

APPLICATION FOR ENROLLMENT

First Day: _____

IMPORTANT form directions: CPDC is licensed by the Mississippi Department of Health and participates in other regulatory programs. Licensing requires that you complete these forms. These forms and information are considered confidential and will be accessed by CPDC administrators or staff when a need for information arises, the child's parent or legal guardians, and regulatory (licensure) authorities. You must INITIAL yes or no, or write NA. Do not leave ANY blanks unanswered.

Today's Date: _____

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

Child's Preferred Name: _____ Gender: _____

Date of Birth: _____

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 after 5 PM
(Drop off children between 7:30-8:30 only unless documented appointment.)

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 and MUW 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; available online.) Yes No
- I understand MUW CPDC is a laboratory school, and my child will 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 Family Policies and Procedures Handbook. I agree to comply with all stated policies and procedures. Available: <https://www.muw.edu/education/cpdc>
 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 containing tuition payment policies and procedure information. I agree to comply with all stated policies and procedures.

Date: _____ / _____ / _____

Signature of parent or guardian

BRIGHTWHEEL:

CPDC uses the app Brightwheel to notify parents of our daily activities, much like today cards. CPDC also uses Brightwheel for all billing. Parents may add additional users to the account. Please ensure any included email addresses can receive an email to link to Brightwheel and download the app on your phone. The app is our main means of communication with families.

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 No contact with this parent

Address: _____

Home/Cell Phone: _____ Home/Cell Phone: _____

Occupation: _____ Employer: _____

Work Address: _____ Work Phone: _____

Email Address: _____

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

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

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 No contact with this parent

Address: _____

Home/Cell Phone: _____ Home/Cell Phone: _____

Occupation: _____ Employer: _____

Work Address: _____ Work Phone: _____

Email Address: _____

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

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?

IMPORTANT: Any parent who desires to restrict access to their child's other parent must provide legal documentation establishing the lack of custody. Otherwise (the law states), a child can be checked out by either parent listed on the birth certificate. If custodial rights are in question, please do not allow your child to come to school until proper documentation is available.

OTHER EMERGENCY CONTACTS & AUTHORIZED PICKUP/DROP-OFF PERSONS

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

Contact 1: Full Name: _____

Relationship to Child: _____ Cell Phone: _____

Contact 2: Full Name: _____

Relationship to Child: _____ Cell Phone: _____

Contact 3: Full Name: _____

Relationship to Child: _____ Cell Phone: _____

Contact 4: Full Name: _____

Relationship to Child: _____ Cell Phone: _____

Contact 5: Full Name: _____

Relationship to Child: _____ Cell Phone: _____

Contact 6: Full Name: _____

Relationship to Child: _____ Cell Phone: _____

MY CHILD MAY:

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

Be photographed by the center for CPDC internal use only, including Brightwheel. _____ Yes _____ No

Be photographed or videoed by the media. _____ Yes _____ No

Be photographed for university social media, including our website and Facebook page. _____ Yes _____ No

Be given medication (including lotion, 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 off of MUW's campus. I understand that I will need to sign a specific permission slip for each field trip if the trip is off-campus. _____ Yes _____ No

Is your child toilet trained? _____ Yes _____ No If no, a consultation must be documented between the parent and caregiver before training. Date of consultation _____ / _____ / _____

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

Previous childcare experiences or concerns: _____

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. CPDC does not prepare food on-site and cannot guarantee safety from severe allergies. Please ask for this specific form if substitutions for health or religious reasons are needed. Parents are responsible for providing reasonably healthy substitutions.**

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

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

Preferred Hospital in Case of Emergency: _____

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

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

Insurance Policy Name and Numbers: _____

Pediatrician: _____ Pediatrician Phone Number: _____

HEALTH CONTRACT:

I understand CPDC will contact me when my child is ill and needs to be picked up and will keep my child out the designated time to recover and prevent germs from spreading. (Fever, diarrheal, vomiting, or a general feeling of unwell as determined by the CPDC caregiver.) I, or a designated adult, will pick up my child immediately and comply with all CPDC, CDC, and MSDH regulations regarding illnesses.

Date: _____ / _____ / _____

Signature of parent or guardian

MUW CHILD AND PARENT DEVELOPMENT CENTER

FINANCIAL AGREEMENT:

The CPDC tuition amount is based on CPDC providing education and care for 230 school days. CPDC is closed for 15 holidays on the [University calendar](#) and to children on other days for [trainings](#) and work days.

- The tuition amount is divided into a payment plan for all 52 weeks or 12 months. CPDC only has full-time slots.
- Families are making payments on the entire yearly amount due, not paying for the week at a time.
- Payments are due every week or every month for the entire 52-week calendar year.
- **PLEASE MAKE SURE YOU UNDERSTAND THAT PAYMENTS ARE CHARGED EVEN WHEN WE ARE CLOSED AS YOU ARE MAKING PAYMENTS ON ONE TOTAL AMOUNT OF TUITION.**
- Deductions of 10% per month for MUW students -OR- CPDC families with multiple full-time children.
- Families with multiple children and MUW students receive a 15% discount on their entire bill.
- **Discount only applies to accounts established on bank draft.**
- For families with multiple children, the discount does not apply to the first child account, only to additional children accounts.
- CPDC is a non-profit program. All of our tuition goes directly back into our program to staff pay and benefits.
- All staff with childcare-age children should qualify for Child Care Certificates. There are no other staff discounts.
- All plans are set up for bank draft through the Brightwheel app. CPDC does not accept/handle/deposit cash or checks. Any cash or checks must be paid to MUW's Accounting Window in Welty Hall. All tuition must run through the Brightwheel system.
- All meals and snacks are included. Parents are responsible for diapers, wipes, and other child-specific consumables.

Tuition for 2023-2024 School Year for Toddler 1 and Toddler 2 Early Preschool Classrooms Children 1 or 2 as of August 1

Full Time Yearly (230 Days)	<i>Why the cost difference? LOWER RATIO: Classroom ratio 1:8 or 1:9 (Beginning August 1, 2023 and ending July 31, 2024.)</i>	\$6,800 (\$29.56 per day)
Full Time Every Month	Monthly Bank Draft, all 12 Months, Deducts on the 2nd of Every Month	\$567
Full Time Every Week	Weekly Deduction on Bank Draft, all 52 Weeks, Deducts on the Monday of every week	\$131
Full time Biweekly	Biweekly Deduction on Bank Draft, all 26 Weeks, Deducts on the Monday of every other week	\$262

Tuition for 2023-2024 School Year for Preschool and Prekindergarten Classrooms Children 3 or 4 as of August 1

Full Time Yearly (230 Days)	<i>Why the cost difference? HIGHER RATIO: Classroom ratio 1:14 or 1:16 (Beginning August 1, 2023 and ending July 31, 2024.)</i>	\$6,325 (\$27.50 per day)
Full Time Every Month	Monthly Bank Draft, all 12 Months, Deducts on the 2nd of Every Month	\$527
Full Time Every Week	Weekly Deduction on Bank Draft, all 52 Weeks, Deducts on the Monday of every week	\$122
Full time Biweekly	Biweekly Deduction on Bank Draft, all 26 Weeks, Deducts on the Monday of every other week	\$244
Drop-in Rate	Availability Dependent on Vacancies (drop in not available for children not potty trained)	\$40 Per Day

MUW Child and Parent Development Center accepts [Mississippi Child Care Certificates](#). ALL low income and MUW students are encouraged to apply for certificates to help offset their child care bill. Currently, child care certificates cover almost all of the child care costs at CPDC. For more information and assistance, contact The Mississippi Child Care Payment Program at 1-800-877-7882. OR VISIT: <https://www.mdhs.ms.gov/eccd/parent-information/>

Is your family served by a Mississippi Child Care Certificate? _____ Yes _____ No

Is the certificate under MUW Child and Parent Development Center?* _____ Yes _____ No _____ NA

*Please ensure the certificate is transferred or active before your child's first day. Families (including foster families) are responsible for any additional fees, co-pays, or tuition not covered by the childcare certificate program.

Signature of parent or guardian

Date: _____ / _____ / _____

MUW CHILD AND PARENT DEVELOPMENT CENTER

PERMISSION TO SCREEN – EARLY CHILDHOOD HEALTH AND DEVELOPMENT

As your child's first teacher, you can help his or her learning and brain development. As part of our work to monitor milestones and make sure every child is prepared for kindergarten and beyond, we conduct screenings using the resources from the MECIC (Mississippi Early Childhood Inclusion Center), MUW Speech and Hearing Center, and with CPDC in-house milestone monitoring. Please complete the below so we have permission to screen. Should we have any additional concerns, parents will be notified. This is fantastic practice for us all to understand what is appropriate in each developmental domain as children grow.

County of Residence: _____ School District where you live: _____

What are some of your child's amazing strengths? _____

What concerns you? Describe any concerns that you have with your child's development, behavior, or learning (examples: missing or behind on developmental milestones, understanding speech, behind on self-help skills, inattention, angry outbursts, frequent tantrums, running away (elopement), withdrawn, seems behind on self-help skills like self-feeding or difficulty learning)

Other possible concerns: (Parentheses are examples and are not all-inclusive.)

- | | |
|--|---|
| <input type="checkbox"/> Movement / Physical (Fine Motor, Gross Motor) | <input type="checkbox"/> Adaptive/Daily Living Delays (Ability to Feed) |
| <input type="checkbox"/> Language and Communication (including Speech Articulation) | <input type="checkbox"/> Sensory Concerns (Food Textures, Noise) |
| <input type="checkbox"/> Social-Emotional (Self-Regulation, Appropriate Play, Impulsive) | <input type="checkbox"/> Behavioral (Aggressive, Safety Concerns) |
| <input type="checkbox"/> Cognitive (Problem-Solving, Learning, Thinking) | <input type="checkbox"/> Mental Health Concern |

Consent to Screen: CPDC uses information from early childhood screenings to identify any possible problems that might interfere with your child's health, growth, development or learning. All screening results are classified as private data. The results cannot be released or discussed with anyone without your consent. This is a screening, not a formal assessment or diagnostic tool. If more screenings or assessments are necessary, we will notify families and ask permission to refer for the next step with Early Intervention.

Information may be used for the following purposes:

1. To arrange for further evaluation or assessment of your child's health, growth, development, or learning or to obtain follow-up services after the screening.
2. CPDC must contact Early Intervention Services within 7 days of notification that there should be further follow-up.
3. Parents will be directly contacted by First Steps or Public-School Early Intervention for further screenings and/or assessments and have the right to refuse. However, we highly recommend pursuing any potential early intervention services. Acting early and giving access to free services can completely change a child's trajectory in life and set them up for success. Most early needs can be resolved with quality early intervention and support.

By initialing below, I hereby authorize the release of my child's screening information to the following checked programs or services for further evaluation, assessment, follow-up, and/or programming.

___ If needed, contact Early Intervention - First Steps (for Birth – Age 3)

___ If needed, contact Early Intervention - School District (for Age 3 – Age 21)

___ If needed, use in-house services or programming, including Speech and/or Music Therapy or other interventions as available

___ I support in-house screenings, but contact me before any other screenings are recommended or pursued.

I give permission for Early Childhood Screening, and I give my permission as initialed above.

Parent/Guardian Signature _____ Date ____ / ____ / ____ Relationship to child: _____

MUW CHILD AND PARENT DEVELOPMENT CENTER

CURRENT INTERVENTION SERVICES:

Does your child receive any special program services during the school day at CPDC? We strongly encourage our children who need interventions to receive pull-out or classroom program services from campus therapies (music/ speech), the public-school system, or the state early intervention program. Please sign below to give the service permission to pull "check-out" your child from the classroom for services and acknowledge that you understand a CPDC employee will not always be present during intervention services. Services are typically received in the intervention room at CPDC or the children walk with their assistant to the speech building. **You may designate not applicable.**

Services/times if existing:

_____ Date: _____ / _____ / _____

Signature of parent or guardian

Per federal regulations and state policies, referrals should be made as soon as possible but not later than seven (7) days after determining an infant, toddler, or child is in possible need of services.

CPDC policy is always to defer and refer to the development experts if we notice abnormal behaviors or have concerns.

TERMINATION AGREEMENT

CPDC reserves the right to terminate our contract for childcare service immediately. Some of the reasons for termination with the family may be:

- Failure to pay
- Routinely late picking up your child
- Failure to complete required forms or turn in required forms
- Failure to abide by the health policy in the handbook (*including policies for reporting serious reportable contagious illnesses*)
- A child is absent 5 or more days in a row without written explanation or payment
- Inability to meet the needs after accommodations and/or lack of support with intervention or referrals
- CPDC determined that the health, safety, or welfare of the program or individuals is threatened by the continued presence of the family. (*Attitudes and behaviors that are threatening or physically harmful are not allowed.*)

_____ Date: _____ / _____ / _____

Signature of parent or guardian

Date of Original Application: _____ Date of Acceptance/ First Day: _____

Withdrawal Date: _____ Reason for withdrawal: _____

This institution is an equal opportunity provider.