



2020

ENROLLMENT PACKET

Ebenezer Campus
1760 Ebenezer Road
Conyers, GA 30094
770-860-8900

Ellington Campus
1801 Ellington Road
Conyers, GA 30013
770-860-8900

Covington Campus
14101 Hwy 278
Covington, GA 30014
770-860-8900



PROGRAM OVERVIEW

Curriculum

The early childhood division of the school bases its academic program on a weekly unit of study for academic advancement. Teachers use lesson plans to guide the delivery of information and address individual issues of advanced skill levels or areas of improvement that are needed. Parents may supplement curriculum by bringing in books, materials, or ideas related to the theme for the benefit of the class. Lesson plans are posted each Monday for the unit of study. Lesson plans represent the daily planned program that includes language and literacy, cognitive development, emotional and social development, and fine and large motor development. A variety of teaching methods are used to accommodate the different learning styles and abilities of students. A developmental skills checklist created by Peachtree Prep is used in August and December with a final assessment being performed in May for each child.

Each group of children at Peachtree Prep are in the care of carefully selected teaching staff who have primary responsibility for working with that group of children. Teachers are expected to provide ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed to protect children's well-being.

On-going assessment of each child, as well as each child's individual interests, are used to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions.

Peachtree Prep Early Learning Center provides a variety of educational and extracurricular programs such as music and movement, arts and crafts throughout the day:

- **Infant Program** - the infant program, developed for children age 6 weeks through 12 months, provides personalized care in a nurturing environment. Activities include tummy time, language development through songs, finger-plays, reading, and picture identification, and outside blanket time.
- **Toddler Program** - the toddler program is designed for children age 12 months (and walking independently) through 36 months. Children will grow and learn in a safe and nurturing environment while being encouraged to explore and discover through a series of comprehensive skill building activities.
- **Preschool and Pre-Kindergarten Program** - the preschool program serves children ages 3 to 5 years old. Our program offers children a rich classroom environment that fosters the development of cognitive, language, math and social skills, as well as creativity.
- **Summer Camp and After-school Enrichment** – the summer and afterschool programs serve students who have completed a Pre-K program and are 5 by September 1. Eligible participants must be fully potty trained and mature enough to stay with the teachers and other students on a field trip. Activities include academic reinforcement, units of study, team building, outdoor activities, snack, water park fun and field trips.
- **Private School** – One outstanding benefit of being a part of the early childhood program at Peachtree Prep is the opportunity to offer your child consistency with the continuum of education in our accredited Private School. Our school offers Kindergarten through High School classes. Peachtree Academy Private School is fully accredited by the Southern Association of Colleges and Schools and The Georgia Accrediting Commission.
- **Special Needs** - Peachtree Prep complies with Title III of the Americans with Disabilities Act (ADA). We will work with parents or guardians and any other professionals (such as other educators or health care professionals) assigned to work with the child to create an individualized assessment about whether the center can meet the particular needs of the child in a group setting without fundamentally altering our program.

PROGRAM OVERVIEW CONTINUED

Transitional Planning

Transitions are especially difficult for children. We work diligently to minimize the number of transitions that children must make between groups and teaching staff. Every attempt is made to maintain continuity of relationships between teaching staff and children throughout the year. When a child is ready to transition to another group and/or teacher, the Director, all teachers involved and the child's family will work together to ensure a smooth transition.

We also schedule our day and activities to reduce the transitions children experience during the day. Children will be given sufficient notice as well as sufficient time to transition from one activity to the next. Giving children specific tasks with clarity and consistency is important as is flexibility and attention to individual needs. If you will be picking your child up early, you should consider allowing a few extra minutes to provide your child with an opportunity to transition out of an activity in which he/she may be participating.

Outdoor Play

BFTS Rules and Regulations require outside play time for all children. Infants must be provided with one hour of outdoor time each day. All other children must have 1 ½ hours of outdoor time each day when weather permits.

Teachers will use the Childcare Weather Watch Chart to determine if it is safe for outdoor play and to ensure that the children wear the appropriate layers of clothing for the type of weather. When outdoor opportunities for large-motor activities are not possible because of weather conditions, teachers will be prepared to offer similar activities inside.

Screening and Assessment- are an important part of high quality early care and education programs. There are many reasons to utilize appropriate screening and assessments. The primary reasons include:

- To learn about the development, interests and needs of each child so that appropriate individualized teaching strategies that extend, enhance, and guide each child's learning and continued development can be implemented.
- To detect early signs of delay in development and/or the need for further assessment, referral or early intervention.
- To improve curriculum and teaching practices which contribute to overall program improvement.
- To improve and/or adapt the learning environment if needed.
- To communicate to families about their child's progress and needs.

Supervision

Teaching staff at Peachtree Academy are assigned to a specific group of children for whom they have primary responsibility.

Teaching staff supervise by positioning themselves to see as many children as possible. Infants and toddlers/ twos are supervised by sight and sound at all times. Teachers are positioned so that they can hear and see any sleeping children for whom they are responsible. For preschoolers and older children, the teachers supervise primarily by sight and may supervise by sound for short intervals as long as the teachers check frequently on children who are out of sight (for example while a preschooler is toileting).

Classrooms and outdoor space must be designed so that there are no areas where children can hide or be out of sight. Teachers should take extra precautions, and ask for assistance if needed, when supervising children during high-risk activities or when near equipment where injury could occur. All employees are expected to use developmentally appropriate guidance and supervision skills. These guidance and supervision skills include awareness, positioning, scanning, redirection, and close supervision.



A SCHOOL OF ACADEMIC EXCELLENCE

Application Fee \$ 30

Annual Registration \$ 65

Infants	Nurture and Love I	\$185
Toddlers	Nurture and Love II/Watch Me Grow	\$180
Early Preschool	Leaps and Bounds I	\$175
Advanced Preschool	Leaps and Bounds II/ Discover the World	\$172
Pre-Kindergarten	Extended Hours & Lunch – GA Pre-K	\$90/\$125* camp
GA-Pre-Kindergarten	School Hours Only – Meals	\$85/month
Pre-Kindergarten	Private School	\$5700 or \$570 per month

**See Administration for Part Time availability

Peachtree Academy is our sister school that offers Private Pre-K through 12th grade – SACS accredited

After-school – PreK-5 th	Camp Exploration	\$70 for public school students / \$125 camp* \$60 for private school students / \$125 camp* \$5 early release fee and \$15 for school out all day
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School Policies - Please check each box for acknowledgement:

- Peachtree Prep is open year round M- F from 6:30 am - 6:30 p.m. Attendance is up to 10 hours per day.
- Peachtree Prep will be closed to share time with our families on the following days: New Year's Day, Good Friday at 3:00, Memorial Day, 4th of July, Labor Day, Thanksgiving and the day after, Christmas Eve at 3:00 p.m. and Christmas day. Tuition is averaged over the year and the full tuition amount is due on holiday weeks and if your child is out for any reason.
- Tuition includes educational activities, a hot lunch, and a nutritious snack. Outside food is not permitted.
- Please call Peachtree Prep by 9:30 a.m. if your child will not attend school that day. We kindly request that children not be brought during nap time from 11:00 a.m. - 2:00 p.m.
- Please do not send in outside food, toys, candy or other unnecessary items from home.
- _____ Please initial - Tuition is due weekly on Friday for the upcoming week. ACH is our method of receiving payment each week and families should have a completed form on file for the tuition.
- Late tuition payments will be charged \$10 on Monday, \$5 on Tuesday. **Enrollment may be terminated if your account is not current on Wednesday. Late fees will continue to be assessed on the account balance until the account is paid in full, even if your child is withdrawn.** All collection and legal fees will be borne solely by the client.
- I give my permission for my child's photograph to be used for newsletter and advertising purposes.
- _____ Please initial - Children with a fever of 100 degrees or higher will be sent home. Children will not be admitted until fever free for 24 hours without the use of fever reducing medications.
- During the school year, please do not park under the awning in front of the building between 8 and 8:15 and 2:30-2:50 pm. These are carline hours for our Pre-Kindergarten class.
- I give permission for Peachtree Prep to conduct a Developmental Screening for my child throughout the school year and notate any learning successes and / or concerns that may require additional services.
- Please notify the office staff in advance if your child will be absent for an entire week, Monday through Friday. You will receive two ½ price weeks credit per enrollment year after 6 months of attendance.
- **A two-week written notice must be given for withdrawal of a student; otherwise, full tuition will be due for two weeks after the last date of attendance.**
- Application and registration fees are non-refundable. Registration fees are good for one full year.

Parent signature _____ Parent signature _____ Date _____

Completed applications for enrollment must be returned with the application and registration fees.



Thank you for enrolling your child in the Early Childhood and Enrichment Programs at Peachtree Prep. We are very happy to have your child join our growing educational community! This enrollment packet includes several forms that will need to be complete for each prospective student enrolled at our school. Please complete each form and return them to the Peachtree administrative staff before your child's first day of school along with this form and an initial next to each item turned in.

All prospective students will need the following forms and documents on file:

- _____ Application for Admission with a small photo of the child attached
- _____ Medical and Liability Release Form
- _____ Child Profile
- _____ Sunscreen Permission Form
- _____ State of Georgia Immunization Record (Form 3231)
- _____ Parent Handbook Acknowledgment Form
- _____ Change of clothes in a gallon Ziploc bag **with child's name on all items**
- _____ **I understand that payments are due each Friday prior to the week of school and late fees apply on Monday.**

Camp students will also need:

- _____ Vehicle Emergency Medical Information and Transportation Agreement

Students for the Infant classroom will also need:

- _____ Infant Feeding Plan that will be updated as child's diet requires
- _____ Disposable diapers

Students going into a Pre-Kindergarten program will also need:

- _____ Copy of your child's Birth Certificate
- _____ Copy of your child's Social Security Card
- _____ Ear, eye, and dental exam (Form 3300)
- _____ Proof of residence
- _____ Vehicle Emergency Medical Information and Transportation Agreement

As required in our handbook, please be sure to inform our Administrative staff of any changes in your contact information, both home or work, as well as any updates to your child's pickup or emergency contact information.

Thank you,
JaNice VanNess
Founder and Chief Executive Officer
janice@peachtreeacademy.com



Child's name: _____ Enrollment date: _____

Age: _____ Sex: _____ Birth date: ____/____/____ Withdrawal date: _____

Child's name: _____ Enrollment date: _____

Age: _____ Sex: _____ Birth date: ____/____/____ Withdrawal date: _____

Father's name: _____ Employer: _____

Employer address: _____ Zip _____ Work phone _____

E-mail address _____ Cell phone _____

Home address _____ Zip _____

Home phone: _____

Mother's name: _____ Employer: _____

Employer address: _____ Zip _____ Work phone _____

E-mail address _____ Cell phone _____

Home address _____ Zip _____

Home phone: _____

Child's home address if different from above: _____ Zip _____

Parents: _____ Married _____ Single _____ Separated _____ Divorced Child lives with: _____

Information in your child's file must be updated on a regular basis to avoid state intervention.

Do you plan to continue your child's education at our K-12th grade private school? _____

Would you like to serve on a parent advisory committee? _____

My child(ren) will attend school at Peachtree Prep: _____ Full time _____ Part time Times of attendance: _____

***All tuition is due on Friday by 6:30 p.m. for the next week. A \$10 late fee will be assessed on Monday and an additional \$5 will be assessed on Tuesday. In your child's best interest, Peachtree Prep limits the amount of time spent in school to 10 hours per day. Additional tuition will be charged for children who stay longer than the maximum.**

I authorize my child to be released to the person signing this agreement, emergency contacts and:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Driver's License #</u>
_____	_____	_____	_____

Physician: _____ Phone: _____ - _____ - _____

Physician address: _____ Zip code _____

Is this your child's first preschool experience? _____ If no, where did they attend? _____

Does your child have any known allergies, physical or mental disabilities, or developmental delays (including premature birth) that would require additional care? _____ yes _____ no

Does your child have any speech delays? _____ yes _____ no

Peachtree Prep will be glad to try and accommodate your child's needs. To help us understand any special needs, please tell us about them: _____

Please initial each line for acknowledgement

- We love our parents at Peachtree Academy and expect that **parents must be respectful to teachers and staff members at all times. For students to be successful, a strong relationship between parents, teachers, and the child must be maintained.** We ask that cell phones not be used in the building to allow for better teacher – parent interaction. Any concerns may be expressed directly to the teacher and if not resolved, through a meeting with the Director or by email to janice@peachtreeacademy.com.
- I give permission for my child to attend a field trip to the Private School building for use of the gymnasium, library, and computer lab. This opportunity will allow students to exercise during inclement weather.
- All children must be escorted in and out of the building by the parents or authorized guardians.
- “Authorization to Administer Medication Form” must be completed and signed on a weekly basis by the parent. We do not administer ongoing treatment unless we have a letter on file from your doctor. All medication must be in the original container with the child’s name on it.
- Form 3231 (state immunization form) must be turned in within 10 days of acceptance or your student will be withdrawn.
- Parents must update enrollment records with any changes to information on this application. (Address changes, employment changes)
- Each child must keep a complete change of clothes at the school in the event of accidents. (shirt, pants, underwear, and socks)
- A \$2.00 charge will be added to account balances when diapers, wipes, and/or clothing are borrowed from the school or another child.
- I understand that I am responsible for any special diet required by my child. If the child is an infant, I will provide the appropriate number of bottles per day. Each bottle will be labeled with the child's name and date as required by state regulations.
- Peachtree Prep will provide children on regular diets with a nutritious lunch and afternoon snack daily. Vegetarian lunch substitutions are provided. ** Except Ga PreK**
- Breakfast is available before 7:50 am at an additional cost for children PreK and up. Menus are prepared monthly and posted in the office. Outside food is not permitted at Peachtree Prep.
- Transportation is provided to and from school (see administration for a list of schools) and on planned field trips with parental permission; for children in PreK and above. A separate form with signature is required for this service.
- Should my child become ill or suffer an accident while at Peachtree Prep, the school shall contact me at the number(s) I have provided to them. I authorize Peachtree Prep to seek emergency medical treatment if deemed necessary for my child. The parents will assume responsibility for payment for any services rendered.
- Tuition is due on Friday for the upcoming week. A \$10 late fee will be due on Monday and a \$15 late fee will be charged on Tuesday. Full tuition is due even if your child is not in attendance.
- Peachtree Prep requires two weeks written notice prior to withdrawal or change in tuition fee.** Full tuition will be charged if withdrawal is not properly given.
- There will be a \$1,000.00 fee if you hire a Peachtree Prep staff member away from the school during your child's enrollment period or within 12 months after withdrawal.

I have read the Peachtree Prep Parent Handbook and agree to abide by all policies set forth. I will work with Peachtree Prep to ensure the very best Early Childhood Education for my child. Comments and volunteers are always welcome. Additional information is available online at www.PeachtreeAcademy.com

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Owner/Director Signature: _____ Date: _____



Medical Liability Form

Child's Name _____ Class _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother/Guardian Name _____ Father/Guardian Name _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Pager/Cell Phone _____ Father's Pager/Cell Phone _____

Emergency Contact (1): Name _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Relationship to Family _____

Emergency Contact (2): Name _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Relationship to Family _____

Family Physician: Name _____ Phone _____

Medical History: Allergies/Conditions that would affect student's activities or progress _____

Medical Liability Release

I hereby authorize Peachtree Prep to secure necessary emergency/medical attention for my child in the event of an illness or injury at school or on any school sponsored function. In the event that I cannot be reached in an emergency situation, I hereby authorize that my child is treated as a Peachtree Academy staff member or EMT deems necessary. I also authorize emergency transportation by the school or EMS. I hereby authorize the physician chosen by Peachtree Academy to hospitalize, secure proper treatment for my child as deemed necessary. I also agree to assume financial responsibility for any such services rendered.

I hereby agree to assume and accept all risks and hazards inherent to school-related activities. I agree not to hold Peachtree Prep, the employees, or chaperones liable for damages, losses, or injuries to the student. I understand that I am signing for the student on this form and the signature is for medical and liability release.

Student Name _____ Date _____

Parent/Guardian Signature _____

Child's name: _____ Enrollment date: _____
Age: _____ Sex: _____ Birth date: _____/_____/_____ Withdrawal
date: _____

Child's name: _____ Enrollment
date: _____
Age: _____ Sex: _____ Birth date: _____/_____/_____ Withdrawal
date: _____

Fathers's name: _____ Employer: _____
Employer address: _____ Zip _____ Work phone _____
E-mail address _____ Cell phone _____
Home address _____ Zip _____
Home phone: _____

Mother's name: _____ Employer: _____
Employer address: _____ Zip _____ Work phone _____
E-mail address _____ Cell phone _____
Home address _____ Zip _____
Home phone: _____

Child's home address if different from above: _____ Zip _____
Parents: _____ Married _____ Single _____ Separated _____ Divorced Child lives with: _____
Information in your child's file must be updated on a regular basis to avoid state intervention.

Do you plan to continue your child's education at our K-12th grade private school? _____
Would you like to serve on a parent advisory committee? _____
My child(ren) will attend school at Peachtree Prep: _____ Full time _____ Part time Times of attendance: _____

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I authorize my child to be released to the person signing this agreement, emergency contacts and:
Name Address Telephone Driver's License #

Physician: _____ Phone: _____ - _____ - _____
Physician address: _____ Zip code _____

Is this your child's first preschool experience? _____ If no, where did they attend? _____

Does your child have any known allergies, physical or mental disabilities, or developmental delays (including premature birth) that would require additional care? _____ yes _____ no
Does your child have any speech delays? _____ yes _____ no
Peachtree Prep will be glad to try and accommodate your child's needs. To help us understand any special needs, please tell us about them: _____

Please initial each line for acknowledgement

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- I give permission for my child to attend a field trip to the Private School building for use of the gymnasium, library, and computer lab. This opportunity will allow students to exercise during inclement weather.
- All children must be escorted in and out of the building by the parents or authorized guardians.
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I have read the Peachtree Prep Parent Handbook and agree to abide by all policies set forth. I will work with Peachtree Prep to ensure the very best Early Childhood Education for my child. Comments and volunteers are always welcome. Additional information is available online at www.PeachtreeAcademy.com

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Owner/Director Signature: _____ Date: _____



CHILD PROFILE

Child's Name _____ Date of Birth ____/____/____ Current age _____

This profile will stay with your child's teachers. As your child grows and develops, characteristics will be added to this form. Your child's future teachers will benefit from this continual updating, therefore, we need your input on any changes taking place outside of school that may affect your child while in our care. Communication is the key to a successful relationship between teachers, children, and parents.

1. Has your child had previous preschool experience? _____

2. What would you most like for your child to experience with us? _____

3. What does your child most enjoy doing? _____

4. Does your child have any particular fears? _____

5. Do you consider your child shy or outgoing? _____ Does your child play with other children? _____

6. What are your child's favorite toys? _____

7. About what things does your child express the most curiosity? _____

8. List the names and ages of other children in your family home. _____

9. What words are spoken in your home for toileting? _____

10. How long does your child nap? _____ How many hours of sleep does your child receive at night? _____

11. Does your child have allergies? If so, please explain. _____

12. Does your child have any special medical or physical needs? _____

13. Do you have a special cultural interest/hobby that you would like to share with the children? _____

14. Are you available to help with special events? _____

15. What is the marital status of the child's parents? _____

16. Does anyone else care for your children? (Grandparents, Neighbors, etc.) _____

17. We would like to support your child's heritage and cultural identity at school. Are there any special traditions, celebrations or songs that are especially important to your family and your child? _____

18. How can we learn more about your heritage and culture? _____

19. What is your native language? _____ Are other languages spoken at home? _____

Signature of Parent _____ Date _____

Email address _____



SUNSCREEN PERMISSION FORM

During the warm summer months, our students enjoy a wide variety of outdoor activities. In our ongoing effort to provide the highest quality of care to all of our Peachtree Prep families, health and wellness is a primary concern.

With the additional outdoor games and activities being scheduled for these gorgeous summer days, it is important that we keep UV protection in mind. To ensure that your child is being protected from the harmful rays of the sun, Peachtree Prep Teachers will be applying sunscreen daily.

Please be sure to complete the permission form below and return it to the administrative staff. You will need to check with the administrator to see if you need to bring in a bottle of sunscreen.

Child's Name: _____

Classroom: _____

____ I give permission for the Peachtree Prep Staff to administer the application of sunscreen to my child.

____ No, I do not give permission for Peachtree Prep Staff to administer the application of sunscreen to my child. I fully understand the harmful effects of UV rays.

I hereby understand that I am responsible for supplying, replenishing and labeling my child's sunscreen. I release the staff of Peachtree Prep from all liability in the event of any reaction from the sunscreen applied.

Signature of Parent/Legal Guardian _____ Date _____

Parent Handbook Acknowledgement Form

I have received and read a Peachtree Prep handbook. I fully understand and agree to comply with all policies and procedures as set forth.

____ I have received a hard copy of the handbook.

____ I have read the parent handbook online at peachtreeacademy.com

I understand the importance of my commitment to an excellent education for my child. Peachtree Prep agrees to work towards the best interest of my child and I agree to help by building a relationship with my child's teachers. **I commit to volunteering at least 10 hours per year as a volunteer at the school.** I agree to be courteous in all actions with the staff and administration.

Child's name _____ Date _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®] – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only

Date Received
Employee Signature



A service of



Home Phone: ()	Cell Phone: ()			
Email Address:				
Place of Employment:	Work Phone: ()			
Address:				
City:	State: Zip:			
EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)				
<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>	<u>ALTERNATE PHONE</u>	<u>EMAIL</u>
1.				
2.				
<p>I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.</p>				
Signature Parent/Guardian: _____			DATE: _____	

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS:	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> OTHER
CHILD'S LEGAL GUARDIAN:	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____.

DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: ()

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

--

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

--

THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____ **DATE:**

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____ SIGNATURE

(Parent/Guardian): _____

DATE: _____

Parental Agreements with Child Care Facility

The _____
(Name of Facility)
agrees to provide child care for _____
(Name of Child)
on _____, beginning at _____ AM
(Days of Week)
and ending at _____ PM from _____ to _____.
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast	Morning Snack	Lunch	Afternoon Snack
Evening Snack	Dinner	Bedtime Snack	
_____	_____	_____	_____
_____	_____	_____	_____

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

_____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____ Date
Parent/Guardian

SIGNED: _____ Date
Facility Administrator / Authorized Person