



THE PRESCHOOL ACADEMY

2800 Atlanta Hwy, Athens, GA 30606 • 706.353.8183 • www.thepreschoolacademy.com

Enrollment Agreement School Year 2022 – 2023

Child's Information

First Name		Middle Name		Last Name	
Date of Birth	SSN	Sex	HT	WT	
Home Address		City	State	ZIP	

If your child attends school, please answer the following questions:

School Name	Current Grade
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Primary Contacts and Release of Information

The names listed in the primary contacts section should be the parent(s)/guardian and will be considered our customer. They will be able to review and make changes to the account as needed.

Name		Relationship to Child	
Home Address (if different from child's) City, State, Zip		Cell Phone	
		If you receive text messages, who is your service provider?	
		Home Phone	
Driver's License #	DL State	Work Phone	
SSN	DOB	Email Address	
Employer and Address		Work Hours	

Name		Relationship to Child	
Home Address (if different from child's) City, State, Zip		Cell Phone	
		If you receive text messages, who is your service provider?	
		Home Phone	
Driver's License #	DL State	Work Phone	
SSN	DOB	Email Address	
Employer and Address		Work Hours	

Parent/Guardian Identification Information

This policy helps us to understand the family dynamics, as well as whom we should consider our customer. In most cases, it is the mother and father, but sometimes it is not that simple. If parents are married, we will assume that you are both enrolling the child and responsible for payment, unless you inform us otherwise.

Parents are: ___ Married ___ Single ___ Separated ___ Divorced ___ Other: _____

Person(s) enrolling the child: ___ Both Parents ___ Parent/Guardian's Name: _____

Person(s) responsible for payment: ___ Both Parents ___ Parent/Guardian's Name: _____

If parents are not married, is there a custody agreement, restraining order, etc., of which we should be aware? ___ NO ___ YES – We will need copies of any court documents that show custody, court orders, schedule for when child goes from one house to the other, pictures of anyone that should NOT be allowed to take your child from the center, etc.

These personal questions may be used to identify parent/guardian identity as needed for emergency pickup authorizations or other confidential matters.

Question _____ Answer _____

Question _____ Answer _____

Emergency Contact and Release of Information (not including parents/guardians/sponsors)

The people listed in this section will only be allowed to pick up and drop off the child. They will not be allowed to view or make changes to the child's file. They must be over the age of 18 and will be contacted if parents/guardians cannot be reached in the event of a medical or other emergency. Each person should be listed individually; additional forms are available if you need more contacts to be listed.

Your child will only be released to the people listed on this form. If you want a person who is not already on this list to pick up your child, even for one day, you must notify our staff in writing prior to the child being released to this person. Your child will not be released without prior authorization. If you ever need to add additional people or remove anyone from this list, we will provide a special form to document those changes.

For the safety of all children and staff: We request that all authorized pickup persons that are unfamiliar to staff provide a photo ID at the time of pickup. On their first visit, we will set them up in the computer, so they will not have to show their ID at every future visit. If they will be dropping off/picking up frequently, we will provide them their own individual access code for the door. *Please do not share your code with them.*

By signing this section, I acknowledge that I have read and understand all policies related to my child being released from The Preschool Academy.

X

Name		Relationship to Child	Driver's License #
Home Address		Email Address	
Cell Phone	Work Phone		Home Phone
Name		Relationship to Child	Driver's License #
Home Address		Email Address	
Cell Phone	Work Phone		Home Phone
Name		Relationship to Child	Driver's License #
Home Address		Email Address	
Cell Phone	Work Phone		Home Phone
Name		Relationship to Child	Driver's License #
Home Address		Email Address	
Cell Phone	Work Phone		Home Phone

If there are any information changes (address, phone numbers, email address, job, or schedule), I agree to update the information as soon as possible in the office or on <i>MyProcare</i> so that center staff can reach me and/or emergency contacts as needed.	Initials _____
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Child's Medical Information

Please be honest and as detailed as possible. This information will help us to be more informed on your child's medical history and provide care to the best of our abilities. There may be additional documentation or training that we will need from you and/or your child's physician.

Do you have any concerns about your child's development? ___No ___Yes
 If yes, please let us know if you have spoken to the physician about your concerns, and if you have had any screenings/tests done (vision, hearing, speech, developmental, etc.).

Does your child currently have any limitations to physical activity? ___No ___Yes
 If there was an injury or illness that previously limited their physical activity, it is good for us to know about those, too.

Does your child require any special equipment for daily activities? ___No ___Yes

Has your child had any serious injuries or hospitalizations? ___No ___Yes

Does your child require medication or treatment every day or as needed? ___No ___Yes
 If yes, please list the name of the medicine, dosage, how many times per day, time taken, and prescribing physician.

Allergies/Sensitivities <i>List allergies:</i>	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements <i>List dietary specifications:</i>	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis <i>List behavioral/mental health issues/concerns:</i>	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medical Conditions/Related Surgeries <i>List medical conditions/ongoing surgical concerns:</i>	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

Please note your child's illness history (check all that apply):

<input type="checkbox"/> Frequent colds/upper respiratory infections	<input type="checkbox"/> Frequent skin rashes	<input type="checkbox"/> Persistent constipation
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Frequent nose bleeds	<input type="checkbox"/> Persistent diarrhea
<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Urinary tract infections/problems	<input type="checkbox"/> Fainting spells
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Frequent stomach pain	<input type="checkbox"/> Seizures
		<input type="checkbox"/> Other: _____

Any additional comments about your child's illness history:

I agree to promptly provide information regarding any conditions, illnesses, allergies, or special needs that may require specific care or attention and agree to provide additional documentation as needed.

Initials

Health Care Providers/Facility Information

Child's Primary Care Physician (PCP)	Practice/Clinic Name	
Address	Phone	Fax

Preferred hospital/clinic for emergency care: _____ **St. Mary's** _____ **Athens Piedmont**
 _____ **Other:**

If child is of age (American Academy of Pediatric Dentistry recommends by age 1) and has seen a dentist or plans to see a dentist in the near future, please list their information here:

Child's Dentist	Practice/Clinic Name	
Address	Phone	Fax

Child's Primary Insurance and Policy Number	Child's Secondary Insurance and Policy Number
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Immunizations

I understand that my child must be current on all immunizations per state licensing regulations prior to enrollment, and I am responsible for providing a copy of updated shot records as they are available to them.

Initials

I understand that I will only be given a one week grace period to provide shot records to center administration (upon enrollment and for expired records). After one week, my child will not be allowed to return to the child care facility without documentation from the child's health care provider.

Initials

If you have elected not to vaccinate your child, please state the reason and sign below for licensing purposes.

Reason _____

Parent's Signature _____ Date _____

As a parent, it is your decision to vaccinate or not vaccinate your child, but there may be times that an unvaccinated child may need to be absent for an unspecified time from group care settings if there are any outbreaks and is advised by our child care health consultant and/or the Georgia Department of Health and Hospitals. You will be notified as soon as possible if this is necessary. Payment will still be due in full during this time.

Initials _____

Medical Authorizations

There may be times that we need clarification from your child’s health care provider about their medical conditions, returning to group care setting, etc. We are not physicians, but we want to make sure that we are providing the highest quality care for all children in our facility. You will be notified if this is ever necessary.

My signature below gives consent for my child’s health care provider to discuss information pertaining to my child’s health with The Preschool Academy’s center administration.

Parent’s Signature _____ Date _____

In the event of a medical emergency, I authorize the center staff to administer first aid, CPR, and/or secure emergency medical treatment for my child. I understand that I will be notified as soon as possible, which may be after treatment has already begun.

Initials _____

If transportation to a hospital/clinic is necessary and a parent or emergency contact is not available to take the child immediately, I give consent for my child to be transported by The Preschool Academy staff or emergency medical services.

Initials _____

Application of Topical Products

We spend a lot of time outside, so we encourage parents to apply sunscreen in the morning before sending their child to school. Sunscreen is available at the center for staff to apply as needed with parent authorization.

_____ I authorize for center staff to apply sunscreen to my child as needed.
 _____ I would prefer that center staff not apply sunscreen to my child.

Initials _____

Health & Wellness

We have a responsibility to ensure that all children are well enough to be around other children to reduce the spread of contagious illnesses or diseases. These policies have been created by state regulations, consulting with child care health consultants, and are considered the best practices.

Illness Policies

I understand that if center staff notifies me that my child is ill, I must arrange for my child to be picked up as soon as possible and no later than one (1) hour after being contacted.

Initials _____

Some of the most common reasons we have to send children home:	Child can return to group care setting when...
Fever	Must be evaluated and cleared by physician as non-contagious or symptom free for 24 hours
Diarrhea	
Vomiting	
Rash	Must be cleared by physician as non-contagious
Pink Eye	Evaluated and cleared by physician as non-contagious, treated for at least 24 hours with prescription eye drops
Lice	Treated and child must be completely nit free

Initials _____

<p>Medication Policies</p> <p>Due to strict licensing regulations about medication administration, we prefer not to administer medication but understand there may be times when it is absolutely necessary that we do. There will be forms for the child’s physician and parent to complete if the parent expects center staff to administer medicine. There is also the option for the parent (or other authorized friend/family member) to bring the medicine to the center and administer it themselves and complete applicable form. If this is not an option and the medicine’s frequency requires the child get it while in our care, the proper form must be completed by the child’s physician prior to us giving the medicine to the child.</p>		<p>Initials</p> <p>_____</p>
<p>Child Abuse/Neglect</p> <p>All child care staff are considered mandated reporters and by law are required to report any suspected child abuse/neglect to child protection. State regulations require that we do daily observation reports on each child to record any unusual marks, bumps, bruises, etc., and an explanation of the marks. Other signs of neglect that we will document are if children frequently arrive to school with dirty faces, hair, nails, genitals, diaper, clothing, etc.</p>		<p>Initials</p> <p>_____</p>
<p>If your child is ill or has a more serious injury, we will notify you immediately. Please list the order of the contacts and/or locations we should call first. We recommend listing those who will most likely be available to answer an urgent call.</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 	<p>If your child has a less severe injury, what is your communication preference?</p> <p>_____ Notification at the end of the day is fine.</p> <p>_____ Phone Call Call First: _____ If not available, call _____</p> <p>_____ Text Message Who should be texted: _____</p> <p>_____ Email Who should be emailed: _____</p>	
<p>Emergency Procedures</p> <p>There may be times that severe weather or other conditions may prevent the center from opening on time or at all. We will do our best to communicate this as quickly as possible to all customers via Facebook, text messages, emails, local radio/television stations, and/or a posted notice on the door.</p> <p>If ever there is an issue with electricity or water, where it may be out for an unspecified length of time, we are required by licensing to close the center until services can be restored. Parents will be notified and expected to pick up children as soon as possible or within the hour.</p> <p>In the event of an emergency that requires evacuation of the facility, parents will be notified by center staff of the reason as well as the location we are evacuating to as quickly as possible.</p>		
<p>If there is another emergency contact (besides parents/guardians) that you would like us to contact by text message in the event of any emergencies, please list their name(s) and cell phone numbers here:</p> 		
<p>I have read and understand the emergency procedures outlined in the policies above.</p> <p>In the event that the facility needs to be evacuated, I authorize my child to be transported by a company or employee owned vehicle and trust they will do everything they can to ensure my child’s safety.</p>	<p>X</p>	

Program

Our educational philosophy is that children learn best through play. Playing purposefully is a significant element of our program to help them grow intellectually, socially, emotionally, as well as physically. Teaching children through play allows children to think creatively, so they may succeed in an ever-changing world.

Our staff will provide various learning materials and support creative thinking by creating developmentally appropriate learning environments that support purposeful play. We will provide sensory rich opportunities for children to explore such as:

- Playing at sensory tables with different types of materials (rice, pasta, beans, sand, dirt, etc.)
- Playing with different textures (paint, water colors, shaving cream, etc.)
- Playing outside in dirt, mud, water puddles, etc. Allowing children to experience how each of these feel on their shoeless feet if they choose.

A typical day in our program will include structured and unstructured periods allowing children to learn at their own pace. We will begin to introduce circle time activities in the one year old classrooms. Children will be allowed to choose the centers they want to play in and allowed to rest in the cozy corner/reading area if they need a little alone time.

Our monthly curriculum themes usually acknowledge all major holidays. If there are any holidays your family does not celebrate, we need to know in advance. We appreciate diversity and try to be respectful of all cultures, religions, and beliefs in our program. Please let us know if there is anything that we should be considerate of for your child/family.

We have plenty of materials available for children in the center, please do not allow your child to bring in their personal belongings. For example, toys being brought in that belong to one child creates many challenges for the classroom.

If you have any questions about anything listed above, feel free to speak to your child's teacher or the Director.

X

Clothing and Supplies

I understand it is my responsibility to provide all necessary supplies for my child to be adequately cared for while at school. This includes, but is not limited to, extra changes of clothes, diapers/pullups, and wipes. For infants, this also includes enough prepared bottles for the day and baby food/snacks.

Initials

We recommend sending your child to school dressed in comfortable play clothes and shoes. Since they will get messy, keeping several changes of clothing at school is important, so we can change them as needed. We will send home the dirty clothes to be laundered and will need them to be returned promptly.

Initials

Photography and Media Consent

The Preschool Academy staff will take photos and videos of children participating in activities at the center or on field trips.

Social Media Policies

Online safety is a top priority for us, so your child's first and last name will never be disclosed online. The photos and videos taken by The Preschool Academy staff may be posted to: thepreschoolacademy.com, Facebook, Instagram, Procure, and/or Kid Reports. Photos and videos are only posted from company sponsored pages and then able to be shared to personal pages for friends and family to see.

I authorize The Preschool Academy to take pictures and videos of my child and:

- Share in the classrooms or around the center for various reasons
- Share with currently enrolled customers internally via newsletters, emails, messaging services
- Share online as described in the social media policy above

X

If you would prefer that we not post any of your child's photos or videos on our website or any social media sites, please sign below.

_____ My child is not allowed to be posted online. Parent's Signature _____

Schedule

The Preschool Academy is open Monday through Friday from 6:30am to 6:00pm year-round, with the exception of holidays/closures listed on the annual calendar available each August.

We recommend that children arrive prior to 9:00am to stay on a consistent schedule, which includes eating morning snack with their class.

If your child will be absent for the day, please notify center staff as soon as you know. This is especially important if they become sick overnight or early in the morning, so we can watch for any children with similar symptoms.

If children are not picked up from the center by 6:00pm, the following late pickup fees will apply. They must be paid by the end of the week for care to resume the following week.

	1 Child	2 Children	3 Children	4 Children
6:00 – 6:05 pm	\$5.00	\$10.00	\$15.00	\$20.00
6:05 – 6:15 pm	\$10.00	\$15.00	\$20.00	\$25.00
6:15 – 6:30 pm	\$20.00	\$30.00	\$40.00	\$50.00

Initials

Initials

Initials

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What do you anticipate your child's schedule to be at the center? This will help us to adjust staff schedules as necessary and plan our days/weeks better.

Communication

We utilize several different methods of communicating with parents to keep them informed about their child's care at The Preschool Academy. We are aware that in this fast-paced, technology-driven world we live in, many parents appreciate electronic communications more than paper notices. If that is not the case for your family, please speak to the Director, so we can provide a paper copy for your family. Please make it a priority to review all notices sent out through Procure, email, and Facebook. If you have any questions about these methods, a center administrator will be able to help you.

Conferences can be scheduled with your child's teacher and/or the Director as needed. There may be times a conference may be requested by the teacher or Director, and you will be expected to attend.

Initials

Initials

Parent Involvement & Expectations

We believe that a stronger bond between parents and staff is beneficial for the children in our care. There are many ways this can happen and ensure your child's/family's experience will be a great one in our program.

- Keeping lines of communication open between home and school. Communicate with your child's teacher or administrators about changes happening at home.
- Understand that we are on the same team – the saying about “it takes a village to raise a child” is so true. We are here to support you and need you to support us.
- Keep a positive attitude about volunteering, providing supplies, and participating in any take-home activities. Your child will follow your lead and be excited that you are involved in activities at their school.
- Respect is a two-way street – all staff are expected to be respectful of parents and children in our program. Parents are also expected to be respectful of center staff, as well as other children and parents in our program.
- Finish any cell phone calls before entering the building – your child and their teacher deserve your undivided attention at dropoff and pickup times.

These may seem like common sense to most parents, but we want to make sure that everyone is aware of additional expectations we have for parents:

- Walk your children to their classroom each morning and greet the teacher. This is a great time to communicate about the night before and/or the child's morning so far.
- Clocking children in/out each day on the computer. This helps us maintain accurate attendance records and minimize the time it takes to update them when children are not clocked in/out.
- Enforce our policies with your child such as:
 - Not allowing them to bring food, drinks, toys, blankets, etc., into the center unless specifically requested
 - Arriving to school on time
 - Walking down the hallway and watching for cars in the parking lot
- If there are issues to be addressed, please see the Director and the Assistant Director. All parents are allowed to report situations to the licensing agency, but we hope to correct issues before this step must be made.

If at any time these expectations are not being met, center administration may discuss with you by phone or request a parent meeting. If parent/provider differences cannot be resolved, there may be times that dismissal is the best option for all parties.

Parents are expected to give a two-week notice if they intend to withdraw their children from our program for any reason. Failure to give a two-week notice will not waive your financial obligation of the two weeks tuition due to The Preschool Academy.

By signing this section, I acknowledge that I have read and agree to the terms listed above for Parent Expectations at The Preschool Academy.	X
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Can you help us in any of these ways? (check all that apply)

- Events – I am interested in volunteering for field trips, special projects, or parties.
- Resources & Materials – I am interested in providing project supplies or materials.
- Time – I am interested in participating in a classroom or center workday.
- Skills – I am interested in teaching children a new skill or sharing my skills with them.
- Projects – I would love to help with class project preparation: tracing/cutting, organizing, etc.
- Any – Please contact me for any volunteer opportunities.
- Not interested – I do not wish to participate.
- The following family members would like to be contacted about volunteer opportunities:

By enrolling my child at The Preschool Academy, I agree to abide by all policies outlined in this Enrollment Agreement and the Student Manual.

I understand that if I do not fully understand a policy outlined in these documents, it is my responsibility to bring these questions to the Director's attention. I understand that the policies in the student manual may be subject to change, with or without prior notice.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

For Office Use Only:

- Enrollment Agreement
Enrollment Date _____
- All About Me Form
- Immunization Records
- Rate Agreement
- Tuition Express Registration
- Daily Transportation Authorization
(school kids)