

Primary Call Contact

Vehicle Emergency Medical Information & Emergency Medical Authorization

Child's full name _____ Nickname _____

Age _____ Date of Birth _____ Sex: M F

Address _____
Street City State Zip

	Father	Mother	Legal Guardian / Step Parent
Name (First & Last)			
Home Phone #			
Work Phone #			
Cell Phone #			
E-Mail			

In an emergency, if parents cannot be reached, please contact: (at least 2 LOCAL metro Atlanta)

Name (First & Last)	1.	2.	3.
Address			
Home Phone #			
Cell Phone #			
Relationship to Child			

Name of Physician _____ Physician's Phone # _____

Physician's Address _____

Child's medical conditions (asthma, diabetes, drug allergies, etc.) _____

Current prescribed medication _____

Child's Special Medical Needs and Conditions _____

In the event of an emergency involving my child, _____, and if The Academy of Early Learning (AEL) is unable to contact me immediately, I hereby authorize AEL to secure any needed medical emergency medical care and attention. I agree to keep The Center informed of changes in telephone numbers, etc. where I can be reached. The Academy agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature (Parent/Legal Guardian) _____ Date _____

Additional Pick-Up Information

Please list below any other people (other than parents/guardians or emergency contacts listed above) having permission to pick up your child (must be 18 years of age or older):

Name (First & Last)	1.	2.	3.
Street			
City, State & Zip			
Home Phone #			
Work Phone #			
Cell Phone #			
Relationship to child			
I authorize person to obtain their own code:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Check)

Please notify us any time someone else will be picking up your child (see front desk). **If their name is not on our list and we have no other instructions in writing from you, we will not allow them to leave with your child.** If, due to an extreme emergency, you can phone in this information, you will be asked for a code word to verify your identity. NO EXCEPTIONS! Thank you for your cooperation in helping us keep your child safe.

Code Word: _____

Does your child have any allergies? YES NO List (please let us know if any allergies require medical treatment such as an Epi-pen) _____

Please list any medications given regularly and the dosage/frequency. (Any medications dispensed at AEL will require an "Authorization for Medication" form be filled out at the front desk.)

Please list any other medical conditions your child has. _____

Does your child have any mental health disorder, mental retardation or developmental disabilities which would limit the child's participation in the center's program and activities? YES NO

Please list any special procedures required in caring for your child?

How did you first learn about us?

- Friend Mailing Sign/Banner Print Ad Yellow Pages Website
 LH Member: _____ OA Parent: _____ Other: _____

Child Information Sheet

Child's Name _____

Sibling Information: Names & Ages

Please list any other person(s) living with family and indicate their relationship to the child:

Fears or dislikes _____

Other information you feel would help the teacher know your child better. For example: names and type of family pets, favorite foods or favorite TV shows: _____

How does your child handle frustrations? _____

Bathroom competency (please check one) In diapers In training Trained (asks to go potty)

Did your child have any serious complications at birth? YES NO

If yes, please describe _____

Is your child adopted (check one)? YES NO If yes, when? _____

Does your child have any developmental concerns? YES NO Describe _____

What other child care situations has your child experienced? _____

How does your child act when you have to leave him/her? What do you find is best to say at these times?

Are there any sleeping or napping instructions? _____

Do you have any concerns about any of your child's routines (sleeping, eating, etc)?

Please use the space below to tell us any other information about your child that you think would enable our staff to give him/her the very best care possible. _____

Please remember that even small children have strong feelings concerning changes or tragedies that affect their lives, i.e. death (even a pet), relocation, change in home situations, any medications they might be taking, etc. Please keep an open dialogue with your child's teacher so we can do our part to help. Thank you.

Signature (Parent/Legal Guardian) _____

Date _____



Annual Parent Contract

The Academy of Early Learning agrees to provide child care and education for _____
(child's name) on the following days:

Monday Tuesday Wednesday Thursday Friday

Arriving at approximately _____ a.m./p.m. and departing at approximately _____ a.m./p.m.

Beginning _____ (month, year) through _____ (month, year).

Please read and initial each line

_____ I understand that The Academy of Early Learning does not discriminate on the basis of sex, race, color, national origin, handicap, or religion in the educational programs or activities which it operates.

_____ I understand that only prescription medication will be dispensed to my child. I agree to provide written authorization which includes: date, child's name, name of medication, prescription number, dosage, date and time of day medication is to be given. Medicine will be in its original container with my child's prescription number and name clearly labeled on all items. I will also provide any measuring items for said medication.

_____ I understand that my child will not be allowed to enter or leave the facility without being escorted to and from the classroom by the parent(s)/legal guardian, authorized pick up person, or facility personnel.

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

_____ The Academy of Early Learning agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases, which affect my child. This information will be communicated via telephone, e-mail, or the parent information area located in the lobby.

_____ The Academy of Early Learning 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 more than two (2) feet deep.

_____ I have a copy of the Parent Handbook and agree to abide by the policies and procedures for The Academy of Early Learning.

_____ I agree to submit all changes with regard to my child's care in writing. I also understand that I cannot change any flexible days of attendance for my child without prior authorization from a Director.

Signature (Parent/Legal Guardian) _____

Date _____

Annual Financial Agreement

The Academy of Early Learning is a not-for-profit ministry. We continually strive to provide the very best care and education for your child at competitive rates. The following is a description of our financial policy:

Please read and initial each line

Registration Fees

_____ An annual registration fee is due at the time of enrollment to reserve a space. The registration fee is from August through July of the next year (billed per child), is non-refundable, and is only applicable to the program for which the child is enrolled.

Tuition Fees

_____ Tuition is based on a yearly fee, which has been calculated into a weekly payment. Tuition is billed weekly, and can be paid weekly, bi-weekly, or monthly. Regardless of payment method, payments are due in advance to avoid late fees. Tuition is billed on Friday for the following week and become late at close of business on Monday of the attendance week. *(Note: You can view your account balance by clicking on the Account button when logged into your child's Procare account. The software that we use automatically shows your existing balance at the bottom of the check in screen. **This figure will not include the following week's tuition amount, as that tuition will be dated on Monday of the week of attendance.** This program feature cannot be adjusted by The Center. A negative dollar figure indicates a credit on your account. If you are unsure of the amount due, please inquire at the front desk.)*

_____ **Weekly tuition is payable in advance on Friday for the following week.** Monthly tuition, if approved by the administration, is payable in advance on the first of the month. **Full tuition is due even if my child is not in attendance due to illness, vacation, holidays, or inclement weather.** If my child has zero days attendance, half a week's payment is permitted for two (2) weeks each enrollment year. Thereafter, the full weekly rate is required even if my child is absent (this includes school age and extended Pre-K for entire public school year). No other pro-rated tuition due to missed attendance will be approved.

_____ Payment may be made via cash, check, cashier's check, or debit/credit card. Third party checks will not be accepted. Checks should be made payable to The Academy of Early Learning.

Late Payments

_____ If my *weekly* tuition payment is not received by the close of business on Monday, it will be considered late and a \$25.00 late fee will be charged. If a weekly tuition payment is not received by the following Friday and special arrangements have not been made, my child will not be allowed to return and their space will no longer be considered "reserved." In addition, a weekly late payment fee of \$25 will be charged until my account balance is paid in full.

_____ If I choose to pay monthly and my *monthly* tuition payment is not received by the close of business on the first school day of the month, it will be considered late and a \$25.00 late fee will be charged. If a monthly tuition payment is not received by the 7th of the month and special arrangements have not been made, my child will not be allowed to return and their space will no longer be considered “reserved.” In addition, a weekly late payment fee of \$25 will be charged until the account balance is paid in full.

_____ A payment plan may be worked out with the Director, if arranged **before** tuition is past due.

Late Pick-up Fees

_____ I am aware of the late pick-up fee policy and understand that AEL goal is to care for the children in The Center in the best possible way. Children become anxious when it is time to go home and no one has come for them yet. It is not only unfair to the child, but also to the staff who cannot complete their day-end duties to leave on schedule. For these reasons, I understand that a stringent late pick-up fee will be assessed as follows: If I arrive after my scheduled pick up time (by AEL clock), a late fee of \$15.00 per child/per quarter-hour (rounded up to the next quarter-hour) will be charged.

_____ If there is a late pick-up, the fee will be invoiced the following day and is to be paid by the next weekly tuition due date. In the event there are three late pick-ups, it will be brought to the attention of the Director and could result in termination of enrollment.

Returned Checks

_____ Any check returned from the bank marked Non-Sufficient Funds (NSF) or unpaid will result in a \$25 charge per check. If a second check is returned, checks will no longer be accepted and all future payments must be made via cash, money order, or credit/debit card for a period of 365 days from the date of the most recent NSF returned check.

Withdrawal from The Center

_____ In the event my child(ren) must withdraw from The Center, I must notify The Center in writing two (2) weeks prior to my child(ren)’s last day. The weekly fee must be paid in full during this period, regardless of attendance. A voluntarily disenrolled child cannot be re-enrolled until after six weeks has elapsed. My child(ren) will be eligible to return at the beginning of the new Fall session if previously registered.

I have read the Open Arms Financial Agreement. I agree to and will abide by the terms and conditions.

Signature (Parent/Legal Guardian) _____ Date _____

Photograph Release Form

Periodically, we will be submitting articles, including pictures of our children, to neighborhood newspapers or posting pictures to The Academy of Early Learning website. To stay in cooperation with our Georgia Department of Human Resources' rules and regulations, we find it necessary to ask each parent to give permission to display your child's picture. Please sign below and indicate whether or not you agree to have your child's picture in the paper or occasionally on the website.

(Please note: We DO NOT include children's names with the photographs.)

Child's Name: _____

Parent's Name: _____

I agree to have my child's photograph released for publication in the following:

- Newspaper
- AEL website
- AEL Facebook page

I decline to have my child's photograph released for publication in the following:

- Newspaper
- AEL website
- AEL Facebook page

Signature (Parent/Legal Guardian) _____

Date _____

Authorization to Dispense External Preparations 590-1-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give AEL to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Item(s) provided by parent(s)

- Baby Wipes
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A & D, Desitin, Vaseline, Aquaphor)
- Chapstick
- Lotion

Item(s) provided by AEL

- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray

Signature (Parent/Legal Guardian) _____

Date _____



Parent Conduct Agreement

The Academy of Early Learning is committed to exceeding customer expectations. In order to have a positive experience, positive relationships must develop between the Director, teachers, parents, supporting staff, and children. By enrolling at The Academy of Early Learning, the parent and organization commit to working together as a child progresses through his/her education. Furthermore, the parent acknowledges and accepts the academy's education philosophies and accepts all policies and procedures written within the handbook. The following behaviors will not be tolerated:

- ☞ Threats
- ☞ Dissensions
- ☞ Inappropriate language
- ☞ Illegal actions
- ☞ Any inappropriate behaviors that do not promote a positive, nurturing learning environment.

Should this agreement be violated in any way, The Academy of Early Learning has the right to terminate enrollment, without notice.

Parent Name

Date

Parent Name

Date

Pre-K – Fifth Grade (Field Trip)

This is to certify that I give The Academy of Early Learning permission to transport my child, _____ (name of child), to and from field trips and to various other destinations as planned by the AEL staff.

I understand that field trips may take place on school property (outside the fenced in areas) or off the property at other locations and that I shall be notified in advance of the destination of any given trip and have the opportunity to refuse my child’s participation in said trip by notifying AEL by the stated deadline in the field trip announcement.

Signature (Parent/Legal Guardian) _____

Date _____

Two / Three Year Old Release

Child's Name: _____

Classroom: _____

I understand that my child, _____, will remain in his/her current classroom with children who are 2 or 3 years old until the beginning of the next school year. My child may be moved up to the next classroom/age group based on development as determined by The Center.

Signature (Parent/Legal Guardian) _____

Date _____