

# OU Child Development Lab Registration \_\_\_\_\_

Cooper Complex Building - Room 509 - (256) 726-7234

Winter Charges; \$ \_\_\_\_\_, Fall Charges \$ \_\_\_\_\_ Summer Charges: \$ \_\_\_\_\_

## Student Accounts Cover Sheet

### Student Information

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

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Student Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent (s) Information

Father/Guardian Name: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Usual work hours: \_\_\_\_\_

—

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Education (highest grade completed or degree): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Do not write below this line.** \_\_\_\_\_

### Student Accounts Only

Balance due Winter Semester: \_\_\_\_\_ Date: \_\_\_\_\_

Balance due Spring Semester: \_\_\_\_\_ Date: \_\_\_\_\_

Balance due summer Camp: \_\_\_\_\_ Date: \_\_\_\_\_



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:				
Swimming/wading activities provided by the facility:				

**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.*

**Oakwood Tinyversity**  
**Child Development Lab Registration \_\_\_\_\_**

Student's Name: \_\_\_\_\_

**Operating System**

- 
- Hours of Operation: Monday-Thursday, 7:30am- 5:30 pm; Friday 7:30am-12:00 noon.
  - Late Pick- Up: **A late fee of \$1.00 per minute** will be charged after closing time. This will be due in cash at time of pickup.

**Financial Obligations**

- 
- A NON-REFUNDABLE annual registering fee of \$130.00 per child is due at the time of registration.
  - Acceptable forms of payment: Cash, Cashier's Checks, Money Order, or Credit Card payments. All payments should be made at student accounts located in Cunningham Hall using a given student ID number. Please be sure to indicate the payment is for CDL. **All receipts must be brought to the CDL for proof of payment.**
  - Monthly tuition is \$ 487.00 monthly or \$ 121.75 weekly per child and must be paid in full by the 1st of each month if paying monthly or by Monday if paying weekly.
  - Summer Camp registration fee \$ TBD, weekly fee \$ TBD or \$TBD bi-weekly.
  - An account is considered **Delinquent after two weeks**, at which time, full payment including all fees is required. Failure to comply will cause your child to return **not to be permitted to the CDL**, and his/her spot will be accorded to the next child on the waiting list.
  - **Full tuition must be paid each** semester (ending May or December), Including weeks containing a holiday or if the child is absent due to illness, family vacations, or any other reason including inclement weather or weather closings. **No waiver of tuition will be granted for early withdrawal. Initial \_\_\_\_\_**
- 
- In the event that a child is dismissed from the CDL program, he/she will not be allowed to return. We reserve the right to refuse admission to anyone.

I have read and understood all CDL Regulations. I am indicating by signing below that if my child is admitted, I will adhere to the financial requirements presented above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Oakwood Tinyversity

## Enrollment Policies (con)

- **All students** must be at least **3 years of age and potty trained** before enrolling in the CDL program.
- **The state of Alabama** requires kindergartners turning five years old on or before September 1 or the enrolling school year. The CDL applies this date requirement for Pre-K1 and Pre-K2 as well.
- **Children experiencing flu symptoms**, vomiting, fever, or other symptoms that may indicate a contagious disease, will only be allowed to return to the CDL when a doctor's note is supplied.
- **Inclement Weather**: During inclement weather, the CDL will contact parents through text and email.
- **Breakfast, Lunch, and Snack** will be served Monday-Thursday. Breakfast is the only meal that will be provided on Fridays.
- **Birthday Celebrations** are welcomed at the discretion of the parent Monday - Thursday. We will not have celebrations on Fridays.
- **Show and Tell** is every Friday. Toy weapons are strictly prohibited.

***I have read and understood all CDL Regulations. I am indicating by signing below that if my child is admitted, I will adhere to the requirements presented above.***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

# Oakwood Tinyversity

## Child Development Lab

### BEHAVIOR MANAGEMENT POLICY

It is the goal of the OU-CDL to provide a fun, healthy, safe, and secure environment for our participants. The OU-CDL teaches CORE values of caring, honesty, respect, responsibility, and faith. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

#### Behavior Guidelines

- Children are responsible for their own actions.
- We respect each other and our environment.
- Honesty will be the basis for all relationships and interactions.
- We will care for ourselves and those around us.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Counselor will redirect the child to more appropriate behavior
2. The child will be reminded of the behavior guidelines and OU-CDL rules and discussion will take place. The child may also be placed in "Time Out"
  - a. The child will be removed from the activity he/she is currently participating in and will sit out for a certain period.
  - b. When placed in "Time Out," the child will sit in minutes equivalent to his/her age (7 years old = 7 minutes in Time Out)
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. The written documents will include what the behavior problem was, the environment in which the incident occurred, and the corrective action taken.
5. Staff may schedule a conference with the parents to determine the appropriate action steps.

6. If the child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick-up the child immediately.

7. If the behavior persists and the child continues to disrupt the program, the OU-CDL reserves the right to suspend or expel the child from the program.

The following behaviors are not acceptable and will result in the immediate suspension of a child for the remainder of the current day or the next day.

- Endangering the health and safety of children and / staff, or volunteers.
- Stealing or damaging OU personal property.
- Leaving the program without permission.
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines of OU-CDL rules
- Using profanity, vulgarity, or obscenity
- Acting in a lewd manner
- Fighting
- Bullying

Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firearms, firecrackers, or explosives.

I have read this policy and reviewed this with my child if age applicable.

- If a child is dismissed from the CDL program, he/she will not be allowed to return. We reserve the right to refuse admission to anyone.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Child's Medical Report**

*(This form may be used for household members younger than 19 years of age)*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-INIM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

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

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

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

\_\_\_\_\_  
Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

\_\_\_\_\_  
Date



