



Georgia Learning and Tutoring Center

1520 Warsaw Road, Roswell, GA 30076

Office: 678-461-1869 ~ Fax: 844-674-5489

Enrollment Packet

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex ___ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

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

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

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

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/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: _____

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

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____
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: _____

Date: _____

Signature

Facility Administrator/Person-In-Charge _____

Date: _____

Signature



Parent Policies and Agreement

Below are the policies and procedures that apply to all parents and guardians of children enrolled at Georgia Learning and Tutoring Center (GLTC). Please read each policy carefully, understanding that there are no exceptions to any of the statements below. All policies are formulated and enforced with the best interest of GLTC children, parents, and staff in mind. Failure to comply with the policies and procedures stated below might result in termination of services.

Tuition and fees

You agree to pay the tuition fee of \$ _____ on a weekly basis. You understand that payment is due the Friday before the week of care. You understand that a late fee of \$50 will be automatically added to any account with a balance of more than 50% the following Monday. You understand that services may be terminated if account is in default for two weeks.

Tuition is not pro-rated or credited due to illnesses, holidays, vacations, or emergency closings. If your child will be absent for an extended period of time (a week, a month or more), a reservation fee of half your tuition will be due in order to reserve your place in the program, along with at least 2 weeks' notice in advance. Otherwise, you will be held responsible for the entire tuition costs.

Two weeks 'notice must be given prior to the last day of attendance in order to withdraw. If you do not give such a notice you will be liable for a month's full tuition, court costs, filing fees, and any and all other fees associated with collections of said tuition. Accounts in the arrears may result in immediate termination of service. Any account that is left with a balance will be submitted to collections, and the parent will be responsible for the balance plus any court or attorney fees associated with the collection of the account.

Georgia Learning and Tutoring Center will observe all of the holidays stated on the school calendar and will be closed as indicated. No credit will be given for the center being closed on those days.

Enrollment and Disenrollment

All enrollment forms must be completed before your child may attend our school. Please inform us of any changes in address, work, telephone numbers, places of employment, or individuals authorized to pick up your child.

By enrolling Georgia Learning and Tutoring Center, you as a parent understand that our goal is to provide a positive, enriching environment. Although rare, a situation may arise in which it becomes evident that the needs of a child cannot be met effectively by our center. A decision to dismiss a child will only happen after we feel every option has been explored. Every measure will be taken to meet the needs of the child in question, and our Director will assess each dismissal, not only with regard to the individual child's needs, but also the needs of all the children served. The parent will be a central figure in the discussions regarding this issue, but the decision to dismiss a child will be left to the discretion of our Director.

Center Hours

We serve children Monday through Thursday from 6:30am to 9:00pm and Friday 6:30am to 6:00pm. We ask that when picking up your child, whether after school or after extended hours that you arrive at least 5 minutes earlier so that you may have time to gather your child's belongings and speak with your child's teacher. Children are legally not allowed to stay at the Center for longer than 12 hours. Please keep this in mind when you are setting up the child's schedule. After 9:00pm there is a late pick-up fee of \$1 for every minute your child remains within our care. (We must pay overtime wages to our teachers if this happens). This late fee will be automatically added to your child's tuition account. If you have not picked up your child within 15 minutes after closing time, and all attempts to contact parents and other emergency and pick up contacts have failed, in accordance with state and local laws, Georgia Learning and Tutoring Center will contact the Department of Child and Family Services and the Cobb County Police Department. You understand that your child may be released into the custody of these officials. You also agree and understand that chronic or excessive lateness in picking up your child may be grounds for termination of service.

Parent Signature

Date



Parental Agreements with Child Care Facility

The _____
(Name of Facility)

agrees to provide day care for _____
(Name of Child)

on _____, beginning at _____ AM
(Days of Week)

and ending at _____ PM from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast	Morning Snack	Lunch	Afternoon
Snack			
	Evening Snack	Dinner	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, etc.

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

_____ 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 child care facility to obtain emergency medical care for my child when I'm not available.

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

SIGNED: _____
Parent/Guardian Date

SIGNED: _____
Facility Administrator / Authorized Person Date

Safe Sleep Practices Policy

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 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 standards. 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) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) 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. This facility will adhere to the following practice:



Illness Policy

Please understand that for your child's protection and the protection of our staff and other children, we strictly enforce our illness policy. Our illness policy is also based on child care licensing regulation. We kindly request your full cooperation by not bringing in sick children and picking up a sick child within one hour of when you are called to do so. We cannot allow children with communicable diseases in the Center.

A child with a fever, diarrhea, vomiting, or nausea must go home that same day. If your child is ill, including, but not limited to, a severe cough or sore throat, undetermined rash or spots, boils, congestion, non-clear runny nose, pink-eye, head lice, temperature over 100 degrees, severe headaches, or an upset stomach, he/she cannot be accepted in the center until well or has been without fever or other symptoms for 24 hours.

In the event your child has a communicable disease, please notify the center immediately so we may notify other parents. A release from a doctor is required before your child re-enters the center. However, it is at the discretion of the Director to determine whether or not your child is well enough to return to our center. Georgia Learning and Tutoring Center will notify parents if a communicable disease has been introduced into the center.

In addition, a child who is too sick to go outside is too sick to be at school, but understand that there are chronic conditions, such as asthma, that may prevent a child from enjoying the outdoors on a given day.

If you have questions or concerns please feel free to let us know. Thank you in advance for your cooperation.

Sincerely,

Georgia Learning and Tutoring Center



Medical Care and Emergency Medical Treatment Information

Child's Doctor _____

Address _____ Phone: _____

Child's allergies or special nutritional issues (vegetarian or religion based):

Pre-existing illness, health concerns, or currently prescribed medication:

Any additional special needs of your child:

Health Insurance Company _____ Policy Number _____

Emergency Medical Treatment Consent

I hereby give Georgia Learning and Tutoring Center permission to provide first aid care for my child,
_____ (child/s name).

I hereby authorize Georgia Learning and Tutoring Center (GLTC) to obtain any and all medical treatment to be performed as deemed necessary by GLTC staff, licensed medical personnel, emergency personnel, ambulance personnel, doctors, and nurses. I also give authorization for transportation of my child to the emergency room of the hospital listed below. If I have not specified any hospital below my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibilities for all medical expenses incurred and to hold harmless and release GLTC and its staff from all liability.

Preferred Hospital _____

Address: _____

(Nearest Hospital: **North Fulton Hospital**, 3000 Hospital Blvd. Roswell, GA 30076. Ph: 770-751-2500)

Parent/Signature

Date



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 Georgia Learning and Tutoring Center permission to apply one or more of the following topical ointments/ preparations to my child, _____ (child's name), in accordance with the direction on the label of the container:

___ Neosporin or similar ointment

___ Bactine or similar first aid spray

___ Sunscreen

___ Insect repellent

___ Non-Prescription ointment (such as A&D, Desitin, Vaseline)

___ Baby Powder

___ Baby wipes

___ Band-aids

Other: _____

Parent/Guardian Signature

Date

Transportation Agreement

This is to certify that I give Georgia Learning and Tutoring Center permission to transport my child:

(Name of child)

From: _____ (Pick up location) at _____ pm.

To: Georgia Learning and Tutoring Center at _____ pm.

Pick up from the above location will be done on the following days, please check:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

In the event that my child is not to be transported as outlined above, I agree to notify GLTC by 7am.

Signature (parent/guardian)

Date

Vehicle Emergency Medical Information

Childs Name _____ Date of Birth _____

Address _____

Father's Name _____

Cell Phone _____ Work Phone _____

Mother's Name _____

Cell Phone _____ Work Phone _____

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

Name _____

Cell Phone _____ Work Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses: North Fulton Hospital -3000 Hospital Blvd.
Roswell, GA 30076.

Child's Allergies: _____

Current Prescribed medication _____

Child's special needs and conditions _____

*** In the event of an emergency involving my child, and if Georgia Learning and Tutoring 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.**

Signature (parent/guardian) _____

Witness by _____ Date _____