

WESTBROOK CHRISTIAN SCHOOL  
100 Westminster Drive  
Rainbow City, AL 35906  
(256) 442-7457  
[www.westbrookchristian.org](http://www.westbrookchristian.org)

## DAYCARE REGISTRATION FORM (3K & 4K)

=====

CHILD'S NAME: \_\_\_\_\_

PARENT(S): \_\_\_\_\_

NAME CHILD GOES BY: \_\_\_\_\_ MALE FEMALE  
(Circle one)

CHILD'S HOME ADDRESS: \_\_\_\_\_  
Street Address/P.O.Box/Apartment Number

\_\_\_\_\_  
City/State/Zip Code

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

AGE OF CHILD: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Address/P.O.Box/Apartment Number

\_\_\_\_\_  
City/State/Zip Code

MOTHER'S OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBERS: Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Address/P.O.Box/Apartment Number

\_\_\_\_\_  
City/State/Zip Code

FATHER'S OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBERS: Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**FAMILY**

Give names and ages of your child's siblings:

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

PARENTS' MARITAL STATUS:      Married      Separated      Divorced      Widowed  
(Circle one)

If parents are separated, who has custody of the child? \_\_\_\_\_

A copy of the most recently issued Court Order providing custody status must be on file with the school.

List persons approved to call for child (Child will not be released to others without specific permission from parents.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL**

NAME OF CHILD'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

Persons to be called in case of emergency if parents are unavailable:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

*Should my child, \_\_\_\_\_, become ill or suffer an accident of any nature while in the care of Westbrook Christian School Daycare, Rainbow City, Alabama, the Preschool Director shall undertake to contact me immediately. In the event she is unable to reach me immediately, she will attempt to reach one of the above listed persons. Should this be impossible, the Director shall be authorized to secure and consent to such medical attention, treatment, and services for my child if given by me in person. I agree to assume the responsibility for payment of all medical costs incurred and not covered by the insurance.*

Date: \_\_\_\_\_ Parent(s) Signature: \_\_\_\_\_  
\_\_\_\_\_

Check any of the following your child has had:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Chicken Pox          | <input type="checkbox"/> Appendicitis         |
| <input type="checkbox"/> Measles        | <input type="checkbox"/> Diphtheria           | <input type="checkbox"/> Head injury          |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Prolonged high fever | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Mumps          | <input type="checkbox"/> Tonsillitis          | <input type="checkbox"/> Acute ear infections |
| <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Convulsions          | <input type="checkbox"/> Rheumatic Fever      |
| <input type="checkbox"/> Other _____    |   |   |

What allergies does your child have? \_\_\_\_\_

List other medical information that you feel might help us: \_\_\_\_\_

\_\_\_\_\_

**SOCIAL INFORMATION**

Is this your child's first separation from home? \_\_\_\_\_

Has your child had any kind of group experience? Describe: \_\_\_\_\_

\_\_\_\_\_

Does your child make new friends easily? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

What special words does your child use to tell you he/she needs to urinate or have a bowel movement? \_\_\_\_\_

What time does your child get up in the morning? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

Is your child accustomed to taking an afternoon nap? \_\_\_\_\_ For how long? \_\_\_\_\_

Does your child have any special nap or bedtime routine? \_\_\_\_\_

\_\_\_\_\_

What time does your child usually have: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Is your child accustomed to having between meal time snacks? \_\_\_\_\_

Does your child need any help feeding himself/herself? \_\_\_\_\_

What fears does he/she have (such as animals, storms, etc.)? \_\_\_\_\_

\_\_\_\_\_

How do you handle these fears? \_\_\_\_\_

Other comments and special instructions: \_\_\_\_\_

\_\_\_\_\_

**RELIGIOUS AFFILIATION**

What church do you attend? \_\_\_\_\_

Do you attend: Regularly\_\_\_\_\_ Occasionally\_\_\_\_\_ Seldom\_\_\_\_\_

Is your child enrolled in Sunday School? \_\_\_\_\_

If not a church member, give a church preference: \_\_\_\_\_

**Westbrook Christian School  
Daycare Contract  
(3K & 4K)**

Westbrook Preschool Daycare will be open from 12:00 noon until 5:30 p.m. Children must have a daycare enrollment form, affidavit and daycare contract on file before staying in daycare.

**Please complete the following:**

**Child's Name** \_\_\_\_\_

**Days my child is enrolled in preschool (circle):**

Monday Tuesday Wednesday Thursday Friday

**Days daycare is needed (circle):**

Monday Tuesday Wednesday Thursday Friday

**Charges for daycare are as follows:**

\$15.00 (includes lunch) 12:00-5:30

A late fee charge of \$5.00 per every 2 minutes for late pickup after 5:30.

I agree to pay Westbrook Christian School Daycare with post-dated checks for the days I have enrolled my child in daycare. Daycare charges will apply even in the event that my child is unable to attend.

Parent's Signature: \_\_\_\_\_

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

## WESTBROOK CHRISTIAN SCHOOL Child's Medical Report – Daycare

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street Address/P.O.Box/Apartment Number

\_\_\_\_\_

City/State/Zip Code

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_

Attach Certificate of Immunizations (blue slip) for children age 4 years and older. If blue slip is not available or if child is 3 years of age and under, complete the section below.

**IMMUNIZATIONS**

Type of Immunizations	Number Given as of Date of this Examination
DTP or DT	_____
Polio	_____
Red Measles	_____
Rubella (German Measles)	_____
Mumps (Optional)	_____

Immunizations are up to date for age of child	Yes _____	No _____
Laboratory and other testings (if indicated):	Yes _____	No _____

History of Allergies: \_\_\_\_\_

\_\_\_\_\_

=====

I examined this child on this date \_\_\_\_\_. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in daycare activities, except as noted below.

DATE: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

**STATE OF ALABAMA**  
**COUNTY OF ETOWAH**

**AFFIDAVIT FOR PARENT/GUARDIAN**

Before me, a Notary Public in and for said State and County, appeared

\_\_\_\_\_

and is known to me, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the minor child/children

\_\_\_\_\_ : that affiant has been notified by

Sandra Handley, a representative of Westbrook Christian School, that said

church or school has filed notice and is exempt under law from regulation by

The Department of Human Resources.

\_\_\_\_\_ parent/legal guardian sworn,  
or affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:\_\_\_\_\_

