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**TOP TIER STATE LICENSED EARLY CHILDCARE DEVELOPMENT CENTER**

**\*NURSERY \* PRESCHOOL \* PRE-K \* AFTERCARE\***



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I am interested in enrolling in the Bessemer Campust located at 1732 12th Avnue North Bessemer AL 35020

I am interested in enrolling in the Five Points West Campus 2712 31st St. Ensley Birmingham AL 35228

I am interested in enrolling in the Arkadelphia Road Campus 833 8th Street Thomas Birmingham AL 35214

I am interested in enrolling in the Tuscaloosa Main Campus 2015 28th Avenue Tuscaloosa AL 35401

I am interested in enrolling in the Tuscaloosa West Campus 4415 18th Street Tuscaloosa AL 35401

**G. Child's preadmission record****DHR-CDC-739****CHILD' S PREADMISSION 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.*



**We are here to help the community!**

**Which best describes your situation?**

**“I am a Super Mom..  
but sometimes I need some help  
with paying my utility bills and  
paying for quality childcare!”**



**“Soy madre hispana y merezco  
ayuda con el cuidado infantil  
como todos los demas.”**



**“I love children... but I may not be  
a good fit to work in the classroom.  
I am interested in learning how I  
can make money with your  
company in another way!” \$\$\$**



**“I am familiar with the amazing  
work you all do for the children.  
I just want to make a donation!”**

Alabama Ambassadors 🍷  
\$AlabamaChildcare

