Clayton-Bradley Adventure Club

State Department of Education
Child Enrollment Information

Date of Admission: _______________ Registration Fee: $15.00/student   ________Paid

Cost:
$12/day Full Time (5 days)
$14/day Part-Time (1-4 days)
$30/day Full-Day Care (breaks/summers)

Pick Your Plan (circle one)
By choosing your plan, you help us anticipate numbers of snacks, supplies, etc.

Full Time ($60 week)
Part-Time ($14/day)   Please circle day/days

Monday      Tuesday      Wednesday      Thursday      Friday

Full Day ($30/day - $150/week)

*All payments must be made, weekly or bi-weekly, online through the RenWeb parent portal, or by check in the business office.

We appreciate your prompt payment so that you can avoid the $5 late charge. Families are responsible for weekly fees EVEN IF your child doesn’t attend.

I have read and understand the parent handbook, parent agreement form, and State licensing requirements.

Parent signature:______________________________________________ Date:________________
Clayton-Bradley Adventure Club

Child’s name:__________________________________________ Preferred name: _____________________

Date of enrollment:___________ Grade:__________ Password:__________________________________________

Address:_____________________________________________ City:_____________________________________

Birthdate:______________ Sex:______ Allergies:__________________ Home phone:__________________

Father:____________________ Address: ____________________________________________________________

Home Phone:________________ Father’s email: _______________________________________________________

Mother:____________________ Address: ____________________________________________________________

Home Phone:________________ Mother’s email: ______________________________________________________

Guardian:__________________ Address: ____________________________________________________________

Home Phone:________________ Mother’s email: ______________________________________________________

Mother’s place of employment:

Name and complete address: ________________________________________________________________

________________________________________________________________________________________

Business phone:________________ Cell phone:________________ work hours:_________________

Father’s place of employment:

Name and complete address: ________________________________________________________________

________________________________________________________________________________________

Business phone:________________ Cell phone:________________ work hours:_________________

Any Special needs or relevant history of the child or the child’s family?

_____________________________________________________________________________________

_____________________________________________________________________________________
Clayton-Bradley Adventure Club

*Other persons to be notified in case of Emergency, Illness or Accident if parents can not be reached:

Name:___________________________________________ Relationship:_______________________

Phone #1:_________________________________ Phone #2:______________________________

Address:_________________________________________________________________________

Name:___________________________________________ Relationship:_______________________

Phone #1:_________________________________ Phone #2:______________________________

Address:_________________________________________________________________________

Child Pick-up Authorization:

I, ______________________________________ authorize Clayton-Bradley Academy to release my child, ______________________________, to the person(s) designated below. This is in consonance with the Clayton-Bradley Academy Emergency Operations Plan.

Person(s) Authorized to pick-up Child:

Name:________________________ Relationship to child:________________________

Name:________________________ Relationship to child:________________________

Name:________________________ Relationship to child:________________________
Clayton-Bradley Adventure Club

Child’s Physician:_____________________________________ Phone:_______________________

Address:_________________________________________________________________________

Child’s Insurance Company:__________________________________________________________

Group/Policy number:_______________________________________________________________

Child’s parents are (circle one): Married           Divorced           Separated           Not Married

Name of person responsible for Adventure Club fees:____________________________________

State of TN Regulations:

● We reserve the right to withdraw a student at any time at our discretion. No refund of moneys paid will be made.
● The Emergency Release is in the event of an emergency. For example, if there is a tornado, a fire, or such and we had to exit the building to safety, we need your permission to keep your child from harm at all times. Of course, once we reach safety, parents will be contacted.

By initialing the spaces below I am acknowledging that I have received, read, understand and agree to each of the following items.

*I was offered an on-site visit of the program to review the facility. Parent Initial_________

*I have received a copy of CBA policies. I have read and understand them. Parent Initial_________

*CBA will provide child abuse prevention awareness information in the AC packet. The information will include a child abuse prevention component, as recognized by the Department of Education, with information on the detection, reporting, and prevention of child abuse in child care agencies and in the home. Parent Initial_________

*I have received a copy of the Department of Education summary of licensing requirements for child care centers. I have read the summary of licensing requirements and understand them. Parent Initial_________

By signing below, you give Clayton-Bradley Academy your consent to obtain Emergency Medical Care for your child if needed.

Father’s signature: _________________________________________________________________

Mother’s signature: _________________________________________________________________