to Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact 5: Full Name: \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to Pick Up      ☐ Authorized to Drop Off

Relationship to Child: \_\_\_\_\_ Name to Child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Any Other Authorized Pick Up / Drop Off Contacts:

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of parent(s) or guardian(s)

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## BRIGHTWHEEL:

CPDC uses the app Brightwheel to notify parents of our daily activities, much like today cards. Parents may add additional users to the account. Please list email addresses to link the app to view daily activities:

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

## MY CHILD MAY:

Complete the below by **initialing** either yes or no.

Be photographed by the center for CPDC internal use only. \_\_\_\_\_ Yes \_\_\_\_\_ No

Be photographed by the media. \_\_\_\_\_ Yes \_\_\_\_\_ No

Be photographed for university social media, including website and Facebook page. \_\_\_\_\_ Yes \_\_\_\_\_ No

Participate in confidential educational research studies. \_\_\_\_\_ Yes \_\_\_\_\_ No

(Additional detailed permission forms will be required for formal published studies or research.)

Be given medication (including sunscreen and insect repellent) as directed by parents. \_\_\_\_\_ Yes \_\_\_\_\_ No

If age appropriate, may your child be given over the counter diaper cream, as needed. \_\_\_\_Yes \_\_\_\_ No \_\_\_\_NA

Visit our MUW campus community within walking distance of the CPDC. \_\_\_\_\_ Yes \_\_\_\_\_ No

Participate in field trips sponsored by the CPDC. I understand that I will need to sign a specific permission slip for each field trip. \_\_\_\_\_ Yes \_\_\_\_\_ No

In the event a parent or guardian cannot be reached, do you authorize the release of medical information (HIPAA) and authorize medical care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child toilet trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, a consultation is required to be documented between the parent and caregiver prior to training.

Date of consultation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If no to any of the above, please provide specific instructions.

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\_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent(s) or guardian(s)

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## HEALTH INFORMATION:

List any allergies (including food) and any special precautions or treatment indicated for these allergies. If none, please write none and initial. **IMPORTANT: CPDC only substitutes food menu items with a documented doctor's note. Certain exemptions are also allowed for religious reasons with clergy documentation. CPDC has a specific form required by our nutrition reimbursement plan with the Mississippi Department of Education. Please ask for this specific form if substitutions are needed.**

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List any physical, mental or medical conditions, medications, and/or special needs your child may have. If none, please write none and initial. (Eczema, chronic congestion, reactions to biting insects, etc.)

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Will your child require any physical, mental, or medical adaptations to participate in CPDC activities? Please explain. If none, please write none and initial.

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Preferred Hospital in Case of Emergency: \_\_\_\_\_

MUW nor CPDC provides medical or liability insurance to cover medical care of your child.

Insurance Policy Name and Numbers: \_\_\_\_\_

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Pediatrician: \_\_\_\_\_ Pediatrician Phone Number: \_\_\_\_\_

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## HEALTH CONTRACT:

I understand CPDC will contact me when my child is ill and needs to be picked up. I will pick up my child and comply with all CPDC and MSDH regulations regarding illnesses. I understand my child should be symptom free for **24 hours** without preventative medication (INCLUDING TYLENOL OR MOTRIN) before returning to school. I understand that if I pick up my child due to illness, he/she may NOT return to school the next day without a doctor's consent.

\_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent(s) or guardian(s)

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## FINANCIAL AGREEMENT:

I \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_.

I understand that my child is enrolled for the entire 2018-2019 school year (August 2018 – July 2019). This is our binding contract for the entire school year. In the event a child must withdraw from the CPDC program, a **two-week notice** must be provided in writing to the CPDC office on a CPDC withdrawal form. If this notice is not provided, the tuition will continue to be billed to your account and you will be responsible for payment. *Families (including foster families) are responsible for any additional fees, co-pays, or tuition not covered by the child care certificate program.* Families will be held responsible for any fees incurred while attempting to collect any debt owed to CPDC and Mississippi University for Women. **I understand tuition for 2018-2019 is \$5,635 for the entire 245-day school year at \$23 per day. The tuition amount is divided into a payment plan for all 52 weeks or 12 months.**

<b>Please select your tuition billing plan for 2018-2019:</b>			
	Full Time Yearly (245 Days)	Tuition for 2018-2019 School Year; August 6, 2018 to August 9, 2019	\$5,635.00
	Full Time Every Month	<b>(PREFERRED METHOD)</b> Monthly Bank Draft, All 12 Months, Deducts on the 2nd of Every Month	\$470.00
	Full Time BiWeekly	Biweekly Deduction on Bank Draft, Every other week, Deducts on the Monday of other week	\$217.00
	Full Time Every Week	Weekly Deduction on Bank Draft, All 52 Weeks, Deducts on the Monday of every week	\$109.00
	MWF - Monthly Total	Monthly Bank Draft, All 12 Months, Deducts on the 2nd of Every Month	\$280.00
	Tu/Thurs - Monthly Total	Monthly Bank Draft, All 12 Months, Deducts on the 2nd of Every Month	\$195.00
	Mississippi Child Care Certificate		
Drop Ins	Drop in Rate; if spots are available		\$30.00
Regular Daily Rate	Amount used to prorate months when family enters or exits middle of the month.		\$23.00
Rate if not paid by ACH	Rate per week if paid by check or cash and not bank draft		\$110.00
ACH FEE	Billing amount charged by Brightwheel for each transaction		\$1.50
4/1/2018	CPDC 2018-2019 Registration; Per Child		\$100.00
9/1/2018	Fall Supply Fee (Foundation Deposit)		\$50.00
1/3/2019	Spring Supply Fee (Foundation Deposit)		\$50.00
4/1/2019	CPDC 2019-2020 Registration; Per Child		\$100.00
Deductions:	Deductions of 10% per month for MUW students or CPDC families with multiple full time children. <b>Only applies to accounts established on bank draft. Does not apply to the first child account, only to additional accounts.</b>		

*Families (including foster families) are responsible for any additional fees, co-pays, or tuition not covered by the child care certificate program.*

\_\_\_\_\_, Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_, Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent(s) or guardian(s)

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## DOOR ACCESS CARD AGREEMENT

If MUW Student, Staff, or Faculty - Name: \_\_\_\_\_

If staff with existing ID, number on bottom back of card to activate: \_\_\_\_\_

## DOOR ACCESS CARD AGREEMENT (if no MUW ID Card):

I \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_

I will not allow any other person to use my card. I understand that CPDC records and maintains data regarding the personal use of my card. I understand that the door access card is the property of MUW and must be surrendered upon leaving CPDC, whether for graduation or withdrawal. I will take all reasonable care to prevent the card from being damaged, lost, stolen or misused. If the card is lost or stolen, I agree to immediately notify the CPDC and MUW Campus Security. I understand I am subject to a \$50 replacement fee, payable to CPDC, if my card is lost, stolen, or damaged. CPDC will bill for this amount if your cards are not turned in on your child's last day. I understand that only one card will be given per family. This card is only activated for the CPDC front door between the CPDC weekday hours of 7:30 AM and 5:30 PM. I understand that this card is only to be used by the parents of the child signing below. Any other authorized pickup persons must use the doorbell of the CPDC. I will not loan my card to anyone.

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent(s) or guardian(s)

### CPDC OFFICE USE ONLY:

Assigned Card Number: \_\_\_\_\_ Date of Released: \_\_\_\_\_ Parent Signature of Card Receipt: \_\_\_\_\_

CPDC Director's Signature: \_\_\_\_\_ Card Returned Date: \_\_\_\_\_

Parent Signature of Card Returned: \_\_\_\_\_ CPDC Director's Signature: \_\_\_\_\_

### CPDC OFFICE USE ONLY:

Date of Original Application: \_\_\_\_\_ Date of Acceptance/ First Day: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_