

# Lake Dow Children's Academy

616 Highway 81 East McDonough, GA 30252

770-957-7647 phone / 770-898-8340 fax

www.lakedowchildrensacademy.com

lakedow@bellsouth.net

|  |                         |   |
|--|-------------------------|---|
| Classroom: _____<br>Enrollment Date: _____ | <b>Enrollment Forms</b> | Reason: _____<br>Withdrawal Date: _____ |
|--|-------------------------|---|

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_  
Male or Female \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Who does the child live with? Mother Father Both Parents Grandparent Guardian Foster Parent  
Name of elementary school your child attends, if any \_\_\_\_\_

Mother's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone \_\_\_\_\_  
Work address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Work phone \_\_\_\_\_  
Last 4 #'s of Social Security (for food program) \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email address for payment receipts \_\_\_\_\_

Father's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone \_\_\_\_\_  
Work address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Work phone \_\_\_\_\_  
Last 4 #'s of Social Security (for food program) \_\_\_\_\_ Cell phone \_\_\_\_\_

Physician's name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

NAME OF PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD AND WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY

(ALL SECTIONS MUST BE COMPLETED)

Name \_\_\_\_\_ Relationship to child & parent \_\_\_\_\_ / \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child & parent \_\_\_\_\_ / \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List any past or present health concerns \_\_\_\_\_

Is your child allergic to any foods? Yes No If yes, please list \_\_\_\_\_

Are there any special requirements in caring for you child? Yes No

If yes, please explain \_\_\_\_\_

Has your child been diagnosed with any long-term physical, mental or behavior disorders? Yes No

If yes, please explain \_\_\_\_\_

Are your child's immunizations current? Yes No

Have you provided the center with your child's Certificate of Immunization form 3231? Yes No

Why did you choose to enroll your child at Lake Dow Children's Academy? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

Are there any foods your child will not eat? \_\_\_\_\_

Do you have any special concerns about your child's care? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Childcare Policies

I am enrolling my child, \_\_\_\_\_, at Lake Dow Children's Academy.

Please initial next to each item stating that you understand and agree to the policies herein:

\_\_\_\_\_ I understand that during the first two weeks of enrollment, the staff will make observations and evaluations pertaining to my child's ability to adapt to the daycare surroundings. Unless otherwise notified, my child will be accepted and permanently enrolled.

\_\_\_\_\_ I have received a copy of the Parent Handbook. I have read, understand and agree to abide by the policies contained therein. I further understand that if the policies outlined in the Parent Handbook are not adhered to, it will be sufficient cause for the removal of my child from the daycare program.

\_\_\_\_\_ I agree to pay the amount of \$\_\_\_\_\_ per week to Lake Dow Children's Academy.

\_\_\_\_\_ I agree to pay a registration fee of \$50.00.

\_\_\_\_\_ I understand that full tuition will be charged regardless if my child attends the center or not.

\_\_\_\_\_ I understand that payment is due on the Monday prior to my child's care.

\_\_\_\_\_ I agree to pay a late payment fee of \$30.00 if my account is not paid in full by Tuesday evening.

\_\_\_\_\_ I understand that if my account becomes more than one week past due, my child will not be allowed to attend the center until the account is paid in full.

\_\_\_\_\_ I agree to pay an insufficient funds fee of \$30.00 for each returned check. Should I have more than two checks returned for insufficient funds within a six month period, I agree to pay all future tuition with cash, debit/credit or money order.

\_\_\_\_\_ I understand that if I disenroll my child, any unpaid balance that I owe Lake Dow Children's Academy will be turned over to a collection agency and I agree to pay a 35% collection fee.

\_\_\_\_\_ I understand that if the center is closed for a holiday, full tuition is due for the entire week.

\_\_\_\_\_ I understand that the center will be closed for all national holidays including New Year's, Martin Luther King, Jr. Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving (Thursday and Friday) and Christmas (schedule may vary).

\_\_\_\_\_ I understand that my child is allowed one free week per year from their enrollment date. The free week may not be split into days and it must be utilized as one full consecutive week. My child will not be permitted to attend the center during that week.

\_\_\_\_\_ I understand that a two week written notice is required if I wish to disenroll my child for any reason.

\_\_\_\_\_ I understand that full tuition will be charged for the notice period, regardless if my child is brought to the center or not.

\_\_\_\_\_ I understand that I must provide a Certificate of Immunization Form 3231 at the time of enrollment and an updated Certificate of Immunization Form 3231 every time my child receives immunizations or the certificate expires.

\_\_\_\_\_ I understand that I must submit a completed Authorization for Medication form in order for the center to dispense any type of medication to my child. All information including the date, child's name, name of medication, prescription number and date and time of dosage must be completed. Medication must be in the original container with my child's name on it.

\_\_\_\_\_ I understand that only those persons authorized to pick up my child will be allowed to do so and that identification will be required at the time of pickup.

\_\_\_\_\_ I understand that if my child is sent home sick, he/she will not be allowed to return to the center until all symptoms have been gone for 24 hours.

\_\_\_\_\_ I understand that it is my responsibility to keep my child's records current to reflect any significant changes such as telephone numbers, work location, emergency contacts, child's physician, health status, immunization records, etc.

\_\_\_\_\_ I understand that Lake Dow Children's Academy will keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, etc. which pertain to my child.

\_\_\_\_\_ I hereby grant permission for emergency medical care to be given to my child as deemed necessary by qualified personnel. I understand that payment of all expenses incurred will be the parent/guardian's responsibility.

\_\_\_\_\_ I understand that Lake Dow Children's Academy will obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the center or water related activities occurring in water that is more than two feet deep.

\_\_\_\_\_ I understand that I will not be allowed to drop off my child between the hours of 11:00am and 2:00pm unless my child has a doctor or dentist appointment. Naptime at the center cannot be disrupted.

\_\_\_\_\_ I hereby release, indemnify and hold harmless the center and its staff from any and all loss or damage to clothing, toys or other personal articles brought to the center and from any and all claims, damages or liabilities for injuries to or damage by my child which are not a result of gross negligence by the center or its staff.

\_\_\_\_\_ I hereby warrant that I am entitled to legal custody and possession of my child and I am authorized to place my child in the care and custody of the center and am further authorized to sign this agreement.

\_\_\_\_\_ I understand that the center operates from 6:00am-6:30pm.

\_\_\_\_\_ I understand the late pickup fee is \$1.00 per minute for pickup after 6:40pm.

\_\_\_\_\_ I understand the behavior policy and will share the policy guidelines with my child.

\_\_\_\_\_ I understand that my child's photo may be used for purposes such as arts & crafts projects, yearbooks, website, advertising, etc.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Emergency Medical Authorization

Should my child, \_\_\_\_\_, suffer an injury or illness that is deemed an emergency while in the care of Lake Dow Children's Academy and the center is unable to contact me immediately, I hereby authorize the staff of Lake Dow Children's Academy to secure such medical attention and care for my child as may be necessary. I also agree to allow Lake Dow Children's Academy to transport my child to the nearest hospital in a company vehicle or ambulance. I agree to keep the center informed of changes in telephone numbers where I can be reached.

Lake Dow Children's Academy agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's special medical needs and conditions: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Discipline Plan

The following methods are used to help remind your child to follow the rules:

**POSITIVE RE-ENFORCEMENT** - children are given praise and rewards for appropriate behavior.

**VERBAL WARNING** - this will act as a reminder of the rule that the child is breaking. This helps the child who has forgotten the rule.

**TIME OUT** - we will use time outs if a child continuously breaks a rule. Time out is used to give the child time to regain control away from the class in an area that can be seen by the teacher at all times.

**PARENT CONTACT** - if a child's behavior is severely disruptive, the parent will be notified on the day of the incident. We will talk with the parent so that we can decide together, how best to help the child.

**IMMEDIATE TERMINATION** - if a child's behavior becomes harmful or physical to the teacher or other children, the parent will be immediately notified to come pick up the child. We reserve the right to dismiss the child at any point if the child's behavior is inconsolable.

**AT NO TIME WILL FORCE OR CORPORAL PUNISHMENT BE USED AT LAKE DOW CHILDREN'S ACADEMY.**

I have read and understand the classroom discipline plan. I have discussed the rules and consequences with my child.

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Parent/Guardian Signature

---

Date

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## External Preparations Authorization

I hereby authorize the staff of Lake Dow Children's Academy to apply one or more of the following external preparations, in accordance with the directions for use listed on the container, to my child,

\_\_\_\_\_.

- Baby wipes
- Band-Aids
- Neosporin, Bacitracin, Polysporin or similar triple antibiotic ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect repellent
- Non-prescription ointment (A&D, Desitin, Vaseline, etc.)
- Oral treatment (Baby Orajel, Hurricane, etc.)
- Other \_\_\_\_\_

I will not hold Lake Dow Children's Academy responsible for any conditions such as rash, infection or allergic reaction caused by the correct application of these preparations.

I have read, understand and agree to the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses: Henry Piedmont

Address: 1133 Eagles Landing Pkwy Stockbridge, GA 30281

Phone Number: 678-604-1000

Child's allergies: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

Child's special medical needs and conditions: \_\_\_\_\_

In the event my child suffers an injury or illness that is deemed an emergency while in the care of Lake Dow Children's Academy and the center is unable to contact me immediately, I hereby authorize the staff of Lake Dow Children's Academy to secure such medical attention and care for my child as may be necessary. I also agree to allow Lake Dow Children's Academy to transport my child to the nearest hospital in a company vehicle or ambulance. I agree to keep the center informed of changes in telephone numbers where I can be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Transportation Agreement

(ONLY complete if your child attends Henry County Schools)

This is to certify that I give Lake Dow Children's Academy permission to transport my child,  
\_\_\_\_\_ ,

Before School: from Lake Dow Children's Academy to \_\_\_\_\_  
(school)

After School: from \_\_\_\_\_ to Lake Dow Children's Academy  
(school)

Before & After School: to and from Lake Dow Children's Academy and \_\_\_\_\_  
(school)

On the following days:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

If my child is not present at the time of transporting from school to Lake Dow Children's Academy, I may be contacted at:

(\_\_\_\_\_) \_\_\_\_\_ work

(\_\_\_\_\_) \_\_\_\_\_ cell

I agree to notify Lake Dow Children's Academy of my child's absence at all times.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Tuition Express

At Lake Dow Children's Academy we are constantly looking at ways to improve on the service we provide you and your children. With this in mind, we are pleased to announce our *preferred* method of collecting and processing tuition and fee payments.

Tuition Express allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of seconds we will accomplish what has taken us hours to complete - leaving us more time to spend with your child.

Once you are enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule that we both agree on. If you want your payment to be processed every Tuesday, then Tuesday it is! You have the option to pay with your checking account, savings account, credit card or debit card. No more waiting in the office for a receipt! No more checks to write! No more late payments!

Your personal account information is safe with Tuition Express - safer, in fact, than paying by check. Automated payments have been proven safer than writing checks and eliminate potential check fraud or identity theft.

You may come to the front office to sign up. If you have any further questions, don't hesitate to ask.

By using Tuition Express, you will help us take a gigantic step forward in our payment processing - a step that will allow us to spend more time in the classroom and less time processing payments and making trips to the bank.

Tuition Express is convenient for you, efficient for us, but best for your children. Welcome Aboard!

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## Child and Adult Care Food Program (CACFP)

Our center participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). Please assist us in our participation in this program by completing and returning the following three (3) forms as soon as possible. This information is necessary so that Lake Dow Children's Academy may receive reimbursement for meals served to your children. This form will be placed in our files and treated as **confidential** information and is for CACFP purposes only.

If your household size/income is at or below 85% of the Federal Poverty Level, the participant's meals are eligible for either free or reduced price reimbursement. This means that Lake Dow Children's Academy receives more reimbursement for those children who fall below the Federal Poverty Level. In order for the center to receive reimbursement at the free or reduced price meal rate, the documentation in either Part 2A or 2B on the form is need:

### **2A FOOD STAMP/TANF/FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) HOUSEHOLDS:**

If your household currently receives food stamps, TANF or FDPIR benefits, your child's meals are automatically eligible for free reimbursement. Therefore, you only have to list the child's name and food stamp case number, TANF or FDPIR identification number and sign the statement. The EBT card number is not an acceptable number. Please include the case number on your paperwork.

**2B HOUSEHOLD MEMBERS:** List the names of the enrolled children and the child's parent(s) or guardian, and any other dependent children who live in the household **and**

**CURRENT INCOME:** List the amount of income each person earned last month (before deductions such for taxes, social security, etc.), the frequency of income and the source of income such as wages or retirement. If any household members' income last month was higher or lower than usual, list that person's usual average monthly income.

An adult household member must sign the Income Eligibility Statement and list their Social Security Number in order to for Lake Dow Children's Academy to receive reimbursement for your child's meals. If the adult does not have a social security number, print "None".

**FOSTER CHILDREN:** If the enrolled child for whom the Income Eligibility Statement is being completed is a foster child, the household income should not be included on the statement, nor the per diem paid to the foster family for care of the child. Section 2C should be completed and only the actual income to the foster child should be listed.

Staff from Bright from the Start may contact you to verify the information listed on the Income Eligibility Statement or the enrollment or attendance of your child at the center. This contact may occur in the form of a letter or via telephone. Household contacts are required by the Federal regulations under various situations.

In the operation of USDA's food service program, no one will be discriminated against because of race, color, national origin, sex, age or disability. If you believe you have been discriminated against, you may write to:

Administrator  
Food Consumer Service  
U.S. Department of Agriculture  
3101 Park Center Dr.  
Alexandria, VA 22302

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## Child and Adult Care Food Program (CACFP) Sharing Information with Medicaid/SCHIP

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, *unless you tell us not to*. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it in with your Income Eligibility Form. Sending in this form will not change whether your children get free or reduced meals.

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program (SCHIP).

If you checked no, fill out the form below.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

(For more information, you may contact Michelle Yarbrough at 770-957-7647)