



APPLICATION FOR ENROLLMENT

(Please fill out a separate form for each child

(Address space must be filled out entirely even if parents reside together)

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

Birth Date: _____ Sex: M F Age: _____



Mother's Full Name: _____ Marital Status: _____

Home Address/City/State/Zip: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employed By: _____ Work Phone: _____

Work Address City/State/Zip: _____

Social Security No.: _____ Driver's License #: _____



We discover, explore, and learn everyday!



Father's Full Name: _____ Marital Status: _____

Home Address/City/State/Zip: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employed By: _____ Work Phone: _____

Work Address City/State/Zip: _____

Social Security No: _____ Driver's License #: _____

MARITAL STATUS OF PARENTS/GUARDIANSHIP AGREEMENTS: _____

Child Living Arrangements: Both parents___ Mother___ Father___ Other___ if other please
specify: _____

Name, address and phone number of other people child may be released:

Name _____

Address/Phone _____

Will child have a sibling here? Yes No

If yes, give sibling's name and age: _____

Does your child have any medical problems such as, chronic illnesses, impairments, etc?

If yes please explain: Yes No

An updated immunization form is required for each child upon enrollment

The Learning Station About Your Child

1. What foods does your child especially like? _____
2. Especially dislike? _____
3. Favorite toys, games, activities? _____
4. Is your child toilet trained? YES NO
5. What words does your child use for the toilet?

6. How does your child express anger or frustration?

7. Does your have any special FEARS? YES NO
Explain: _____
8. When your child is upset what helps to COMFORT him/her?

9. How do you DISCIPLINE your child? _____

10. Does your child take an afternoon nap? YES NO
11. Does your child have a special toy or blanket for nap time?
YES NO
12. Has your child attended day care before? YES NO
If so, where _____
How long there? _____
13. What are YOUR expectations of The Learning Station?



The Learning Station

Health History

Child's Name _____ Birth date _____

Last Physical Examination _____

Illnesses (please circle all that apply, current and past)

Asthma	Impetigo
Bronchitis	Lice
Chicken Pox	Measles
Constipation	Mumps
Convulsions	Polio
Diabetes	Ringworm
Diarrhea	Scarlet Fever
Fainting Spells	Seizures
Frequent Colds	Skin Rash
Frequent Ear Infections	Soiling
Frequent Sore Throat	Stomach Upsets
German Measles	Tuberculosis
Heart Disease	Urinary Problems
Hepatitis	Whooping Cough
Worms	

Other ILLNESSES not listed above _____

Has your child been HOSPITALIZED? (Explain & give age at time)

Has your child had INJURIES with fractures or loss of consciousness?
(Explain) _____

Any other members of your family with SERIOUS ILLNESS recently

List all known ALLERGIES (including food) _____

STUDENT PROFILE

Child's Name: _____ Birth Date: _____

MEDICAL AND EMERGENCY INFORMATION:

Child's Physician: _____

Physician's Address: _____

Physician's Phone: _____

Allergies: _____

Describe any special procedures to be followed in caring for your child, including any special services and/or special needs: _____

Name two (2) persons other than parents whom may be contacted in case of an emergency:

Name: _____ Cell Phone: _____

Relationship to Child: _____

Name: _____ Cell Phone: _____

Relationship to Child: _____

PARENTAL MEDICAL AGREEMENT

The following agreement is between The Learning Station and the Parent(s) or Legal Guardian(s) of: (Child's Name)

I hereby authorize my child to attend The Learning Station and participate in The Learning Station activities. In case of emergency, I hereby give permission to The Learning Station staff to administer First Aid or take my child to a physician for medical or surgical care. I understand that an effort will be made to contact my spouse or I if possible, before any action will be taken. 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.

I understand I must sign a separate Medication Authorization Form that allows my child to receive medication while in the school's care. I also understand that medication is only given at 11am and 3pm each day.

I understand the payment schedule and payment obligation and agree to fully comply and adhere to The Learning Station policies and procedures.

Signature of Parent(s) and Guardian(s):

Date:

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address City/State/Zip _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

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

Name _____ Phone _____

Child's Doctor _____ Phone _____

Address City/State/Zip _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if **The Learning Station** can't get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Transportation

This is to certify that I give The Learning Station, permission to transport my child from _____

(location) at _____ **am/pm** to _____ (Delivery)

at _____ **am/pm**. at _____ am/pm my child will be transported from _____ to _____ on

M T W Th F (days). _____ is authorized to receive my child. In the event the authorized person is not there to receive my child, the following procedures are to be followed:

The location is approximately _____ miles from the center. In the event that my child is not to be transported as outlined above, I agree to notify the center at least 2 hrs. in advance.

Signature: _____ Date: _____

The Learning Station

Parental Agreement

Name of Parent(s) or Guardian(s): _____

Name of Child: _____ Date of Birth: _____ Sex: M F

The Learning Station agrees to provide services for _____, Monday thru Friday from 5:45 a.m. until 7:00 p.m. My child will be enrolled in the _____ class. Tuition for my family is _____. I agree to pay this in full on Monday of each week before the close of the business day. No reductions in tuition will be given for absences, vacations, or holidays. If your child is absent for the entire week, half tuition is due. If your child comes to school for one day, full tuition is due. Payments made on Tuesday will incur a \$30.00 late fee. We do not accept checks after Tuesday. If your account is delinquent, we will not be able to render services until your account is paid in full.

_____ **Initials**

Late Fees: Children must be picked up promptly at the end of the day. I understand that a fee of \$5.00 will be charged for the first minute per child and \$1 each additional minute per child thereafter if my child remains after 7:00 p.m. Payment will be made directly to the director at the point of pick-up. I understand that a \$35.00 fee will be charged for any returned check.

We have a new cut off time 10:00 a.m., students who arrive after this time must have a doctor's excuse upon time of arrival or we will not be able to render services on that day. _____ **Initials**

I agree to notify the center two weeks in advance of withdrawal, should that be necessary. I understand that without notification, I am obligated to pay the two weeks tuition. If not paid, I understand that my account will be turned over to a collection agency for collection and that payment of all interest and fees will be my responsibility. _____ **Initials**

The center's registration/supply fee of \$50 is a yearly fee. Each parent/guardian will be obligated to pay this non-refundable yearly registration fee. A notice will be provided by the center 30 days prior to the due date. _____ **Initials**

Book Fees are assessed to Pre-K 3, Private Pre-K 4, and Kindergarten at the beginning of each Academic School Year. _____ **Initials**

Future Enrollment: If care is to begin at a future date, a registration fee of \$65.00 and first week's tuition is required to secure the spot for the child. The money will not be refunded if enrollment is canceled. _____ **Initials**

Each child will be enrolled in a specific program: Infants, Baby Tots, Toddler 1, Toddler 2, Premier 3's, Pre-K3, Pre-K4, Kindergarten, or Afterschool. The parent/guardian and the director must approve any changes within assigned programs. _____ **Initials**

We offer part-time care 3 days a week, however if a full-time students wants to enroll you will lose your child's slot if you choose not to become full time. Part-time care consists of Monday, Wednesday and Friday. With part-time status, the full tuition is expected every Monday whether the child is present or absent. (If we have a spot available) _____ **Initials**

We offer drop-in care 3 times a month. Drop in students must call 24 hours in advance to make sure we have space available. Drop-in care is \$30 a day and must be paid at the time of drop-off in

order for us to render service. No checks allowed for drop-in care. Cash, Money Order, Debt, or Credit card will be accepted. _____ **Initials**

The center will be closed on New Year's Eve at 3pm, Closed New Year's Day and the day after, Martin Luther King Day, President's Day (Conference/ Teacher Workday), Independence Day (July 4th), Memorial Day, Labor Day, Good Friday, Thanksgiving Eve at 3pm, Closed Thanksgiving Day, and the day after, Christmas Eve at 3pm, Closed Christmas Day, and the day after. If holidays occur during the work week, a full week's tuition is due to the center. If Christmas and New Year's fall on a weekend we will close the Friday before and will be closed on the following Monday. _____ **Initials**

Code of Conduct for Parents: We expect all parents to be professional at all times. We expect parents to treat teachers and other parents in a manner in which they would like to be treated. We expect all parents to be role models. We expect parents not to use profanity at the center or be rude to teachers and or other parents, but to show respect to one another. We expect all parents to work with their child's teacher when it pertains to behavior and academics. We expect parents to be active participants with their child's learning development. _____ **Initials**

Dress Code: We expect all parents to dress appropriately as they enter the facility. No see through clothes, no short skirts, no gowns, no clothing with profanity, and no clothing that would be inappropriate for children to observe. We expect parents to wear shoes in the building. We expect parents not be on their phones when picking up the children. _____ **Initials**

Before any medication is dispensed to a child, the parent/guardian must provide written authorization which includes: date, name of child, name of medication, prescription number, dosage, date & time medication is to be given. Medication will be in the original container with the child's name marked on it. Medication will be given at 11 a.m. and 3 p.m. only. _____ **Initials**

Immunization: We require that all children attending our center be immunized. It is the parent's responsibility to provide and keep a current certificate of immunization for your child/children. Upon enrolling, parents must bring the form 3231 to the center. Each time your child is immunized, please bring a revised copy of the certificate of immunization-form 3231. If you chose to exempt your child from immunization for religious reasons, a notarized statement of exemption must be provided with the initial thirty day enrollment period. _____ **Initials**

Ear, Eye, Dental Form: The Learning Station requires all GA Pre-K students to submit the form 3300 (vision, dental, hearing, and nutrition screening) during the initial enrollment process. If follow up services is recommended documentation is required throughout the process. _____ **Initials**

I agree to bring my child into the building and see that he/she is under supervision of his/her teacher before leaving the premises. Children will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel. I also agree to sign my child in and out each day. I understand that if I check my child out for the day he/she can't return unless they have a doctor's excuse. _____ **Initials**

I acknowledge that 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 contracts, child's physician, child's health status, infant feeding plans and immunization records, etc. _____ **Initials**

The Learning Station agrees to keep me informed of any incidents, including illnesses, injury, adverse reactions to medications, exposure to communicable diseases, which include my child. _____ **Initials**

Children should wear washable clothing which are comfortable and are ok to get a little messy. Each child must have a change of clothing (seasonally appropriate) infants thru 1 yr. need at least 2-3 changes of clothing. These clothes are to be kept at the center to be used for emergencies. All clothes should be marked with the child's name. The center is not responsible for unmarked clothing. _____ **Initials**

All abandoned items become the property of The Learning Station after 30 days. _____ **Initials**

Parents/guardians of children not yet potty trained must provide appropriate disposable or pull-ups and wipes. _____ **Initials**

Parents/guardians of infants (not on table food) are responsible for bringing their child's formula or use the center's formula. All infants under 12 month must bring pre-package baby foods only. Baby cereal is provided by the center. _____ **Initials**

Weekly or monthly menus are posted at the front door bulletin board and parents/guardians may refer to these at anytime. Food exceptions cannot be made for individual children except in the case of allergies and religious needs. A written statement from a physician is required for children with any allergies. _____ **Initials**

We participate with the USDA Child Food Program. Our families will need to complete a new Income Eligibility Form every August. Our daily menus will be posted in the front on the information board. **Children who arrive after meal times should be fed before they arrive. Please don't bring in any outside foods.** _____ **Initials**

Parent/guardians are asked to see that children do not bring toys to the center, except on "Show-n-Tell" day. Each preschool child in the center will have the advantage of an afternoon nap. _____ **Initials**

Children who become ill cannot remain at the center. Parents/guardians will be notified to pick up the child. If your child has a fever or diarrhea, he/ she must be free from those symptoms for 24 hours (from the time of pick up) in order to return to school. Children absent from the center with a contagious disease will not be permitted without a signed statement from a physician indicating that the child is no longer contagious. _____ **Initials**

Children will be permitted to play outside on the playground daily, except in inclement weather. If you do not want your child to participate in outdoor activities, you must bring a signed note from the physician stating this to the director. _____ **Initials**

The Learning Station agrees to obtain written authorization from the parent/guardians 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. _____ **Initials**

The State of Georgia requires that all members of child care institutions are on the lookout for, and report to the state, any and all cases of suspected child abuse. This center is obligated to report to the state, any suspected cases of child abuse and/or neglect. _____ **Initials**

If a child is to be picked up by someone other than the names listed on the release form, the following steps will be followed;

- a. The parent/guardian must tell the director/owner in the morning at the time of drop off who will be coming to pick up the child.
- b. Picture identification will be requested of the person picking up the child.

The child will not be released from the center unless these steps are followed. _____ **Initials**

If your child (ren) are in Elementary or Middle School, and participate in our Before Care,

we are asking that they arrive at the center no later than 6:30a.m. This ensures that all students arrive to school on time. _____ **Initials**

If your child is an afterschool child, a \$10 transportation fee will be assessed to your account, if we arrive to your child's school, and they are not there. (You didn't contact the Center before school dismissal) _____ **Initials**

Although we request cooperation in not disrupting our program, parents/guardians are permitted access to all parts of the center at any time their child is present.

This agreement may be changed at anytime by The Learning Station to comply with governmental regulations or for any other reason. I have read and received a copy of the handbook. I agree to abide by the policies and payment guidelines as contracted above. I understand that if I am not in compliance with the guidelines of the center that my childcare services can be terminated at any time. _____ **Initials**

I have completed all application and forms needed for enrollment. I understand that it is my responsibility to update all information when necessary. _____ **Initials**

Signature (Parent/Guardian): _____ Date: _____

Signature (Parent/Guardian): _____ Date: _____

Signature (Facility Administrator): _____ Date: _____

