

831 York Avenue
(404) 753-7537

401 West Peachtree ST
(404)331-1600

884 York Avenue
(404) 753-8884

KIDazzle Child Care & Learning Center

Enrollment Checklist



Parents Name: _____

Address: _____

Phone: _____ (Home) _____ (Work)

Child:
Name: _____

The following documents were received:

<u>Document</u>	<u>Date</u>
Enrollment Application	_____
Birth Certificate	_____
Immunization Record	_____
Health Check	_____
Dental Check	_____

Accepted: Yes _____ No _____

Wait Listed: Yes _____ No _____

Classroom Assignment: _____

Medical Information:

Allergies: _____

Other: _____

Method of Payment: _____ Private
_____ Achor
_____ Peach
_____ GA/Pre-K
_____ GCCC

Rate: _____
Parent Paymt: _____
Subsidy Pymt: _____

Enrollment Package

KIDazzle Child Care & Learning Center



Where Learning is Fun!!

The child may be released to the person(s) signing this agreement or to the following: Under no circumstances will the child be released to anyone not on the this list without prior authorization from parent or guardian.

Name Address City Relationship Phone

Persons to contact in the case of an emergency when parents cannot be reached: Please be sure to include someone that will be able to find you in an emergency.

Name Address City Relationship Phone

Name of public or private school child attends, if any:

Child's Medical Information:

Physician: _____ Clinic: _____

Address: _____

Telephone: _____

Does child have any physical problems, mental health disorders, mental retardation or developmental disabilities that would limit the child's participation in the center's programs and activities? ___ Yes ___ No

If Yes, Please specify: _____

Does child have allergies? (Insects, medications, foods, etc.) ___ Yes ___ No

If yes, please specify: _____

List any other special needs and or dietary restrictions that your child might have:

Signed: _____ Date: _____

Group: _____ Office Use Only: Program: _____

Program Payment: _____ Sponsor Payment: _____ Class: _____

Key: _____ Code: _____ Enrollment Date: _____

KIDazzle Child Care & Learning Center
Parental Agreement Form

1. KIDazzle Child Care & Learning Center agrees to provide child care for the child listed below, beginning _____ (date) and continuing until written notification is provided by either party. _____

(Child's Name)

2. I agree to pay all tuition fees per week for as long as the child is enrolled in the program. A two (2) week notice must be given for withdrawal. I understand that no deduction will be made for holidays, vacations, or other times child is not in attendance at the center. I also understand that the center closes at 6:00 PM. I will be charged a late fee of \$2.00 per minute, payable before my child returns the following day.

Pre-K Only - I understand that there is no charge for tuition during the funded 6.5 hours of Pre-K but there will be a fee if my child participates in the before and/or after school care.

(Tuition Fees:)

Program: _____ Program Pay: _____ Sponsor Pay: _____ Reg. Fee: \$50.00

Total Weekly Tuition: _____

3. If a portion of the tuition is subsidized by another agency, I agree to provide all necessary paperwork and information in a timely manner.

4. I understand that KIDazzle does not dispense any medication with the exception of diaper creams and ointments.

5. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), persons authorized by parents, or facility personnel. Child must be checked in/out on the computer daily.

6. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, for example; telephone numbers, work locations, emergency contacts, child's physician, child's health status, and immunization records.

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

8. KIDazzle Child Care & Learning Center agrees to obtain written authorization from me before my child participates in routine walking or transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

9. I grant permission for my child to be included in evaluations and pictures connected with the school program.

10. I will not bring my child to the center with signs/symptoms of illness (Fever, rashes, pink eye, diarrhea, etc...) and agree to pick up, or arrange for the child to be picked up immediately if he/she becomes sick at the center.

11. I have been given a copy of the Parent Handbook, which contains the Health and Discipline policies. I have received a copy and agree to abide by the policies and procedures for KIDazzle Child Care & Learning Center.

Signed: _____ Signed: _____

(Parent/Guardian)

(Facility Administrator)

Date: _____ Date: _____

KIDazzle Child Care & Learning Center

Emergency Medical Authorization

Should _____, _____ suffer an injury or illness while in the care of KIDazzle Child Care & Learning Center 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 of services.

I (we) agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

(Physician/Clinic)

(Telephone #)

Known medical conditions (For example) diabetic, asthmatic, drug allergies):

Signed: _____
Parent/Legal Guardian

Date: _____

Telephone: _____

KIDazzle Child Care & Learning Center

Infant Feeding Plan

Child's Name: _____ Date: _____
Date of Birth: _____

Does child take bottle? _____ Yes _____ No
Is the bottle warmed? _____ Yes _____ No
Does child hold own bottle? _____ Yes _____ No
Can the child feed self? _____ Yes _____ No

Does the child eat?

Strained foods _____ Whole milk _____ Table Foods _____
Baby Foods _____ Formula _____ Other _____

What type of formula used? _____
Amount of formula to be given _____
Updated amounts of formula: _____ Date: _____
_____ Date: _____
_____ Date: _____

Does the child take a pacifier? _____ Yes _____ No
When? _____
Food likes _____ Dislikes _____

Allergies - (which include any premixed formula)?

Child's Schedule

Breakfast _____ (Approximate Time) _____ (Types and appropriate amounts of food)
Lunch _____ (Approximate Time) _____ (Types and appropriate amounts of food)
Dinner _____ (Approximate Time) _____ (Types and appropriate amounts of food)
Morning Nap _____ (Approximate Time) Afternoon Nap _____ (Approximate Time)

Instructions for the introduction of solid food

Any updated instructions regarding adding new foods or other dietary changes please list as needed _____

Signed: _____ Date: _____
(Parent's Signature)

KIDazzle Child Care & Learning Center

Authorization for Medication

All medication is given at 12:00 Noon ONLY!!!

Child's Name: _____
(First) (MI) (Last)

Name of Medication: _____

Prescription Number: _____

Dates to be given : _____

NOTE: A new form must be completed each week.

(Parent's signature) (Date)

FOR CENTER USE:

	<u>Date</u>	<u>Time Given</u>	<u>Amount</u>	<u>Any adverse reactions</u>	<u>Administered by:</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

If noticeable adverse reactions to medication what action was taken? Describe:

**Child Adult Care Food Program
Income Eligibility Statement**

PART I: Child or Adult enrolled to receive day care-

Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU), or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for <u>Adults</u> . Note: Do not use EBT numbers.	Head Start Participant
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART II: FOSTER CHILD: If this is a foster child, check here . In certain cases, foster children are eligible for free and reduced-priced meals regardless of household income. If foster children live with you, please contact [_____] at [_____ - _____ - _____]. Skip to Part IV.

PART III A: A. Name (List everyone in household, including children)	B. Gross income and how often it is received Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART III-B: ENROLLMENT INFORMATION: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:

Check here if only before/after school care is provided.

(Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:

(Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature and Social Security Number (Adult must sign).

An adult household member must sign this form. If Part III is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next page).

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: **X** _____ Print Name _____ Date _____

Address: _____ City _____ State: GA Zip _____ Phone _____

Social Security Number _____ I do not have a Social Security Number

PART V: Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian White Black or African American American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander

Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: Week Every 2 weeks Twice a month Month Year Household Size: _____

Categorical Eligibility: _____ Date withdrawn _____ Eligibility: Free _____ Reduced _____ Paid _____ Tier I _____ Tier II _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date _____

Confirming Official's Signature: _____ Date _____

Follow Up Official's Signature: _____ Date _____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household Size	Yearly Income
1	
2	
3	
4	
5	
6	
7	
8	
Each additional person	Add:

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal Law and I.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.