Crystal Child Development Center
Phone (907) 277-2644 Fax (907) 277-2646
crystalcdc.com

Registration Form

Section I.
Child's Information

Name: _____ Age: _____ Sex: M F

Birth date: _____ SS#: _____ Place of Birth: _____

Address: _____

City_____ State_____ Zip Code_____

Phone no.: _____

Preschool or child care facility last attended: _____

Section II.
Family Information

Father's name: _____	**Mother's name: _____**
SS#: _____	**SS#: _____**
ID#(ADL): _____	**ID#(ADL): _____**
Birth date: _____	**Birth date: _____**
Employer: _____	**Employer: _____**
Position: _____	**Position: _____**
Business Phone: _____	**Business Phone: _____**
Cell Phone: _____	**Cell Phone: _____**
Email: _____	**Email: _____**

Siblings: Name: _____ Age: ____ Name: _____ Age: _____

Name: _____ Age: ____ Name: _____ Age: _____

Emergency Contact: Name: _____ Phone#_____

Relationship: _____

PLEASE FILL IN EVERY LINE

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Section III

General Information and Billing Agreement

Food Allergies_____

What time do you expect to arrive at the school in the morning and at what time in the afternoon do you expect to pick up your child or children?

A.M. _____

P.M. _____

Days my child will be attending (please circle):

Monday Tuesday Wednesday Thursday Friday

I understand that my cost will be $_____ per month and I will be billed even if my child is not in attendance. I also understand that if care is needed for additional days, I must check with the office to see if a slot is open and I will be charged for the additional days.

I understand and have read all parent policies and procedures inclusive of billing procedures. I understand that any and all payment outstanding is my responsibility to reconcile, and I also understand that it is my responsibility to provide a current authorization as needed before the first date of authorized care. (applies to DCA/jobs/OCS, etc.) I also understand that I need to check at the beginning of each month to make sure that the center has my most current information in case of emergencies.

_____ _____
Signature of mother **Date**

_____ _____
Signature of father **Date**

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Child Physical Examination Form

Student:	**Birthdate:**
School:	
Parent:	
Address:	**Home Phone:**
Parent Present at Examination	

Physical Examination

Item **Results**	**height**
1. eye disease	**weight**
2. ear disease	**vision**
3. nose and throat	**Color vision**
4. mouth	**Routine medication:**
5. teeth	
6. lymph node	
7. heart	
8. lungs	**comment:**
9. abdomen-hernia	Please attach shot record
10. genitals	
11. orthopedic	
12. nervous system	
13. skin	
14. nutrition	
15. endocrine	
16. other	
17. positive findings	

Able to participate in usual group activities? Yes or No

Date of Exam_____Signed_____Date: _____
70-001 (1/84) (Medical Examiner)

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I agree to give notice verbally if my child will be out for one day and written notice if it will be longer. I understand that my child will be billed for the absence because their space will be held at our center. Our facility will charge the full monthly fee for your child even if your child is not attending due to illness, vacation, other personal reasons, and/or emergency center closures for extreme weather conditions, natural disasters, power outages, or other unforeseen circumstances.

_____ _____

Parent's Signature **Date**

Thank you,

Crystal Child Development Center

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Parent Authorization Agreement

As the parent of _____, I understand
Child's Name

that if Child Care Assistance does not cover my child's Child Care bill, then I will pay the full amount to Crystal Child Development Center. If I refuse to pay, then I am aware that legal action may be taken.

_____ _____
Parent's Signature **Date**

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Parents:
Please sign and date this page and return it to the school.

Parent Sign Off

I have received and read a copy of the parent policy brochure of Crystal Child Development Center. I understand all rules and policies of Crystal Child Development Center and agree to them.

Name of Child: _____

Parent/Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

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Permission Slip for Pictures

I give permission to Crystal Child Development Center to use pictures of my child/children engaging in school activities for the purpose of the center's password protected on-line picture gallery.

CCDC website: crystalcdc.com

Child's Name: _____

Parent's Name: _____

Signature _____ Date_____

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First Day Checklist

I. Child's confidential File

_____ **Immunization Record**

_____ **Annual Physical Examination**

_____ **Emergency Card**

_____ **Registration Form**

_____ **Parent Sign-off**

_____ **Day Care Assistance Contract if applicable**

All Paperwork must be current at the time of enrollment and kept current as needed.

II. For Infants and Toddlers

_____ **Diapers**

_____ **Wet Wipes, Lotion, Powder, etc.**

_____ **Two Pairs of Extra Clothes**

_____ **Bottles/ Sippy Cups**

_____ **Indoor Shoes (walkers only)**

_____ **Weather appropriate Outdoor Shoes (walkers only)**

_____ **Weather appropriate Jackets and Snow Gear**

_____ **Child-size Blanket and Pillow (12 months and older only)**

III. Preschool/ Pre-K Children

_____ **Indoor Shoes**

_____ **Weather appropriate outdoor shoes**

_____ **Weather appropriate outdoor Jackets and snow gear**

_____ **Weather appropriate hat and mittens**

_____ **Child-size blanket and pillow**

_____ **One Pair of Extra Clothes including underwear and socks**

Please label all personal belongings with a permanent marker.

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Dear Parents,

Our center is open from 7:30 AM to 5:30 PM. We understand that everyone has a long work day, and your hours may vary. However, your children are here all day. They get tired and cranky if they are here for a long period of time. We ask you to pick your children up within 10 hours in the day. If they are here longer, we will charge an extra fee of one dollar per minute. This is only if your child is here longer than 10 hours in the day. If you have any questions, please talk to the management.

Naptime is 12:30 – 2:30 pm. We do not allow children to be dropped off between 11:30 am – 2:30 pm, unless it is arranged ahead of time.

Thank you,

Suyeon Yi
Administrator

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Center Hours

Our center is open from 7:30 AM to 5:30 PM. If you pick your child up after 5:30 PM, you are going to be charged $1.00 per minute per child for every minute that you are late. Even if you have arranged for someone else to pick up your child and they are late, you as the parents will be responsible for paying this late fee. The late fee must be paid in cash by the closing time the next day. Your child will not be able to attend the center until the balance is paid off. If you have any questions, please feel free to contact the management.

Thank you.

Current as of August 2025

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Crystal Child Development Center
will be closed on the following days:

New Year's Eve
New Year's Day
Presidents Day
Good Friday
Memorial Day
Independence Day
Labor Day
Indigenous Peoples' Day
Veterans Day
Thanksgiving Day and the Friday after
Christmas Eve and Christmas Day

Crystal Child Development Center will follow the Anchorage School District (ASD) Policy on Closure for any weather hazards conditions, natural disasters, power outages, or other unforeseen circumstances. If ASD is closed, then Crystal Child Development Center will be closed.

Current as of August 2025