



Auburn Day Care Centers, Inc.

P.O. Box 262
Auburn, AL 36831-0262
Office: 334-821-4060
Fax: 334-821-2128

Dear Parents,

Make sure you read the following, initial each line, sign, and date.

- _____ 1. Central Office hours are from 8:30 am to 5:30 pm
- _____ 2. You **MUST** pay your **WEEKLY** balance every week unless you have made other arrangements, **otherwise fees are due every Wednesday.**
- _____ 3. Fees are based strictly on the slot, not how many days a child attend.
- _____ 4. Fees that are 2 weeks behind **WILL RESULT IN NO ADMITTANCE.**
- _____ 5. If you are on the TAS System you **MUST** swipe in and out **EVERYDAY.** If your child is absent, make sure to swipe them ABS. Only 5 absences per child per month.
- _____ 6. We accept debit and credit card payments, with a 3% fee charge. We, also, accept Online payments on our website @ auburndaycarecenters.com.
- _____ 7. You **MUST** inform the office if you are withdrawing your child/children so that you will not be charged for time they were not here.
- _____ 8. It is mandatory that you have your child/children here by 9:00 am or your child/children will not be accepted.
- _____ 9. There will be an extra fee for any child staying over 10 hours in the day care.

THANK YOU FOR YOUR COOPERATION!

Parent's signature

Date

G. Child's preadmission record

DHR-CDC-739

CHILD' S PREAMMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: ()	Employer's Telephone Number: ()
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature **Date**

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.