

"WE'RE PREPARING THE MINDS OF TOMORROW"

Complete this registration form fully, blank answers will be rejected

Date: _____

Applicants Information:

Student's Name: _____ Nick Name _____

Birthday _____ Favorite toy/character _____

Contact Information:

Student's Home Address _____ Alternate Address _____

Father Phone Number _____ Mother's Phone Number _____

Father's Name _____ Email _____

Mother's Name _____ Email _____

Emergency Contact Person _____ Phone No. _____

Service Information:

Do you have a backup care provider for your child/ren? _____

When will service begin at Al-Wali? (date) _____

| | FROM: | TO: |
|-----------|-------|-----|
| MONDAY | | |
| TUESDAY | | |
| WEDNESDAY | | |
| THURSDAY | | |
| FRIDAY | | |

Applicant Health Information: *A copy of your child/ren's immunization and physical must accompany this application.*

1. Child physician: _____
2. Physician Contact: _____
3. Child's dentist: _____
4. Dentist Contact: _____
5. Insurance Company' _____
6. Policy No. _____
7. Regular Medications: _____
8. Medicine Allergic to: _____
9. Food Allergic to: _____
10. Other Allergies: _____
11. Has your student contracted Covid-19? _____
12. Does you student have any known allergies? _____
13. Is your student up to date with immunization? (copy must be on file) _____

Al-Wali
12845 Conant Avenue
Detroit, MI 48212
313-731-7950

AL-WALI CENTER

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14. Do you have any meal restrictions for your student? _____
15. Are there any medical conditions which I should be aware of? _____
16. Is there any smoking in the home? _____
17. Does your student have any hearing or vision restrictions? _____
18. Are there any restrictions to play or physical activities? _____
19. Does the student suffer from: (*Please write Yes or No*)?

Asthma? _____ Eczema? _____ Diabetes? _____

Applicant Questionnaire:

1. Has the student ever been in an early learning setting? _____
Where _____
2. Was it a positive experience? _____ Why or Why Not? _____
3. Why are you looking for an early learning center now? _____
4. Has your student been exposed to any recent traumatic events? _____
5. If yes, have there been any counseling, therapy, or any assistance been given? _____
6. What is your family's mode of discipline? _____
7. What would you say your student's likes (things most favorable) are? _____
8. What would you say your student's dislikes (things most unfavorable) are? _____
9. Can your student express bathroom needs? _____
10. What word is used for bathroom? _____
11. Does your student sleep through the night? _____ Alone? _____
12. Are there any siblings in the house? _____ Ages? _____
13. What language is spoken at home? _____
14. Does your student have any security objects or attachments? _____

Guardian Questionnaire:

1. Are you willing to volunteer? _____ When exactly? _____
2. Are you willing to attend quarterly parent teacher meetings/conferences? _____
3. Are you willing to take part in activities sponsored by Al-Wali? _____
4. Do you understand that enrollment is contingent to all documents being received? _____
5. Do you understand that final enrollment is based on results after the probationary period? _____
6. Do you have any barriers that Al-Wali can help you with? _____

| OFFICE USE ONLY | |
|--|---------------------------------------|
| Date registration form received: | Probation Period: |
| Registration fee? | Amount? |
| Health appraisal/Physical form received? | Immunization records/waiver received? |
| CACPF forms received? | EHS forms received? |
| DHS forms received? | Parent handbook signed and received? |
| Dental forms received? | Other? |

Guardian Print _____ Guardian Signature _____

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Director Print _____ Director Signature _____

AL-WALI ENROLLMENT PROCESS

What parents provide?

1. Photo identification of parents
2. Student birth certification/verification
3. Student immunization record/waiver
4. Student health appraisal/physical form completed by physician
5. Prepaid tuition cost

What Al-Wali provide parents?

1. Application (\$50.00 non-refundable)
2. Health appraisal form
3. Al-Wali Child Care Center acknowledgment form
4. Parent notification of the licensing notebook receipt acknowledgment form
5. Child information and emergency card
6. Media release forms
7. Dental form

TUITION SCALE (REVISED 2020)

| AGE GROUP | COST | DURATION |
|----------------|-------|----------|
| Infant-Toddler | \$275 | Weekly |
| Preschool | \$250 | Weekly |
| School Age | \$225 | Weekly |