

A+ Preparatory Learning Academy
100 Dudley Drive
Ellenwood, Georgia 30294
770-389-0173

Enrollment Form

Child's Information

Entrance Date

/ / Withdrawal / Return Date

Child's Full Name

age

Birth date

Male
Female

Street address

City, State

Zip Code

Telephone number

Child's Social Security Number

Parent(s)/Guardian(s) Information

Mother's Full name

Social Security Number

Street address

City, State

Zip code

Home Telephone number

Work Telephone number

e-mail address

Cell Telephone number

Place of Employment

Employer's address

Father's Full name

Social Security Number

Street address

City, State

Zip Code

Home Telephone number

Work Telephone number

e-mail address

Cell Telephone Number

Place of Employment

Employer's address

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Child's living status: Both parents Mother Father Other

Child's legal guardian: Both parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following person(s)

| Name of person(s) to whom child can be released. | Authorized Person(s) Relationship to the following: Parent Child | | Contact number of person(s) to child can be released. | Address of person(s) to child can be released. |
|--|---|--|---|--|
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Person(s) to contact in case of an emergency when parent(s)/guardian(s) cannot be reached

| Name of person(s) to contact in case of an emergency. | Contact number of person(s) to contact in case of an emergency. |
|---|---|
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| | |
| | |
| | |

| Name of public school child attends if any | Address of public school child attends |
|--|--|
| | |

Child's Medical Information

| Child's physician or clinics name (primary health source) | Address and telephone number |
|---|------------------------------|
| | |

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Does your child have allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's program and activities? Yes No

Please explain _____

Does your child have allergies (insects, medications, food, etc.)? Yes No

Please explain _____

Are any special procedures required in caring for the child? Yes No

Please explain _____

Parent(s)/Guardian(s) signature _____

Date _____

Verified by: _____ Date verified: _____

A+ Preparatory Learning Academy
“Where We are Empowering Students to Shape the World”
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EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer an
Child's Name _____ Date of Birth _____
injury or illness while in the care of **A+ Preparatory Learning Academy**,
and the center is unable to contact **me/us** immediately, it shall be authorized
to secure such medical attention and care for the child as may be necessary.
I/we shall assume responsibility for payment services.

I/we agree to keep **A+ Preparatory Learning Academy** informed of changes
in telephone numbers, etc. where **I/we** can be reached at all times.

A+ Preparatory Learning Academy agrees to keep **me/us** informed of any
incidents requiring professional medical attention involving **my/our** child.

Child's primary source of health care is:

Physician/Clinic Name _____

Telephone Number _____

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

Signed: _____ Date: _____
Parent/Legal Guardian

Emergency Telephone Number _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Piedmont Henry County Medical Center

Medical facility the center uses _____

1133 Eagleslanding Pkwy

Address _____

Stockbridge, Ga. 30281

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____

Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____

Parental Agreements with Child Care Facility

The _____ agrees to provide day care for
(Name of Facility) _____ on _____ a.m. to _____ p.m.

(Name of Child) (Days of Week) _____
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; date and time of day medication is to be given. 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 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.

The _____ 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 am not available.

I have received a copy and agree to abide by the policies and procedures for
_____.
(Name of Facility)

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

A+ Preparatory Learning Academy

Photograph/Videotape Release

I hereby grant permission for **A+ Preparatory Learning Academy** and certain agencies or entities contracted by **A+** to record the participation and appearance of my child(ren) listed at the bottom of this form, by photograph and/or videotape in connection with the daily activities for the purpose of news releases, reporting, commercials, classroom/building postings and assessing the progress of children and the program. **A+ Preparatory Learning Academy** is authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restriction or limitations for any education or promotional purpose that **A+ Preparatory Learning Academy** deems appropriate. Such photograph(s) and/or videotape may appear in printed or visual materials for **A+** (including commercials) and/or on **A+** website.

The undersigned hereby jointly and severally releases, acquits, forgives and discharges **A+ Preparatory Learning Academy** and certain agencies or entities contracted by **A+ Preparatory Learning Academy** 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.

List Child(ren) Name(s)

Parent/Guardian Signature

Date