



Unified Registration Form
Government Street Baptist School, Child Development Center, and Before/After School Care are ministries of Government Street Baptist Church. The school and CDC are operated by Christian education principles.

3401 Government Blvd., Mobile AL 36693 * 251-660-7444 * Dr. Charles E. Brown, Pastor

OFFICE USE ONLY
Date of Registration ___/___/___
Child Start Date ___/___/___
Birth Certificate Rec'd ___/___/___
Class Assigned _____
Blue Card Rec'd ___/___/___
REGISTRATION IS NOT COMPLETE UNTIL BIRTH CERTIFICATE AND BLUE CARD ARE RECEIVED

2012-2013 Registration Form – Must Be Fully Completed

Child's Information

Full Name _____ Date of Birth ___/___/___
Last First Middle Initial
Address _____ Apartment/Unit #
City State Zip
Social Security Number ___/___/___ Sex _____

Parent/Guardian Information

CUSTODIAL PARENT/GUARDIAN

Name _____ Relationship _____
Address _____ Apartment/Unit #
City State Zip
Phone Numbers Home (_____) _____ Cell (_____) _____
Work (_____) _____ Place of Work _____
Driver's License/Passport # _____ State _____ [] ID Verification (copy of license/passport attached)
Social Security Number _____ - _____ - _____ [] Current Utility Bill _____ (copy attached)

Email Address _____

PARENT/GUARDIAN (JOINT CUSTODY)

Name _____ Relationship _____

Address _____
Apartment/Unit # _____

City _____ State _____ Zip _____

Phone Numbers Home (____) _____ Cell (____) _____

Work (____) _____ Place of Work _____

Driver's License/Passport # _____ State _____ [] ID Verification (copy of license/passport attached)

Social Security Number ____ - ____ - ____ [] Current Utility Bill _____ (copy attached)

Email Address _____

Family Information

Names and ages of siblings: _____

Church Family Attends: _____ City _____

Family Attends Church (circle one) Regularly Occasionally Never

Has child made a profession of faith Yes ___ No ___ Baptized? Yes ___ No ___

Authorization for Pickup

Your child will only be released to an authorized person listed on this form (other than joint custody parent/guardian). In case of an emergency or an unforeseen circumstance, please indicate who you authorize to pickup your child on your behalf.

Name: _____ Relationship: _____ Phone: _____

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GOVERNMENT STREET BAPTIST CHURCH CHILD DEVELOPMENT CENTER AFFIDAVIT

Church Copy

I assume all financial responsibility for my child/children's tuition and fees at Government Street Baptist Church Child Development Center and understand that:

1. Tuition is due on Monday for the week. Tuition and fees must be paid by check, money order, cashier check or **exact** cash. We do not keep extra cash in the CDC office for change. Credit and Debit cards are not accepted.
2. All registration and supply fees are nonrefundable.
3. A **\$10.00** late charge will be added to the account if not paid in full by 6:00 pm on Wednesday of the same week. It will continue to be added until the account is paid in full.
4. Childcare is available from 6:00 a.m. to 6:00 p.m. Any child who is not picked up by 6:00 p.m. will be charged a late fee of \$10.00 for the first 10 minutes, and \$10.00 for each five additional minutes thereafter.
5. There is a \$30.00 insufficient funds fee added to the account for any check returned from the bank. After two NSF checks, payments must be made in exact cash, cashier's check or money order only.
6. Accounts that are overdue by 14 days will necessitate a child being dismissed from the center.
7. Any payment submitted for the child development center will first be used to pay any delinquent account in the School, Child Development Center, and/or Before and After School care before being applied to the Child Development Center account.
8. If a child is to be removed from our care, a full week's notice is required. The notice must be in writing and delivered to the childcare bookkeeper a full week before the child's last day. If we do not receive a notice in writing, the custodial parent(s)/guardian(s) are obligated to pay for the next week's childcare.
9. Any account more than 30 days overdue will be sent to a collection agency at the parent's/guardian's expense.
10. State law requires a current immunization form and birth certificate on file at Government Street Baptist School for registration to be complete.

Statement Concerning Exempt Status of Government Street Baptist Child Care Center

I attest that before completing registration that an authorized representative of Government Street Baptist Church Child Development Center informed me that Government Street Baptist Church has elected to operate an exempted, non-licensed Child Development Center. I understand that at the time of enrollment and once every year thereafter, I will be required to sign an affidavit stating this fact before a Notary.

Statement of Cooperation

I agree to abide by the policies of Government Street Baptist Church Child Development Center as presented to me in the *Policy and Procedures* manual. These policies include advance payment of fees, health rules, arrival, and disciplinary policies.

I agree that the above information is true and complete and that I have read and understand all affidavits and statements as described in the application.

Custodial Parent Signature _____ Date _____

GOVERNMENT STREET BAPTIST CHURCH CHILD DEVELOPMENT CENTER AFFIDAVIT
Parent Copy

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Custodial Parent Signature _____ Date _____

PARENT/GUARDIAN AFFIDAVIT

Church Copy

STATE OF ALABAMA

COUNTY OF MOBILE

Before me, a Notary in the aforesaid State and County, appeared _____
(parent printed name) and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children
_____(child’s name); that affiant has been notified by Government Street
Baptist Church Child Development Center, School, and Church, that said Church, Child
Development Center or School has filed notice and is exempt under law from regulation by
the Department of Human Resources.

_____(parent signature) Parent/ Legal Guardian Sworn,
or affirmed to and subscribed before me this _____ day of _____, 20____.

Notary Signature _____

Seal

2012-2013 Medical Information & Release

Child's Name _____ Date of Birth _____

Teacher _____

Known Allergies: _____

Medical Conditions: _____

Medical Release

I authorize the CDC office to share my child's medical information with his/ her teacher(s) as needed to insure the student's well being in the classroom.

Custodial Parent's Signature: _____ Date: _____

I understand that in the event of any emergency and the church and it's entities are unable to contact me or the persons named as authorized for pickup, without liability to the church, it's entities, and ministry, the doctor named herein or the emergency service most quickly available will be called. In the event hospitalization is considered necessary, the hospital most easily assessable will be used or determined by the emergency services. I understand that every effort will be made to reach me or the authorized persons before this authority is used by the church and it's entities

Custodial Parent's Signature: _____ Date: _____

**** No medical treatment (other than first aid) can be administered without an authorized signature. ****

GSB CDC Parent Enrollment Survey *(optional)*:

How did you hear about Government Street Baptist CDC?

Do you have family members or friends who have children enrolled at Government Street Baptist CDC? _____

In searching for childcare, what specific qualities were most important to you in your decision?

Why did you ultimately choose Government Street Baptist CDC?
