



Student Enrollment Packet



CHILDREN'S ENROLLMENT FORM

Entrance Date _____ Withdrawal Date _____

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

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____ Email _____

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) _____



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Persons to contact in the case of emergency when a 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



CHILDREN'S ENROLLMENT FORM

Parental Agreements with Child Care Facility

The _____ agrees to provide child care for
(Name of Facility)
_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
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: the date; the name of the child; the name of the medication; prescription number, if any, dosages; date, and time of day medication are to be given. 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), the 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 **Bundles of Love Christian 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.

I authorize the child care facility to obtain emergency medical care for my child when I am unavailable.
I have received a copy and agree to abide by the policies and procedures for **Bundles of Love Christian Academy**.

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

Signed: _____ Date: _____
(Parent/Guardian)

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



CHILDREN'S ENROLLMENT FORM

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 the authorization will include, when applicable, the date; full name of the child; the 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(s).

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- _____ Baby Wipes
- _____ Band-aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar first aid spray
- _____ Sunscreen
- _____ Insect Repellent
- _____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- _____ Baby Powder
- Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in the child's file



CHILDREN'S ENROLLMENT FORM

Family Handbook Acknowledgement

Please sign the acknowledgment, detach it from the handbook, and return it to the center prior to enrollment.

This handbook may be updated occasionally, and notice will be provided as updates are implemented.

Thank you for acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

I have received the **Bundles of Love Christian Academy Family Handbook**, and I have reviewed the family handbook with a member of the "Your School Here" staff. It is my responsibility to understand and familiarize myself with the Family Handbook and to ask center management for clarification of any policy, procedure, or information contained in the "Your School Here" Family Handbook that I do not understand.

Recipient Signature

Date

Center Staff Signature

Date



CHILDREN'S ENROLLMENT FORM

Dear Parents,

This school year, we are excited to share that we're launching our Facebook page and Procure Connect!

These are ideal ways to keep our parents up to date with your children's learning, upcoming events, and visits, continue learning at home based on what they have been learning that day, and enhance parent and staff communication.

In order to post pictures of your child in school, we need your permission. Many schools throughout Paulding County now use this method of communication. We would appreciate it if you would complete the permission slip at the bottom of this letter, allowing us to post images of your children learning on our website and | Facebook group.

We will **NEVER** publish surnames, as we need to ensure the data of our children/families in school is protected at all times.

While this is an amazing tool to communicate with parents and caregivers, it is unacceptable to violate the terms and conditions of the fair use policy by using slander and disrespecting the school's pages. The terms can be found on / Facebook websites.

Should you ever wish to remove the permission for your child to have their pictures on our groups, please speak with the director who can arrange this.

Thank you for your support.

Tonya Walker

BOLCA Director -----

Please return this slip to your child's class teacher asap.

Facebook Pictures Permission Slip

- My child _____ **will be able** to have pictures of them learning posted onto the Facebook/website for Bundles of Love Christian Academy.
- My child _____ **will not be able** to have pictures of them learning posted onto the Facebook/website for Bundles of Love Christian Academy.

Signed: _____ (parent / caregiver) Date: _____

Name: _____ (parent / caregiver)



CHILDREN'S ENROLLMENT FORM

Parental Agreements /Contract

The Bundles of Love Christian Academy agrees to provide child care for _____.

(Name of Child)

On _____ a.m. _____ to _____ p.m.

(Days of Week)

from _____ to _____.

(Month)

(Month)

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

A.M Supplement Lunch Afternoon Snack

Basic Rates and Payment Policies:

The payment fee shall be \$ _____, per week or \$ _____ per day or \$ _____ per hour. Care shall be provided normally from _____ a.m. to _____ pm these days

(Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Payment Due Date: _____

Registration Fee \$ _____

Late Fee \$ _____

Overtime Rates. Holiday Pay and Discount Tuition:

For the purpose of this agreement, overtime will be considered when a parent/legal guardian has picked their child (ren) up from the center minutes past 5:30 pm at a rate of **\$2.00 per** minute per child.

Rates Regarding Holiday Pay and Discount Tuition:

1. The following are paid holidays when they fall on a day regularly scheduled for care: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Day after Thanksgiving, **BOLCA WILL BE CLOSED THE WEEK OF CHRISTMAS.**

2. Charges for a child absent will be 50% off tuition when a child is absent.

3. Charges related to parent(s)/guardian's scheduled vacations are 1 free week of tuition after 12 consecutive months with no tuition due.



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4. The parent(s)/guardians will give 2 weeks' advance notice of scheduled vacation or any other leave.
5. Parent(s) will receive 1 week of free tuition for each family they enroll. This is called our referral program. The referred family must be enrolled at Bundles of Love for at least 6 consecutive weeks for the existing family to receive the 1 week of free tuition

Other charges:

1. There will be no charge for meals served to your child (ren) while attending this childcare unless you, the parent/guardian, refuse to fill out the Adult/ Child food program form. The rate will be \$25.00 a week plus the cost of tuition.
2. No outside meals are allowed in the center.
3. There will be an extra charge for the following infant supplies when not provided by the parent/guardian \$2.00 per diaper and \$1.00 for wipes. A registration fee of \$75 is required to be paid in two installments. This fee is annually on the child's start date. If the child (ren) leaves this childcare for any reason and returns, another registration fee will be required at that time.
4. Parents are responsible for paying half of the tuition for their child if the child is out for the whole week.
 - a). If your child attends for 1 or more days out of the week, then full tuition is due.
5. No Refund Policy - Refunds are not issued. All payments are non-refundable.

Termination Procedure:

This contract may be terminated by either parent/guardian by giving two weeks' written notice before the ending date. Payment by parent/guardian is due before the written notice, whether or not the child is brought to BOLCA for care. If tuition is not paid in full, on the last day the child (ren) is signed in at the childcare parent/guardian will have legal actions taken against them, which may also terminate the contract without giving any notice.

No child is allowed to enter or leave the facility without being escorted by an adult over the age of 18 years old.

Parent/Legal Guardian's Signature

Date



CHILDREN'S ENROLLMENT FORM

Father/Legal Guardian's Signature

Date