

## 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 to 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 do not provide accident or liability insurance. ☐ Yes ☐ No
- I have been given and have read a copy of the MSDH Regulation Summary for Parents. (The 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 of which we need to be aware? 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. \_\_\_\_\_ 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

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. We will provide substitutions whenever possible. If suitable options are not available through Sodexo, our food service provider, parents will be asked to send healthy alternatives.**

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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, autism, 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 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: \_\_\_\_\_

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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, diarrhea, 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.

\_\_\_\_\_  
Signature of parent or guardian

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

# MUW CHILD AND PARENT DEVELOPMENT CENTER

## FINANCIAL AGREEMENT:

The CPDC tuition amount is based on CPDC providing education and care for 233 school days.

CPDC is closed for 15 holidays on the [University calendar](#) and to children on other days for [trainings](#) and staff 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 a 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.
- For families with multiple children, the discount applies to the oldest child's account.
- CPDC is a non-profit program. Tuition covers our staff's salaries and benefits.
- All plans are set up for bank draft through the Brightwheel app. CPDC does not accept/handle/deposit cash or checks.
- All meals and snacks are included. Parents are responsible for diapers, wipes, and other child-specific consumables.

### Tuition for 2025-2026 School Year for Toddler 1 and Toddler 2 Early Preschool Classrooms Children 1 or 2 as of August 1

Full Time Yearly (233 Days)	Why the cost difference? LOWER RATIO: Classroom ratio 1:8 or 1:9 (Beginning August 1, 2025 and ending July 31, 2026.)	<b>\$7,497 (\$32.18 per day)</b>
Full Time Every Month	Monthly Bank Draft, all 12 Months, Deducts on the 2nd of Every Month	<b>\$624.75</b>
Full Time Every Week	Weekly Deduction on Bank Draft, all 52 Weeks, Deducts on the Monday of every week	<b>\$144.25</b>
Full time Biweekly	Biweekly Deduction on Bank Draft, all 26 Weeks, Deducts on the Monday of every other week	<b>\$288.50</b>

### Tuition for 2025-2026 School Year for Preschool and Prekindergarten Classrooms Children 3 or 4 as of August 1

Full Time Yearly (233 Days)	Why the cost difference? HIGHER RATIO: Classroom ratio 1:14 or 1:16 (Beginning August 1, 2025 and ending July 31, 2026.)	<b>\$6,973 (\$29.93 per day)</b>
Full Time Every Month	Monthly Bank Draft, all 12 Months, Deducts on the 2nd of Every Month	<b>\$581</b>
Full Time Every Week	Weekly Deduction on Bank Draft, all 52 Weeks, Deducts on the Monday of every week	<b>\$134</b>
Full time Biweekly	Biweekly Deduction on Bank Draft, all 26 Weeks, Deducts on the Monday of every other week	<b>\$268.25</b>

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 resources from 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 for permission to refer as 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 services during the school day at CPDC? We strongly encourage families to utilize available interventions such as campus therapies (music/speech), the public school system, or the state early intervention program. These services are ideally provided within the child's natural learning environment—the classroom. However, at times it may be necessary for a child to leave the classroom to work with a service provider. Please note that while your child may leave the classroom, they will not leave CPDC without your prior consent. By signing below, you give permission for service providers to pull your child from the classroom for intervention services and acknowledge that a CPDC staff member may not always be present during those sessions. **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 of a child 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.*