



**Shelley Borucki, Director**

**Mallorie Hall, Assistant**

256-325-0813

cpcmmo@cpccfamily.org

## **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, antiseptic wipes
- 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

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Parent/Guardian Signature

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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)
- 1<sup>st</sup> 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 1<sup>st</sup> of each month & is paid 1 month in advance. A \$20 late fee will be charged if payment is not received by the 5<sup>th</sup> 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)

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Parent/Guardian Signature

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Date

## **For Office Use Only:**

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

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

Activity Fee \$10  1<sup>st</sup> Mo Tuition \$\_\_\_\_\_

Blue Card Received:  Expiration Date: \_\_\_\_\_

Date Withdrawal Notice Received: \_\_\_\_\_ Last Day: \_\_\_\_\_

**Notes:** \_\_\_\_\_