

Elite Academy

67 Boone Road Hoschton, Ga. 30548

706-658-2343

Enrollment Application and Agreement

Enrollment Date _____ First Day of Attendance _____ Class _____

Student Profile

Child's Name _____

(First)

(Middle)

(Last)

Name child likes to be called _____ Sex: M F

Date of Birth _____ Age _____ Social Security Number _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Has your child been previously enrolled in a child care program? YES NO

Is your child toilet trained? YES NO

Parent/Guardian Profile

Mother's Full Name _____ **Home Phone** _____

Address _____ **E-Mail** _____

City _____ **State** _____ **Zip** _____ **Cell #** _____

Employer _____ **Social Security Number** _____

Work Address _____ **Work Phone** _____

City _____ **State** _____ **Zip** _____

Father's Full Name _____ **Home Phone** _____

Address _____ **E-Mail** _____

City _____ **State** _____ **Zip** _____ **Cell#** _____

Employer _____ **Social Security Number** _____

Work Address _____ **Work Phone** _____

City _____ **State** _____ **Zip** _____

With whom does the child reside? Both Parents Mother Father Other _____

Please explain any custodial issues the center should be aware of: _____

Additional/ Emergency Contacts

Full Name _____ Relationship _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ Work/Cell _____
Permission to pick up your child: YES NO Contact in Emergency: YES NO

Full Name _____ Relationship _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ Work/Cell _____
Permission to pick up your child: YES NO Contact in Emergency: YES NO

☐ I have provided Elite Academy with the proper documentation showing that my child has had all age appropriate immunizations.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

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 authorization must include date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed, reason for medication, and signature of parent.

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) _____

Emergency Medical Information/Authorization

I hereby authorize Elite Academy, in the event of an emergency, to administer or seek medical treatment for my child _____. If I can not be reached, Elite Academy is authorized to transport my child to the nearest medical facility used by the center.

I will take full responsibility for payment of all medical services rendered due to an emergency situation.

Name of Insured _____

Child's Physician _____ Phone _____

Physician's Address _____ City _____

Primary Health Insurance _____ Policy # _____

Child's Dentist _____ Phone _____

Allergies of Child _____

Daily Medications _____

List any health conditions or continuing treatments the center should be aware such as mental health disorders, physical problems, developmental disabilities which would limit your child's participation in certain activities

_____.

Please list any special procedures to be followed in caring for your child and or instructions for may special health needs your child has such as but not limited to allergies, chronic illnesses etc.

_____.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Health Information

The Federal Health Insurance Portability and Accountability Act of 1996 states that Health care providers are required to safe guard the confidentiality of health records. The state of Georgia requires child care centers to have certain health records such as (immunizations, eye, ear and dental health screening test, illness visits, medicine information etc.) By signing below you authorize Elite Academy to have access to health information as relevant to our program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Transportation Agreement

I agree to allow Elite Academy to transport my child, _____ from
Elite Academy to _____ (school) at _____ a.m/p.m.

My child will be picked up from _____ (school) at _____ a.m/p.m
and delivered to Elite Academy at _____ a.m. /p.m.

_____ is authorized to receive my child. In the event that the authorized person is not present to receive my child, the driver will wait an additional 5 minutes for that person to arrive. If after 5 minutes the authorized person has not arrived the child will be brought back to the center and the parent will be notified.

The above services are provided on the following days:

_____ Mon-Fri. _____ Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____

This transportation service may be provided by a state approved Elite Academy vehicle or by the Jackson County School bus system if service is available.

In the event that my child is not to be transported as outlined above, I agree to notify Elite Academy in advance.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

From time to time we take pictures during our school activities. We would like your permission to use these pictures on our projects, in our newsletter, on our bulletin board, or on our websites. We will never reference your child by name or provide any specific information regarding your child when using pictures in our newsletters or on our websites. We also will never sell these pictures; we will use them exclusively for Elite Academy purposes as described above.

Please take a moment to let us know your preferences regarding the use of photos of your child.

As the parent/guardian of _____

I hereby, **give my permission for my child's photo to be used in the following (check all that apply):**

____ Within the center (In rooms, bulletin boards)

____ Materials sent home with parents (newsletters, etc.)

____ **DO NOT** give my permission for my child's photo to be used for any purpose.

Signature of Parent/Guardian _____ Date _____

Professional Photographs

At different times of the year Elite will have a professional photographer to come in and take school pictures as well as at special events. Certain photographers will have proofs either in hard copy or paper copy and or both upon request. As the parent /guardian of _____ I hereby,

_____ Allow my child's picture to be taken and the proof placed online on a password protected photo gallery.

_____ Allow my child's picture to be taken and the proof only provided as a paper copy and not a password protected photo.

_____ I, **do not** give permission for my child's photo to be taken

Basic Care Items

Throughout the year some basic care items may be needed for your child such as bug spray, sunscreen, diaper cream, Chap Stick and or lotion. We will only use the products that you have provided for them. Please have your child's name on all of these items. By signing below you are giving Elite Academy permission to use these items on your child.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Family Information

We at Elite Academy strive daily to create the best learning environment for your child and your family. If there is any additional information that you would like to share below that may help us better serve your family such as but not limited to: religion, home language, culture, family structure, and preferred child rearing practices.

By Signing below you certify that you are legally responsible for the care and well being of

(Child's Name)

Date

Parents/ Guardian Signature

Date