Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Enrollment Form

Entrance Date _____ Withdrawal Date _____

CHILD INFORMATION

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone _____ Parent Email _____

FATHER / PARENT

Father's Name _____ Phone _____

Email _____

Home Address (if different from child's) _____

City _____ State _____ Zip _____

Place of Employment _____ Work Phone _____

Employer's Address _____ City _____ State _____ Zip _____

MOTHER / PARENT

Mother's Name _____ Phone _____

Email _____

Home Address (if different from child's) _____

City _____ State _____ Zip _____

Place of Employment _____ Work Phone _____

Employer's Address _____ City _____ State _____ Zip _____

LIVING ARRANGEMENTS & CUSTODY

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

Legal Guardian(s): ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Enrollment Form (continued)

AUTHORIZED PICK-UP

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

1. Name _____ Address (Street, City, State, Zip) _____

Telephone _____ Relationship to Child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

2. Name _____ Address (Street, City, State, Zip) _____

Telephone _____ Relationship to Child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

EMERGENCY CONTACTS

Persons to contact in case of emergency when parent or guardian cannot be reached:

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

SCHOOL & HEALTH INFORMATION

Public or private school child attends (if any) _____

Child's Doctor or Clinic _____ Phone _____

My child has the following special needs _____

_____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

_____

_____

Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Health Concerns & Emergency Medical Authorization

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

_____

_____

_____

EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Date of Birth _____

Should the child named above suffer an injury or illness while in the care of **Kidz Korner Learning Academy**, and the facility 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 for services.

_____ _____

Parent/Guardian Signature Date

_____ _____

Facility Administrator / Person-in-Charge Signature Date

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL, which shall include, but not be limited to, the Georgia Department of Education and colleges/universities.

_____ _____

Parent/Guardian Signature Date

Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Parental Agreements with Child Care Facility

Kidz Korner Learning Academy agrees to provide childcare for:

Child's Name _____

Days of the Week _____

Drop-off time (AM) _____ Pick-up time (PM) _____

From (month) _____ To (month) _____

My child will participate in the following meal plan (check all that apply):

☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack

☐ Dinner ☐ Evening Snack ☐ 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, and date and time of day to be given to child. 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(s) 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.

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

Kidz Korner Learning Academy 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 childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy of, and agree to abide by, the policies and procedures for the above-named facility.

_____ _____

Parent/Guardian Signature Date

_____ _____

Facility Administrator / Authorized Person Signature Date

Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Photograph / Videotape Release

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL), and certain agencies or entities contracted by the Pre-K provider or DECAL, which shall include, but not be limited to, the Georgia Department of Education and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's website.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, 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.

Pre-K Provider Name/Address: Kidz Korner Learning Academy, 118 Neil St, Fort Valley, GA 31030

_____ _____

Parent/Guardian Signature Date

Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Tuition and Enrollment Agreement

I, _____, understand that tuition is enrollment based (NOT attendance) and that payments are to be made the Friday before services are provided. Unless an arrangement is made in writing, all payments not made by 5:00 PM Friday will be assessed a $25.00 late fee. Various forms of payment are accepted, including but not limited to ACH, to help keep accounts current.

I, _____, understand that the hours of operation are 6:30 AM - 5:30 PM, and that children should not be signed in for more than 9 hours unless an emergency arises. A $5.00 late pick-up fee will be assessed for the first 5 minutes, followed by a $2.00 charge for every minute after.

_____ _____
Parent or Guardian's Signature Date

_____ _____
Parent or Guardian's Signature Date

_____ _____
Center Director's Signature Date

NOTICE OF NO LIABILITY INSURANCE AND ACKNOWLEDGEMENT

I understand that I am being informed in writing, by signing this acknowledgement, that this facility, **Kidz Korner Learning Academy**, does not carry liability insurance sufficient to protect my children in the event of an injury.

_____ _____
Parent or Guardian's Signature Date

_____ _____
Parent or Guardian (Print Name) Date

_____ _____
Center Director's Signature Date

Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Authorization to Dispense External Preparations

590-1-1-.20(1)

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

I give _____ 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. (Check each one you approve.)

- ☐ Baby Wipes
- ☐ Band-Aids
- ☐ Neosporin or similar ointment
- ☐ Bactine or similar first aid spray
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Non-prescription ointment (such as A&D, Desitin, Vaseline)
- ☐ Baby Powder
- ☐ Other (please specify) _____

_____ _____

Parent/Guardian Signature Date

Kidz Korner Learning Academy

118 Neil St, Fort Valley, GA 31030
478-827-5072 | info.kkla24@gmail.com

Getting to Know Me

Child's Name _____

1. Does your child have a nickname?

_____

2. What comforts your child when he/she cries?

_____

_____

3. How does your child handle separation from you?

_____

_____

4. Any fears or sensitivities (loud noises, strangers, etc.)?

_____

_____

5. How does your child interact with other children?

_____

_____

6. What is your child's temperament (easygoing, shy, energetic, etc.)?

_____

_____

7. Anything new or stressful happening at home?

_____

_____

8. What are your goals for your child in daycare?

_____

_____

9. Any developmental concerns?

_____

_____

10. Potty trained or potty training?

_____