

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 _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____

(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: _____

Facility Administrator/Person-In-Charge: _____ Date: _____

Parental Agreements with Child Care Facility

The Preferred Choice agrees to provide childcare for _____
Name of Child(ren)

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

My child 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 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.

The _____ 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 Preferred Choice to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for The Preferred Choice.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: (Parent/Guardian) _____

Signed: _____
(Facility Administrator/Person-In-Charge)

GROUND RULES

The following are ground rules that we consider important at the Center. Although the details might change, the basic principles involved are consistent.

1. The Center hours of operation are:
6:15 am to 5:00 pm Monday – Friday.
The center is open January – December unless otherwise notified.
2. Tuition is payable IN ADVANCE each Monday morning. Full payment is due each week regardless of attendance or holidays.
3. Services will be suspended for any child if tuition is not paid by Wednesday morning.
4. A late fee will be charged at a rate of \$25.00 per day on all tuition paid after Monday.
5. A late fee will be charged at the rate of \$30.00 per child beginning at the first minute late for children left in the center after scheduled closing hours. At the sixth minute, additional late fees accrue at \$5.00 per minute per child. Late fees must be paid in full prior to the child's return.
6. Children must arrive at the center by 10:00 am.
7. A non-refundable fee of \$75.00 per child is due at enrollment.
8. A two-week written notice is required if a child is being withdrawn from the center.
9. The center will be closed for the following holidays:
New Year's Day, MLK Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Christmas eve, and Christmas. Parents will be notified in advance of any other closing that the Center has.
10. Children will not be permitted to leave with ANYONE except those persons listed on the pickup list. Any changes must be in writing, and any persons picking up children must be prepared to show identification. Parents must notify the Director in writing before any one-time pickups occur.
11. Each child must have a change of clothing for emergencies and a blanket for nap time.
12. All clothing and personal items must be labeled with the child's full name for identification. This includes coats and sweaters worn daily.

13. Children must wear shoes to the Center. Clothing should be comfortable and suitable for outdoor play.
14. All staff members are required to report any suspected child abuse, neglect, exploitation or deprivation to the Department of Family and Children Services.
15. No child can be admitted or return to the Center due to an illness which requires the child to be absent 3 or more days without a physician's notice.
16. The exclusion of children with communicable diseases are to be as defined on the chart of communicable diseases, which contains recommendations for exclusion of sick children.
17. The parents or guardian will be notified immediately of illness, accident, or any unusual change in child's condition. (i.e. injury, exposure to notifiable communicable disease)
18. The center does not administer medicine. If a child must have medicine, the parent is to administer medicine before arriving at the center.
19. No child may hurt another child; neither physically nor verbally. If this happens, the teacher will document the incident and further action will be taken if the incident warrants.
20. Children should not disrupt what others are doing.
21. The "quiet corners" are used for discipline purposes.

Parent/Guardian Signature

Date

Director/Administrator Signature

Date

Evidence of Immunization

I, _____ the parent/guardian of _____

must provide evidence of age-appropriate immunizations or a signed affidavit against such immunizations shall be maintained for each child enrolled in the center on a form provided by the Department of Health.

Signature (Parent/Guardian) _____ Date _____

Vehicle Emergency Medical Information

Child Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____ Other _____

Mother's Name _____

Home Phone _____ Work Phone _____ Other _____

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

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses: Spalding Regional

Address: 601 South 8th Street Griffin, GA 30224

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 Preferred Choice can't 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 _____

Signature of Parent/Guardian _____

Witnessed by _____ Date _____

Transportation Agreement

This is to certify that I give _____
The Preferred Choice
Name of Facility

Permission to transport my child _____
Name of Child

from _____ at _____ (am/pm)
Pickup Location

to _____ at _____ (am/pm).
Delivery Location

My child will be transported from _____ at _____ (am/pm)

to _____ at _____ (am/pm)
Delivery Location

on the following days:

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

The Preferred Choice _____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

Anyone from The Preferred Choice Daycare _____

The _____ is approximately _____ miles from the center.
Location

In the event that my child is not to be transported as outlined above, I agree to notify the

Facility

Signature (Parent/Guardian) _____ Date _____



The Preferred Choice incorporates bible lessons into each weekly lesson plan. Please return this form stating if your child/children can participate.

Child/Children Names: _____

Yes _____

No _____

Parent Signature: _____

Social Media Consent Form

The Preferred Choice social media pages are utilized for sharing information related to our childcare services. This includes field trip photographs, videos/media packages, and center related news posts/announcements/activities.

Administration

Our pages are setup with two administrators to approve and govern activity. Any inappropriate posts by external visitors of our pages will be removed from the page and the user will be reported and blocked from our page.

Communication

The page is used for updates and sharing relevant information with parents. The page will not be used for personal communication of the staff.

Photos/Videos

All photos and videos will be approved and uploaded only by the two registered administrators. Images will be taken by center administrators during field trips and other center activities.

I give my permission to The Preferred Choice to (please check all that apply):

	<u>Yes</u>	<u>No</u>
- Upload individual and group photos of my child	[]	[]
- Upload videos involving my child	[]	[]
- Tag me in photos/videos involving my child	[]	[]

I understand that these images will be uploaded to the website and social media sites of The Preferred Choice.

Child's name _____

Parent's social media profile names _____

Parent/Guardian signature _____

Date _____