



Shelley Borucki, Director

Mallorie Hall, Assistant

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2026-2027 Registration Form

Child's Name: _____ Goes By: _____
First Middle Last

Primary Phone: _____ Date of Birth: _____ Male / Female
(Circle One)

Address: _____

Child Lives With: Mother & Father Mother Father Other: _____
(Circle One)

Mother/Guardian's Name: _____

Cell Phone: _____ Work Phone: _____

E-Mail: _____

Occupation: _____ Employer: _____

Father/Guardian's Name: _____

Cell Phone: _____ Work Phone: _____

E-Mail: _____

Occupation: _____ Employer: _____

Individuals authorized to pick up your child:

Name / Relationship / Phone

Name / Relationship / Phone

Name / Relationship / Phone

Family's Church or Religious Affiliation: _____

Medical Information

Known Allergies & Reactions: _____

Does your child have any disabilities, medical conditions, or any other additional information his or her teacher should be aware of? _____

Does your child take any medications regularly? If so, please explain. _____

Child's Primary Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Hospital Preference: _____

I authorize that the Director may seek emergency medical attention in the event that neither I nor the family physician can be contacted immediately. I agree to be responsible for any emergency medical expenses incurred. _____(initials)

I understand the director agrees to provide transportation to an appropriate medical resource in the event of an emergency situation. If she is not available, a staff member will arrange transportation. Neither the staff nor director will administer any drug or medication without specific instructions from a physician or child's parent, guardian, or full-time custodian. This is only true in an actual emergency situation when 911 has been called. _____(initials)

When necessary, the staff will provide basic first aid. Please review the following and mark any medicines/treatments you do **NOT** permit to be used on your child.

- ☐ Cuts & Scrapes: Hydrogen peroxide, polysporin or neosporin ointments, antisepticwipes
- ☐ Itchy Bug Bites: Benadryl spray or cream, Kids After-Bite
- ☐ Stings: Sting Kill Wipes (external anesthetic)
- ☐ Chapped Skin or Lips: Vaseline Petroleum Jelly
- ☐ Burns: Solarcaine Medicated First Aid Spray
- ☐ Dirt in Eyes: Bausch and Lomb Eye Relief Wash

Parent/Guardian Signature

Date

Enrollment Information

Registration Fees (Non-Refundable & MUST be paid at time of registration.)

- ☐ Enrollment Fee: \$160 (includes \$95 Registration fee, \$55 Curriculum/Supply fee, \$10 Activity fee)
- ☐ 1st Month's Tuition: Based on number of days attending.

Tuition (Days are reserved on a first come, first served basis.)

*Class placement is based on child's age as of September 1, 2026.

- ☐ 2 Days/Week: \$200/Month
Days: Mon & Wed | Tues & Thurs
(Circle One)

Class: 18-24 Months | 2s | 3s
(Circle One)

- ☐ 4 Days/Week: \$300/Month
Days: Mon, Tues, Wed, & Thurs
Class: 18-24 Months | 2s | 3s | 4s
(Circle One)

Policy Agreements (Please read & initial each one.)

- _____ Registration form, payment, and immunization record must be submitted prior to admission to the program.
- _____ Tuition is due on the 1st of each month & is paid 1 month in advance. A \$20 late fee will be charged if payment is not received by the 5th of the month.
- _____ There are no credits or prorating for vacation, holidays, illnesses, or inclement weather.
- _____ If it becomes necessary for you to withdraw your child from the program or decrease the days of attendance, please notify the director to obtain a withdrawal form immediately. No refunds will be given for partial months. The withdrawal form must be submitted 2 weeks (14 calendar days) prior to the next tuition payment due date. If the withdrawal form is not submitted within this time frame, the next month's tuition payment will be required. **Please see the Parent Handbook for details.*
- _____ Late fees will be assessed for any child not picked up by 1:00 pm. A rate of \$1 per minute applies.

Minor Photo Release: I give CrossPointe Church, Madison, Alabama, permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against CrossPointe Church with respect to copyright ownership and publication including any claim for compensation related to use of the materials. _____(initials)

Parent/Guardian Signature

Date

For Office Use Only:

Date of Enrollment: _____ Amount Paid: \$_____ Ck #: _____

☐ Enrollment Fee \$95 ☐ Curriculum/Supply Fee \$55

☐ Activity Fee \$10 ☐ 1st Mo Tuition \$_____

Blue Card Received: ☐ Expiration Date: _____

Date Withdrawal Notice Received: _____ Last Day: _____

Notes: _____
