Entrance Date **Withdrawal Date**

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 designated 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 _____

Health & 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 _____

Release Authorization

The child will be released only to the people on this application and the following persons:

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

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

Authorization to Dispense External Preparation

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)

_____

_____

_____ _____

Paren/Guardian Signature Date

Additional Authorizations

Authorization for Emergency Medical First Aid

I hereby authorize the staff and director representing the center to give consent for any and all necessary emergency 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) given 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 _____

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****

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.

_____ _____

Parent/Guardian Signature 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 [ ]
Baby Foods [ ]
Formula [ ]
Whole Milk [ ]
Table Food [ ]
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 _____ ~~Approx. time~~ Afternoon Nap _____ ~~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 _____

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 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 _____

Parent Agreement

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

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

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

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 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 _____