

Start Date: _____
Days Attending: _____
Class Cost: _____
Class: _____

ENROLLMENT RECORD

Enrollment Information (Please Print)

Child's Name: _____ Nickname: _____ SS#: _____
Date of Birth: _____/_____/____ Sex: _____ Race: _____ Home Phone: _____ Living Arrang.: _____
Home Address: _____
Father's Name: _____ SS#: _____ City _____ State _____ Zip Code _____
Employer Address: _____ Work Phone: _____ Alt. #: _____
Mother's Name: _____ SS#: _____ City _____ State _____ Zip Code _____
Employer Address: _____ Work Phone: _____ Alt. #: _____

Health Data

Medical Alert: _____ Medications, Foods to avoid: _____ Allergies: _____
Other Special Needs (Please list past or recurring medical conditions or ongoing medications that we need to be aware of) _____
Doctor's Name: _____ Address: _____ Phone #: _____
Preferred Hospital: _____ Special Instructions: _____
Primary Insurance Co.: _____ Name of Insured: _____ Policy #: _____

Authorizations

Persons whom you authorize North Point Prep to contact in the event of a medical or other emergency in which the child's parent or guardian is unavailable or whom you authorize your child to be released to.
THESE CONTACTS MUST BE LOCAL (State Required Information)

Emergency Contact: _____ Address: _____
Phone #: _____ Relationship: _____ DL #: _____

Authorized to pick up (other than parents)

Name: _____ Relationship: _____ Phone #: _____
Address: _____ Drivers License #: _____

Name: _____ Relationship: _____ Phone #: _____
Address: _____ Drivers License #: _____

Not Authorized pick up (if one parent is not authorized to pick up your child, a court order stating such must be on file)

Name: _____ Relationship: _____ Remarks: _____
Name: _____ Relationship: _____ Remarks: _____

Medical Information and Authorization

Should any child suffer an injury or illness while in the care of North Point Prep, I hereby grant North Point Prep permission to take whatever action in its judgment may be necessary in supplying emergency and medical services, including calling 911 to transport my child to an emergency medical facility. I understand that payment of such services should they be necessary. I also understand that, consistent with the circumstances of the situation, North Point Prep will contact and follow my instructions of any other designated emergency contact. In the event that North Point Prep is unable to contact me or my emergency contacts I hereby grant permission to North Point Prep to contact and comply with the advice of available physician, ambulance personnel, or emergency room personnel.
____ (Parent Initials)

I acknowledge it is my responsibility to keep my child's records current to reflect any changes of emergency contacts e.g., telephone numbers, work location, emergency contacts. _____ (Parent Initials)

Current Immunization Certificate on File: Y/N _____ (to be updated according to state required immunization schedule)

North Point Prep discourages its employees from providing child care services that are not a part of the child care program offered from our center to our customers. While we cannot prohibit our employees from engaging in such activities, we would like you to understand that if such services are performed for you by an employee of North Point Prep that North Point Prep will not be responsible for any acts of the employee while providing such services.

I have read and received the parent policies and procedures handbook, I understand the policies and procedures as well as the above information and agree to abide by them.

Mother's Signature: _____ Date: _____ Father's Signature: _____ Date: _____
Director of Administration Signature: _____ Date: _____

Personal Child Data Sheet

It is important to us to know as much as we can about your child and your parental preferences. Please fill out this form completely and update it periodically.

Child's Name: _____ Nickname: _____
Date of Birth: _____ Parent's Names: _____

GENERAL INFORMATION

Previous Care (whom and how long)? _____

Has your child ever been disenrolled or had difficulties at another school? If so, what center and when? Please explain. _____

How does your child react to new situations? _____

How can we help the transition? _____

Any behavior situations we need to be aware of? _____

What would you like us to help you work on with your child? _____

What kinds of activities does your child enjoy? _____

What comforts your child when he/she is upset? _____

What kind of discipline seems to work best for your child? _____

PLEASE LIST ALLERGIES (asthma, hay fever, foods, etc.) _____

Does your child have any special needs? IEP? _____

MEALTIME INFORMATION

How is your child's appetite? _____

What are his/her favorite foods? _____

General eating habits? _____

NAP TIME INFORMATION

How often (if at all) does your child take a nap? _____

What helps your child to feel safe and comfortable for nap? (pacifier, blanket, rubbing back) _____

Please share anything else that will help us to get to know your child better. _____

Parent Agreement Form

North Point Prep agrees to provide care for my child pending my full cooperation with the following terms:

1. I understand that the operational hours of North Point Prep are 6:30am to 6:30pm. I also understand that there is a late pick up fee of \$1.00 per minute after 6:30pm.
2. Before any medication is dispensed to my child I will complete a written authorization form, which is provided by North Point Prep. North Point Prep only administers medication at 11:15am and 3:15pm. Medicine will be in the original container with my child's name marked on it, and a medicine dispenser will be provided. I have also read and understand the medication policy with regard to Over the Counter Medication.
3. I understand that the state of Georgia requires my child to participate in gross motor activities (outside time) for a minimum amount of time each day. If I feel for any reason that my child should not participate in these activities, then it is my responsibility to make alternate arrangements for my child on these occasions.
4. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), adults authorized by the parent, or North Point Prep personnel.
5. I acknowledge that it is my responsibility to keep my child's records current to reflect any changes as they occur (i.e., telephone numbers, work location, emergency contacts, etc.)
6. North Point Prep agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
7. North Point Prep agrees to obtain written authorization from me before my child participates in routine transportations, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
8. I understand that tuition is due on Friday for the following week's care. **Any payments made after close on Monday will be considered late and charged a late fee of \$30.**
9. I understand that my child occupies a contracted space in his/her classroom. Thus, the weekly tuition remains the same, even when my child is not in attendance.
10. I have *received, read and understand* the contents of the North Point Prep Parent Handbook.

Parent/Guardian Signature: _____ Date: _____

Management Staff Signature: _____ Date: _____

Sick Child Parental Agreement

I understand that if my child has any of the following symptoms that he/she must be removed from group care and will not be able to attend North Point Prep, until the return policy is met:

- A fever of 100.5° and above
- Diarrhea and/or vomiting
- Rashes other than normal skin irritations
- Any other contagious symptoms (e.g. colored nasal discharge, sore throat, open sore, etc.)
- Any symptoms related to a communicable illness (e.g. pink eye, chicken pox, etc.)

If you are notified that your child is ill in school, you must take provisions to have your child picked up within the hour.

Return Policy

A sick child may return to school only after being symptom free for 24 hours (without any aid from medicines which may mask the symptoms such as Tylenol for fever, Immodium A-D for diarrhea, etc.). If the child has diarrhea, he/she must have a solid stool before returning to school. Please note that North Point Prep requires that all stool stays contained in the child's diaper in order for him/her to attend school. Please be aware that beyond the above mentioned policy, North Point Prep may also require a doctor's note in order for a child to return at any time.

If a child is diagnosed with a communicable illness then they may return as stated on the communicable disease chart.

North Point Prep will notify you if your child is exposed to a communicable or infectious disease while in school and request that you notify us if your child is exposed to, or diagnosed with a communicable or infectious disease outside of school. This information will help us to react accordingly and notify the other parents.

Parent Signature

Date

Management Signature

Date

North Point Prep Photograph/Videotape Release

I hereby grant permission for North Point Prep to record the participation and appearance of my child by photograph and/or videotape in connection with daily activities for the purposes of news release, reporting, and assessing the progress of children and the program. North Point Prep is authorized to exhibit or distribute such photograph(s) and/or video tape in whole or in part without restrictions or limitations for any educational or promotional purpose North Point Prep deems appropriate.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges North Point Prep, and other entities contracted by North Point Prep, 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.

PARENT/GUARDIAN SIGNATURE: _____

CHILD'S NAME: _____

DATE: _____

TRANSPORTATION AGREEMENT

North Point Prep transports children from Northwood, and Ester Jackson. This is to certify that I give an authorized employee of North Point Prep permission to transport my child from his designated elementary school. I also agree and understand that the bus route may involve picking up children from more than one elementary school. The approximate bus routes vary from 4 to 12 miles.

North Point Prep will deliver my child to 10455 Old Alabama Road Connector, between 2:35 p.m. & 3:05 p.m. Monday thru Friday.

In the event that my child is not to be transported, I agree to notify North Point Prep before 1:00 p.m. I understand that my account will be charged an additional \$5.00 for each time I fail to notify North Point Prep.

In the event that my child is not present to be picked up, North Point Prep will notify me at my work.

In the event of an emergency involving my child, and if North Point Prep 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.

Child's Allergies: _____

Current Prescribed Medication: _____

List special medical needs and conditions: _____

Contact name & number: _____

Child's Name: _____

Elementary School: _____

Parent/Guardian Signature: _____

Date: _____

Witnessed By: _____

Date: _____

Vehicle Emergency Medical Information

Child's Name: _____ Date of Birth: _____

Address _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

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

Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Facility center uses: _____

Address: _____

Child's Allergies: _____

Current Prescribed Medication: _____

Child's special needs and conditions: _____

In the event of an emergency involving my child, and if North Point Prep 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.

Child's Name: _____

Parent/Guardian Signature: _____

Witnessed by: _____ Date: _____