

# APPLICATION FOR ENROLLMENT

All applications for enrollment are acted upon without regard to race, creed, color, sex, age, national origin or disability.

## Parent/Guardian

Mother/Guardian \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_  
First Middle Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated

Father/ Guardian \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_  
First Middle Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated

## PHYSICIANS \* EMERGENCY CONTACTS\* AUTHORIZED RELEASE

The student will only be released to the person signing this form and those authorized below. The legal authorities will be contacted for student's left at the center one hour after the closing time of the center.

Relation	First Name	Last Name	Telephone #	Cell Phone #	Address
<b>Doctor</b>					
<b>Preferred Hospital</b>			<b>Phone Number</b>	<b>Address</b>	

## Student Information

Student Name \_\_\_\_\_  
Preferred First Middle Last

Child Lives With \_\_\_\_\_  Male  Female

Birthdate \_\_\_/\_\_\_/\_\_\_ Enrollment Date \_\_\_/\_\_\_/\_\_\_ Withdrawal Date \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Delivery Time \_\_\_\_\_ Pickup Time \_\_\_\_\_

My child will normally receive the following meals (Circle one): Breakfast Lunch Afternoon Snack

\_\_\_\_\_  
Signature of Applicant (Parent/Guardian)

\_\_\_\_\_  
Date

# Children's Friend™

## LEARNING CENTERS

### Application For Enrollment - Continued

#### Medical Information

My child is subject to (Check and give details)

- An allergy to a medicine, food, plant, animal or insect toxin.
- A condition that may require special care, procedures, services medication or diet.
- A physical, mental or developmental condition that would affect my child's full participation in the center's

regular programs or activities and for which a reasonable accommodation is needed. Such disabling condition will not automatically preclude enrollment, Children's Friend will discuss with the guardian accommodations that would permit the child's safe participation in our program. **Written information detailing the child's condition and reasonable accommodations needed must be provided by the child's health care provider prior to enrollment.** Children's Friend welcomes all children and will provide reasonable accommodations to the disabled as warranted.

- No known conditions or allergies.

Comments: \_\_\_\_\_

It is the policy of this school to dispense medication to children only with the parent's written permission. In order for your child to receive medication you must complete a "Medication Authorization" form. The forms are available from the staff person in charge.

#### Field Trips and Special Activities

I do  I do not , give permission for my child to participate in field trips and special activities away from the center. I understand I will be notified in advance of any instance in which my child will be taken from the school, including the date, destination and method of transportation of such trip.

#### Swimming

I do  I do not , give permission for my child to participate in supervised water-related activities in water over two (2) feet deep.

#### Photographs

I do  I do not , give permission for my child to be photographed and such photographs to appear in magazines, newspapers, brochures and other publicity materials without compensation.

#### Delivery of Students

I do  I do not , give permission for my child to be delivered to and from school. I understand that it is the policy of this school not to allow any child to enter or leave the school unless escorted by an adult. I agree that when delivering my child to the school I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying the staff.

#### Change In Status

I agree to notify the school immediately of any changes that occur in the information provided in this enrollment application including, work and home address, phone numbers, physician's name, change in living arrangements, change in the health information, emergency contacts, etc.

\_\_\_\_\_  
Signature of Applicant (Guardian)

\_\_\_\_\_  
Date

# Children's Friend™

## LEARNING CENTERS

### ENROLLMENT CONTRACT

#### I Agree To The Following:

1. Pay in advance for each week a tuition fee of \$\_\_\_\_\_, with no deductions for holidays, for full-time/  
part-time care Monday – Friday \_\_\_\_ a.m./p.m. to \_\_\_\_ a.m./p.m. . A late charge of \$\_\_\_\_\_ will be  
added to my child's tuition fee if not paid by Monday. All sums not paid within 30 days of the due date, will have  
12% added to it. If the tuition or other sums not paid per this agreement is referred to an attorney at law for  
collection, the undersigned agrees to pay all expenses of collection including all attorney fees incurred by CF,  
Inc. including but not limited to 15% of any amount due as attorney fees.
2. Pay at the time of enrollment, and annually thereafter on the 1<sup>st</sup> day of the month of the anniversary date of the  
enrollment, a non-refundable registration fee of \$\_\_\_\_\_ per child. No late fees will be charged for this  
service during the month that it is billed.
3. If my child is absent for a period of one-week or more (Monday through Friday), I agree to pay one-third of each  
week's tuition, in advance, during the absence. If this fee is not paid in advance, I understand that my child's  
enrollment may be discontinued. Re-enrollment will depend on space availability plus payment of tuition fees  
and payment of all amounts due plus an additional registration fee. If my child attends at any time during the  
week, I understand that I will be charged the full tuition fee.
4. Students enrolled in Pre-k extended care (Georgia) or Before and/or After School care that require full day  
service because of a school early release date, holiday, inclement weather or other emergency will incur an  
additional fee of \$\_\_\_\_\_ per day. Weekly fees will not exceed \$\_\_\_\_\_ the full-time 3 year old rate.
5. In case of withdrawal of my child from the center, I agree to give the center a week prior notice. If this is not  
given, I agree to pay one week's tuition fee prior to withdrawal.
6. A service charge of \$\_\_\_\_\_ will be charged for each check returned by my bank. After the second  
returned check, my account will be payable in cash only.
7. To pay \$1.00 per minute for each minute of service that my child receives after the designated closing time of  
the center.
8. In the event of an emergency, accident, or illness, the center has my permission to administer medication or  
obtain medical assistance as it sees fit for my child's best interest. Subject to the nature of the emergency,  
accident, or illness, the center will seek medical assistance at the nearest available source. In the event of such  
accident or illness, all medical expenses incurred are the responsibility of the undersigned. The undersigned  
releases CF, Inc. and all its employees, officers, director, servants, and agents from any liability incurred as a  
result of any act they may perform on behalf of the child(ren) of the undersigned.
9. I have received a copy of the "Parent Handbook" and I agree to carry out the parent's responsibilities, as  
outlined in the "Parent's Handbook", as same may be changed from time to time by CF, Inc.
10. Should the Director of the Center determine that my child cannot adjust to the Center's program, my child will be  
withdrawn, and this agreement will be terminated.
11. Prior to my child's first day, all enrollment forms will be completed and on file with the center. I will submit a  
current Certificate of Immunization, Georgia Form 3231, within two weeks of my child's first day and keep it  
updated thereafter as indicated by a physician or local health authority.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Applicant (Parent/Guardian)

\_\_\_\_\_  
Signature of Applicant (Parent/Guardian)

# Children's Friend™

## LEARNING CENTERS

### **ENROLLMENT CONTRACT**

11. I hereby warrant that I am entitled to legal custody and possession of my child(ren) and accordingly am authorized to place my child(ren) in the care of the center and am further authorized to sign this agreement. I understand all policies, rates, and fees are subject to change as conditions warrant.

### **STUDENT ACCIDENT INSURANCE**

Our student accident insurance coverage is designed to work with your personal insurance. Our policy will pay only those expenses not paid by your personal health carrier. If there is an accident involving your child while at the center, you may request from the Center Director, a Special Risk Accident Claims Form. Instructions are provided with the form on how to file a claim. Our main concern is the health and safety of your child. Please let us know if you have any questions concerning our student accident coverage.

### **CONFIDENTIALITY OF MEDICAL INFORMATION**

Children's Friend respects the right of our students and their families to keep all medical information confidential. Children's Friend takes all steps required by law to maintain the confidentiality of student medical records and information. Medical information about a student is communicated to staff only on a "need to know" basis. Children's Friend maintains all medical information in locked files, access to which is limited to the Center Director and Assistant Center Director. The help of parents and guardians in maintaining the confidentiality of medical information is important. Any medical information, written or verbal, should be given **only** to your Center Director or Assistant Center Director. Because medical information is confidential, no employee of Children's Friend is permitted to discuss issues of health with anyone other than the child's parent or guardian. We ask all parents and guardians also to refrain from discussing student medical or health issues among themselves or with our students.

\_\_\_\_\_  
Signature of Director  
(Parent/Guardian)

\_\_\_\_\_  
Signature of Applicant (Parent/Guardian)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

# 2011– 2012 Georgia Pre-kindergarten Enrollment Contract

## I understand and agree:

1. To enroll my child in the pre-kindergarten program. I certify that on September 1, 2011, my child will be exactly four years old, and that he/she is a resident of the state of Georgia. I have provided proof of our Georgia residency to the center. I understand that the State of Georgia funds the program. Should such funds be terminated, I will be responsible for all fees incurred by my child. The first day of class will be \_\_\_\_\_ and the last day of class will be \_\_\_\_\_.
2. That my child cannot attend the Pre-k program until I have provided a valid copy of my child's birth certificate.
3. That I will provide a valid and current Eye, Ear, and Dental Examination, Form 3300 and a Certificate of Immunization (form 3231). To maintain enrollment in the program my child must be current on all immunizations required for school entry plus Haemophilus influenza type B (Hib) vaccine.
4. I agree to provide my child's social security number, or I will provide the center with a written request to waive the requirement for my child's social security number.
5. To abide by the hours and days of operation of this program. This program is offered Monday through Friday, 8:15 a.m. to 2:15 p.m. The program is intended for full time students. Regular and prompt attendance is mandatory. Chronic tardiness or absenteeism from regular program hours may result in my child's disenrollment from the program. DECAL defines chronic tardiness as "late arrival or early departure more than once per week." "Chronic absenteeism is defined as missing more than two days per month without medical or other reasonable explanation." I agree to inform the center of any absence of my child. I acknowledge that a copy of the school calendar is attached.
6. To pay a \$\_\_\_\_\_ meal fee. The fee will be prorated during the weeks that contain pre-k holidays. The fee will not be prorated for days that my child is otherwise absent from the program. Unpaid accounts will be referred to a collection agency and may result in the removal of my child from the program. I understand that my child will not be served breakfast if I deliver them to the center later than 8:30 a.m.
7. That I may purchase additional services including extended day services (prior to 8:15 a.m. and/or after 2:15 p.m.) at a rate of \$\_\_\_\_\_ per week. A non-refundable annual registration fee of \$\_\_\_\_\_ per child is required for these additional services. This fee is due upon registration and annually each September. If my child is not enrolled in extended care, and stays past the end of the Pre-k class, 2:15 p.m. I will be charged the drop-in rate for the time that I use that day. A minimum drop-in fee of \$\_\_\_\_\_ will be charged.
8. I will incur an additional charge of \$\_\_\_\_\_ if my child attends on a day that Pre-k is not in session.
9. On days noted as "Early release days" the program will end at 12:00 p.m.
10. That all fees for extended day, activity fees, registration fees, and other fees are due in advance. A late charge of \$\_\_\_\_\_ will be added to my child's tuition fee if not paid by the Monday prior to the services being provided. If the tuition or other sums not paid per this agreement is referred to an attorney at law for collection, the undersigned agrees to pay all expenses including attorney fees incurred by CF, Inc. including but not limited to 15% of any amount due as attorney fees.
11. That a service charge of \$30.00 will be charged for each check returned by the bank. After the second returned check, my account will be payable in cash only.

## 2011– 2012 Georgia Pre-kindergarten Enrollment Contract

12. If my child attends the center at any time other than a designated Pre-k attendance date or time, I will incur additional charges. Examples include weather related school closure dates and "Early Release" dates.
13. That my family's economic status was not used to determine my child's participation in the program. In accordance with program guidelines, the school has requested the following information. My child/family is income eligible for:
- Social Security Disability Benefits
  - Medicaid
  - PeachCare for Kids Insurance
  - Temporary Assistance to Needy Families (TANF)
  - Food Stamps
  - Free or Reduced Price Meals Through a Public School
  - None of the above
14. If my child is qualified to receive additional transportation services, I will provide a complete and proper home address, directions to that address, and an adult over 18 years of age to receive my child at the time of pick up and delivery. I understand that transportation services are optional and may be discontinued at any time with notice given by CF, Inc.
15. That in the event of an emergency, accident, or illness, the center has my permission to administer medication or obtain medical assistance as it sees fit for my child's best interest. Subject to the nature of the emergency, accident, or illness, the center will seek medical assistance at the nearest available source. In the event of such accident or illness, all medical expenses incurred are the responsibility of the undersigned. The undersigned releases CF, Inc. and all its employees, officers, directors, servants and agents from any liability incurred as a result of any act they may perform on behalf of the child(ren) of the undersigned.
16. I have received a copy of the "Parent's Handbook." I agree to carry out the parent's responsibilities as outlined in the "Parent's Handbook." These policies may be changed from time to time by CF, Inc.
17. That CF, Inc.'s main concern is the health and safety of my child. If there is an accident involving my child while at the center I may request from the Center Director an insurance claim form. Instructions for filing a claim are provided with the form. I will let the Center Director know (in writing) if I have any questions concerning the student accident coverage.
18. Should the Center Director determine that my child is unable to adjust to the Center's extended day program, my child will be withdrawn from the extended day program.

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Applicant (Parent/Guardian)

\_\_\_\_\_  
Emergency Mobile Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Date of Director's Signature

\_\_\_\_\_  
Date of Guardian's Signature