



## Tuition Schedule

Registration Fees	
Initial Registration Fee	\$50.00
Annual Renewal Registration Fee	\$50.00
Re-Registration Fee	\$55.00

Programs						
	Infants	1 yr. old Toddler	2 yr. old Toddler	3 yr old Preschool	4 yr. old Pre-K	Private Pre-K
Full Time (3-5 days)	\$160.00	\$155.00	\$150.00	\$145.00	\$140.00	\$140.00
Drop-In (1 or 2 days)	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00

School Age Programs	
After School Care (before & after)	\$75.00
After School Care (before)	\$55.00
After School Care (after)	\$60.00
Summer Camp (week)	\$130.00
Early Release	\$15.00
School Breaks (week)	\$125.00
School Holidays	\$20.00
Drop-In per day (upon availability)	\$40.00

**Late pick up fee - \$1.00/minute if child is not picked up by 6:30 p.m.**  
**Return Check Fee - \$35.00 for all returned checks**  
**Registration Fees are non-refundable. All rates are subject to change.**

Phone 770-774-2929

6050 Landers Loop Fairburn, GA 30213

Fax 770-774-2938

1/4/2015



## Enrollment & Financial Policies

I agree to pay an annual registration fee at the time of enrollment and again every August. This enrollment fee is non-refundable.

I agree to pay the weekly tuition fee in advance, on or before the close of business Each Friday. To hold your child's spot, tuition must be paid weekly whether he/she attends or not.

I am aware that I will be charged a fee of \$35 for late tuition. Tuition is considered late if not received before closing on Monday evening.

I am aware that I will be charged a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures.

This institution is an equal opportunity provider.

I understand that current rates are subject to change.

I am aware that a two week notice is required for withdrawals and failure to properly notify the center will result in being charged for the period of time that notice that was not given.

I am aware that the center is within its rights to collect any unpaid tuition, fees, and collection or court costs associated with the collection of these charges.

Parent/Guardian Signature (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Authorization to Dispense External Preparations

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 child, name of medication, prescription number, if any, dosage, the dates to be given, the time of the day to be dispensed, and signature of the parent.

I give the center permission 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.

- Baby Wipes
- Band Aids
- Neosporin or similar ointment
- Bactine or similar ointment
- Sunscreen
- Insect Repellent
- Baby Powder
- Non-Prescription ointment (such as A & D , Desitin, Vaseline)

Other (please specify)

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Paren/Guardian Signature

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Date



## Health and Medical Information

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

Physician/Group Name \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Physicians Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hospital Preference & Address \_\_\_\_\_

Emergency Contact other than Parent \_\_\_\_\_

Address \_\_\_\_\_

Does your child have any allergies or special needs?

Is your child potty trained?            Yes            No

Insurance Provider \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Member # \_\_\_\_\_

Description of Coverage \_\_\_\_\_

I acknowledge that this center cannot be held liable in any way for accidents that occur on or off premises while my child is under this center's care.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Splash Park Authorization

Splash Park Days    Mon.                    Tues.                    Wed.                    Thurs.                    Fri.

Ages 2 - 12 years

In order for your child to participate on Splash Park Days, he/she will need the following items:

- Bathing Suit
- Towel
- Water Shoes
- Sunscreen ( We will not apply without an authorization form filled out)
- Extra Change of Clothes
- Ziploc bag or grocery bag for wet clothing

**\*\*Please label all belongings\*\***

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My child \_\_\_\_\_ has my permission to participate with his/her class on Splash Park Days. I understand that my child will need to bring all items listed above in order to participate.

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Parent/Guardian Signature

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Date



# Infant Feeding Plan

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the child take a bottle? Yes or No

Is the bottle warmed? Yes or No

Does the child hold own bottle? Yes or No

Can the child feed self? Yes or No

Does the child eat:

Strained Foods [ ]	Whole Milk [ ]
Baby Foods [ ]	Table Food [ ]
Formula [ ]	Other [ ]

What type formula used? \_\_\_\_\_

Amount of formula to be given? \_\_\_\_\_

Update amounts of formula? \_\_\_\_\_ Date \_\_\_\_\_

Does the child take a pacifier? Yes or No When? \_\_\_\_\_

Food likes? \_\_\_\_\_

Dislikes \_\_\_\_\_

Allergies - including any premixed formula?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child's Schedule**

Breakfast _____	_____
Approx. time	Types and approx. amount of food
Lunch _____	_____
Approx. time	Types and approx. amount of food
Dinner _____	_____
Approx. time	Types and approx. amount of food
Morning Nap _____	Afternoon Nap _____
Approx. time	Approx. Time

Instructions for the introduction of solid foods \_\_\_\_\_

As needed, please list updated instructions regarding adding new foods or other dietary changes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Safe Sleep Practices Policy

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
2. Cribs shall be in compliance with CPCS and ASTM safety hazards. They will be maintained, in good repair, and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. Only sleepers, sleep sacks, and wearable blankets provided by the parent/guardian that fit according to the commercial manufacturer's guidelines and do not slip up around the infant's face may be worn for the comfort of the sleeping infant.
5. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed,
6. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.
7. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
8. Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

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



**Entrance**

Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

# Application & Contract

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First)

Account Name (Parent/Guardian 1) \_\_\_\_\_

SSN \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

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

Account Name (Parent/Guardian 2) \_\_\_\_\_

SSN \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

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

Child's Primary Residence: Both Mother Father Guardian  
If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? Yes No

(Walk Leap Grow Early Learning Center must be provided with the court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons to pick up the child at such times, unless court papers state otherwise.)

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

DOB \_\_\_\_\_ Sex \_\_\_\_\_

Child's Social Security # (not required) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please List all siblings and other people living in the home:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Age \_\_\_\_\_





The child will be released only  
this application and the

to the people on  
following persons:

## Release Authorization

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Parent \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Parent \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Parent \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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Enrolling Parent/Guardian Signature \_\_\_\_\_

Please Print \_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Transportation

My child has permission to ride the Walk Leap Grow Early Learning Center bus to and / from  
(name of school) \_\_\_\_\_

Signature of parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Program Assignment

Walk Leap Grow Early Learning Center will be open from 6:00 am to 6:30 pm, for children ages  
6 weeks to 12 years old.

My child will attend the following days and times:

M    T    W    Th    F                      From \_\_\_\_\_ am / pm - \_\_\_\_\_ am / pm



1. Walk Leap Grow Early Learning Center, Inc. agrees to provide day care for

\_\_\_\_\_ on M    T    W    Th    F  
(name of child)

\_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm from \_\_\_\_\_ to \_\_\_\_\_

month

month

# Parent Agreement

- 2. The facility agrees to keep incidents, including illnesses, reactions to medications, my child. me informed of any injuries, adverse etc., which include
- 3. Before my child enters school I will have up to date immunization records showing the current vaccinations for my child's age according to the Georgia State guidelines as required by law.
- 4. If my child is absent for any complete week due to illness or vacation, I will pay full fee for that week. If my child attends school 1 or more days a week, I am to pay the full fee, including after school children.

## 5. Enrollment Policy and Agreement

Initial and continued enrollment will be at the discretion of Walk Leap Grow Early Learning Center based upon the best interests of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, or national origin.

6. Re-enrollment Following the Temporary Absence During Which Tuition is Not Paid: If any situation in which the child is temporarily withdrawn from Walk Leap Grow Early Learning Center, and regular payment of tuition has been temporarily suspended by the parent or guardian, the enrollment will be terminated. Re-enrollment will be based on availability of space, and an additional registration fee will be required.

7. Walk Leap Grow Early Learning Center does not accept cash payment for tuition fees. If a check has been returned due to insufficient funds, Walk Leap Grow early Learning Center will only accept a money order to cover the returned check amount and the \$35.00 NSF charge. Tuition payments can be made by check, money order, Visa, or MasterCard.

8. Vacation Week - you are granted one free week or (vacation week) after you have attended the center for one full year.

9. I have received a copy of the Handbook and I agree to abide by the policies and procedures of Walk Leap Grow Early Learning Center, Inc.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

SS # \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Facility Administrator/Person-in-Charge



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

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

## Vehicle Emergency Medical Information

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Child's prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Walk Leap Grow Early Learning Center 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) \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_



**Authorization for  
Medical First Aid**

**Emergency**

I hereby authorize the staff and  
representing the center to give  
and all necessary emergency

**Additional Authorizations**

director  
consent for any  
medical and First

Aid care to include transportation, if needed, for my child while he/she is in the center's custody.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Photography**

Permission ( is / is not ) givenm for photography for publicity purposes to be used in print  
promotions, email, or use on the company's website including social media sites.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Agreement to Provide Additional Forms**

I agree to provide an up-to-date Immunization Record of my child on the day of enrollment in  
any of our programs.

I agree to provide a completed Income Eligibility Statement (provided) at the time of  
enrollment.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_