LOVE AND JERRY ROAD TO EXCELLENCE ACADEMY

NEW ENROLLMENT FORM

CHILD'S INFORMATION

Child's Full Name: _____ Birth Date: _____/_____/_____

Address: _____ Home Phone: _____

City: _____ State: _____Zip Code: _____

Nickname: _____

Parent's email address_____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ Home Phone: _____
Address(if different)_____
City: _____ State: _____PC/Zip Code: _____
Occupation: _____ Work Phone: _____ext._____
Name of Employer_____ Pager or Cellular Phone: _____
Business Address: _____ City: _____
Work Hours: _____ Driver's License # _____

Father's Full Name: _____ Home Phone: _____
Address(If different)_____
City: _____ State: _____PC/Zip Code: _____
Occupation: _____ Work Phone: _____ext._____
Name of Employer_____ Pager or Cellular Phone: _____
Business Address: _____ City: _____
Work Hours: _____ Driver's License # _____

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

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

Love and Jerry Road to Excellence Academy
431 Brownlee Rd
Jackson, GA 30233
(770) 775-3900

CHILD PICK-UP INFORMATION

***Note: Anyone picking up your child must have picture ID.**
The child may be released to the person(s) signing this agreement or to the following:
*Name _____

Address _____
(City) _____ (State)_____ (Zip)_____

Telephone Number _____Relationship to child_____
Relationship to Parent(s) or Guardian _____

*Name _____

Address _____
(City) _____ (State)_____ (Zip)_____

Telephone Number _____Relationship to child_____
Relationship to Parent(s) or Guardian _____

*Name _____
Address _____
(City) _____ (State)_____ (Zip)_____

Telephone Number _____Relationship to child_____
Relationship to Parent(s) or Guardian _____

EMERGENCY CONTACTS

Primary Emergency Contact (other than parents or guardian)
Name: _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Secondary Emergency Contact (other than parents or guardian) Name:
_____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

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EMERGENCY INFORMATION

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

1. Child's Physician: _____ Phone: _____

2. Insurance Company: _____ Policy #: _____

3. Regular Medications: _____

4. Medicine allergic to: _____

5. Food Allergies: _____

6. Any other Allergies: _____

Immunization Record: A current immunization record must be on file within 20 days of enrollment.

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_____

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EMERGENCY MEDICAL AUTHORIZATION

Should (child's name)_____ Date of birth_____ suffer an injury or illness while in the care of ***Love and Jerry Road to Excellence Academy*** 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: _____

Signature_____ **Date:**_____

Facility Administrator/Person-In-Charge _____

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Signature _____ **Date**_____

PARENTAL AGREEMENT WITH CHILD CARE FACILITY

1. ***Love and Jerry Road to Excellence Academy*** agrees to provide child care for (name of child)_____on (days of week)_____ ____ from _____AM to _____PM from (month)_____ to (month)_____. My child will participate in the following meal plan (circle applicable meals and snacks): breakfast, morning snack, lunch, afternoon snack, evening meal, bedtime snack.

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.

4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

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

6. ***Love and Jerry Road to Excellence Academy*** 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.

7. I have received a copy and agree to abide by the policies and procedures for ***Love and Jerry Road to Excellence Academy.***

Parent/Guardian: _____

Signature _____ **Date**:_____

Facility Administrator/Person-In-Charge _____

Signature _____ **Date**_____

Registration fee $_____ Weekly fee $_____ Applicable discounts $_____
Discount purpose_____. Discount terms/duration_____

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