



THE ADVENTURE NOOK ENROLLMENT APPLICATION 2023-2024

FIRST CHRISTIAN CHURCH
4954 Valleydale Road
Birmingham, Alabama 35242
205-991-9952

Personal Information

Child's Full Name:		Date:
Child's Date of Birth:		Child's Preferred Name:
Home Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip:
Best Contact Person:		Best Contact Email:
Best Contact Phone Number:		Best Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone
Special concerns, allergies, etc.:		
Emergency Contact/Pick up Name:		Emergency Contact Phone Number:

Caregiver Information

Mother's Name:		Occupation:
Home Address (if different than above):		Home Phone:
Cell Phone :	Work Phone:	
Email Address:		
Employer:		
Father's Name:		Occupation:
Home Address (if different than above):		Home Phone:
Cell Phone:	Work Phone:	
Email Address:		
Employer:		

Demographics

Other children in family (names and ages):
How did you hear about us:



The Adventure Nook

Class Selection & Fee Schedule for 2023-2024

School Begins Wednesday, August 15, 2023

subject to change according to Shelby County School calendar

Non-refundable Registration Fee of
\$120 due with application

Supply Fee is due Aug 15, 2023
Field trip Fee of \$50.00 for PreK Only

Please indicate your preferred days by circling. Your registration form is NOT VALID without a registration fee.

	Registration Fee \$120 Supply Fee \$130.00 Due August	Circle Choices	Morning Aftercare Both
Pre-Walkers	\$290/month for 2 days	M-T-W-Th-F	M-T-W-Th-F
(6-14 mos.)	\$330/month for 3 days	M-T-W-Th-F	M-T-W-Th-F
	\$400/month for 4 days	M-T-W-Th-F	M-T-W-Th-F
	\$460/month for 5 days	M-F	M-T-W-Th-F
Toddler I & II	\$270/month for 2 days	M-T-W-Th-F	M-T-W-Th-F
(15-29 months)	\$310/month for 3 days	M-T-W-Th-F	M-T-W-Th-F
	\$350/month for 4 days	M-T-W-Th-F	M-T-W-Th-F
	\$390/month for 5 days	M-F	M-T-W-Th-F
Transitional 3's	\$280/month for 3 days	M-T-W-Th-F	M-T-W-Th-F
(30 -36 months)	\$320/month for 4 days	M-T-W-Th-F	M-T-W-Th-F
	\$360/month for 5 days	M-F	M-T-W-Th-F

*all children should be toilet trained in order to participate in the 3 & 4-year-old program. Each child should be able to take care of his/her toilet needs with minimal assistance from the teacher.

	Registration Fee \$120 Supply Fee \$180.00 Due August	Circle Choices	Morning Aftercare Both
Threes:	\$260/month for 3 days	M-T-W-Th-F	M-T-W-Th-F
	\$300/month for 4 days	M-T-W-Th-F	M-T-W-Th-F
	\$340/month for 5 days	M-F	M-T-W-Th-F
Fours:	\$300/month for 4 days	M-T-W-Th-F	M-T-W-Th-F
	\$340/month for 5 days	M-F	M-T-W-Th-F

*Class placement is determined by the child's age as of September 1st. A 10% discount is given to the youngest child in the family when more than one child is enrolled at The Adventure Nook. There is no discount on registration fees.

Parent Signature: _____ Date: _____

TAN USE ONLY: Registration # _____ Paid \$ _____ Check # _____ or Cash \$ _____



2023-2024 Extended Care Fee Schedule

Extended Care Hours:

8:00-9:30 am Early Care

1:30-3:00 pm After Care

8:00-9:30 am & 1:30-3:00 pm (full day)

Early Care (6 mo.-29mo.)	Aftercare (6 mo.-29 mo.)	Full Day (6 mo.-29 mo.)
1 day per week - \$ 45	1 day per week - \$55	1 day per week - \$100
2 days per week- \$ 75	2 days per week- \$95	2 days per week- \$160
3 days per week- \$110	3 days per week- \$130	3 days per week- \$220
4 days per week- \$140	4 days per week- \$160	4 days per week- \$280
5 days per week- \$170	5 days per week- \$190	5 days per week- \$340
Early Care (PreK 3/4only)	Aftercare (PreK 3/4only)	Full Day (PreK 3/4only)
1 day per week - \$ 40	1 day per week - \$45	1 day per week - \$80
2 days per week- \$ 65	2 days per week- \$ 75	2 days per week- \$130
3 days per week- \$90	3 days per week- \$110	3 days per week- \$190
4 days per week- \$120	4 days per week- \$140	4 days per week- \$250
5 days per week- \$150	5 days per week- \$170	5 days per week- \$310

Please note the above prices are in addition to regular monthly tuition.

Drop in early and late care are available with **at least a 24-hour notice.**

8:00-9:15 am - \$13/\$10 per day 1:30-3:00 pm- \$15 per day

8:00-9:30 am & 1:30-3:00 pm (full day)- \$25 per day

Daily drop in cost is \$35/day for Toddlers and \$25.00 for PreK classes in addition to regular tuition.



THE ADVENTURE NOOK

Family Information Sheet

Child's Name: _____ Teacher _____

Name your child is called: _____ Child's Birth date: _____

Help us plan for your child's needs and understand your concerns by providing the following information. This information will be confidential. Please update as needed.

Mother's Name: _____ Father's Name: _____

Legal Guardian(s): _____

Marital status of parents: _____ Married _____ Separated _____ Divorced

Religious Preference: _____

List names and ages of siblings: _____

List others living in your household. Please list ages and relationship.

Have there been births, deaths, adoption, or other changes in the family structure which have affected your child? If so, please briefly describe. _____

Do you have any special talents, skills or abilities you would be willing to share with the students or school this year? _____

If your child is 15 months to 2 years old, what does he/she say when wanting to go to the toilet?

How does your child play with other children? _____

What are your child's favorite play activities? _____

Does your child have a pet? If so, tell us a little about the pet. _____

Does your child have allergies (food, ants, bees, etc.)? If so, do you have a plan in place from your pediatrician? _____

Is your child attached to a "special item" (blanket, toy, stuffed animal)? What are your rules surrounding this item? _____

Does your child have any special fears (animals, storms, etc.)? If so, how does he/she react or express this fear? _____

What methods of discipline have you found most effective with your child?

How does your child react to new situations? _____

Is there anything else we should know about your child or that you would like to share with us regarding your child? _____

What are some of your goals or expectations for your child during the coming school year?



THE ADVENTURE NOOK PICK UP AUTHORIZATION FORM

Child's Name: _____

Date: _____ Teacher: _____

CHILD PICK-UP AUTHORIZATION

Your child will be released from school only to the persons you have authorized in writing. List the names of persons who have permission to pick up your child from The Adventure Nook. Be sure to include your name and your spouse/partners name. If someone other than those listed below is to pick-up your child, The Adventure Nook must be notified in writing.

Mother: _____ Phone: _____

Father: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

STATEMENT OF MARRIAGE AND CHILD CUSTODY

The parents of _____ (child's name) are
_____ married _____ divorced. If divorced, child custody has been awarded
to _____.

The Adventure Nook policy states: "It is the responsibility of the parent to notify the school of any change in guardianship of the child. Dual guardianship is assumed. The child will be released to either parent unless The Adventure Nook is notified in writing, supported by necessary documentation of change in guardianship."

Parent's Signature: _____ Date: _____



THE ADVENTURE NOOK MEDICAL AGREEMENT

Should my child, _____, become ill or suffer an accident while he/she is in the care of The Adventure Nook, the school shall undertake to contact me immediately if medical treatment is necessary. In the event of minor scrapes and bruises, the school will practice good judgment in treatment and an accident report will be sent home.

In the event the school is unable to reach me immediately, the school's director or designated employee shall be authorized to acquire and consent to such medical attention, treatment, and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention may accept such consent as if given by me in person.

I agree to assume responsibility for payment of all medical costs incurred.

Parent's Signature: _____ Date: _____

Physician: _____

Address: _____

Phone: _____ Alternate Phone: _____

Dentist: _____

Address: _____

Phone: _____ Alternate Phone: _____

Hospital: _____

Insurance Provider: _____

Policy # _____ Phone: _____

Allergies/Medical Concerns: _____

Please note: The Staff of FCC and TAN are not allowed to administer medications.

List below at least two persons that the Adventure Nook may contact if your child becomes ill during the time he/she is at school and you cannot be reached. Individuals listed here should be able to locate you or be willing to care for your sick child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



THE ADVENTURE NOOK PARENT AGREEMENT

To assure that policies and procedures are clearly understood, we ask all parents to carefully read The Adventure Nook Handbook which can be found online at www.fcc-bhm.org. Upon completion of the handbook, please initial each of the following important items:

- _____ 1. Parents are responsible for payment of fees on time. A **late fee** of **\$10.00** is charged if not received on or before the 10th of the month.
- _____ 2. There is no reduction in fees for absence, vacation, or inclement weather closing.
- _____ 3. A written **30 days notice** is required of all children withdrawing from the program. Payment of an additional month of tuition is required if appropriate notice is not given.
- _____ 4. Carpool guidelines must be **strictly** followed. Attention should be given to **speed limit, no parking zones, traffic pattern, and safety of walk-in children.**
- _____ 5. Children will be released only to properly identified persons. A written notice is required if your child is to be picked up by anyone other than yourself.
- _____ 6. Carpool drop-off begins at 9:15 a.m. and pickup begins at 1:30 p.m.
- _____ 7. Sick children must be kept at home and may not return to school until free of fever, diarrhea, vomiting or other contagious illness for 24 hours.
- _____ 8. Parents should inform the school of changes in address, phone number, employment, emergency information, or changes in family situations.
- _____ 9. A completed enrollment package and a current Alabama blue immunization form must be on file for each student.
- _____ 10. I agree to abide by these rules and regulations.

Signature of Parent or Guardian _____ **Date** _____