

AFTER SCHOOL PROGRAM ENROLLMENT FORM



Total Number of children who will attend program _____

Start Date : _____

CHILDS NAME	AGE	GRADE	PICKUP TIME	TEACHER / SCHOOL

IF SOMEONE OTHER THAN THE PARENT/GUARDIAN WILL BE PICKING UP YOUR CHILD(REN), PLEASE LIST THEIR NAMES AND RELATIONSHIPS BELOW. WITHOUT THIS INFORMATION WE WILL NOT BE ABLE TO RELEASE YOUR CHILD.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

Your signature below indicates you have agreed to the After School Program regulations and procedures :

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADDRESS _____

EMAIL _____

PHONE NUMBER (home) _____ (work) _____



AFTER SCHOOL PROGRAM EMERGENCY CARD

STUDENT'S LAST NAME _____ FIRST NAME _____ SEX _____
DATE OF BIRTH _____ GRADE _____ TEACHER _____

MOTHER'S NAME (FIRST/LAST)

HOME ADDRESS/BOX # _____ PHONE # _____

MOTHER'S PLACE OF EMPLOYMENT _____
ADDRESS _____ PHONE# _____

FATHER'S NAME (FIRST/LAST) _____

HOME ADDRESS/BOX # (If different from above) _____

PHONE# _____

FATHER'S PLACE OF EMPLOYMENT _____

ADDRESS _____ PHONE # _____

HEALTH PROBLEMS OR ALLERGIES

In the event emergency treatment is needed, I authorize the After School Program staff to transport my child
_____ to _____ hospital for necessary treatment.
(child's name) (name of hospital)

Signature of Parent/Guardian Date

Child's Physician Telephone #

Child's Dentist Telephone #

List three friends or relatives who will assume temporary care of your child if you cannot be reached. Do Not list anyone who works and cannot be reached.

NAME: ADDRESS: PHONE #

NAME: ADDRESS: PHONE #

NAME: ADDRESS: PHONE #



Parental Agreements with Child Care Facility

The _____ agrees to provide child care for
(Name of Facility)
_____ on _____ a.m. / p.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):

Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is 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), 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, 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 (facility) SPATIL Private 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 not available.

I have received a copy and agree to abide by the policies and procedures for SPATIL Private Academy.

I _____ assumes full financial responsibility of all payments, tuition, and all other applicable fees.

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: _____ Date: _____ (Parent/Guardian)

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



AFTER SCHOOL PROGRAM POLICIES / PROCEDURES

Enrollment

1 Child—\$60.00 / week

2 Child—\$90.00 / week

Drop In: \$25.00 / day (request at least 24 hrs. in advance)

Grades : Pre-K - 6

Meals : SPATIL will provide an Afternoon Snack

Transportation : Pickup / Drop off transportation is available . Contact admin
For rates and details.

Hours of Operation : Mon – Fri 2:30 am – 6:00 pm

Special Arrangements may be made for Drop off and pickup as needed. Administration will need to be notified at time of enrollment or at least 24 hrs in advance.

Administration :

Main No : 470-488-2204

Admin Email : admin@spatilprivatelearning.com

Joyce Payne:COO / Vice President 678-500-5707 jpayne@spatilprivatelearning.com

Teia Ross : CEO / President – 678-472-5989 tross@spatilprivatelearning.com

Authorized Personnel for Pick up : (All Personnel will have SPATIL issued ID Badges at time of Pickup)

Teia Ross

Joyce Payne

Ronald Ross

Rochelle Pannell

Julie Tran





Date: _____

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

X

Parent / Legal Guardian Signature



Georgia State Vaccine Requirements

Posted



Date: March 28, 2017



Quick Facts and Resources for Georgia Residents

Quick Fact: For a child to be exempt from immunizations on religious grounds, the parent or guardian must furnish the school/facility with a notarized affidavit stating that immunization conflicts with his or her religious beliefs. There is no standard form for Religious Exemption, however, in 2015 the Department of Health created a form which appears to be an overreach of their authority. NVIC recommends that parents with concerns about the exemption form provided by the Department of Health seek legal advice. Medical exemptions are also allowed.

Other Resources: Many vaccination and exemption information links are date specific. If the links below have expired, click on the state's department of health, or immunization program link provided below, as they are likely to provide links to updated information. The General Information link leads to the overview page provided by the state at the time of this webpage's update and may also be helpful. Please email [NVIC](mailto:nvic@nvic.org) with broken link information.

K-12 School Information

[General Information](#)

[Vaccination Requirements](#)

[Exemption Information](#)

Higher Ed

[General Information](#)

[Vaccination Requirements](#) - The Board of Regents for the University System of Georgia develops and implements immunization policy for public colleges and universities. To learn more about which vaccines are required and which vaccines should be considered for students attending a Georgia public college click [here](#). Private colleges in Georgia develop and implement immunization policies individually for their campuses. Please contact the private college directly to inquire about their immunization requirements.

[Exemption Information](#)

Daycare Information

[General Information](#)

[Vaccination Requirements](#)

[Exemption Information](#)



Other State Resources

[Vaccination Requirements for Healthcare Workers, Patients, Inmates & Developmentally Disabled](#)

[State of Georgia Legislature](#) – see applicable statutes and their hyperlinks below. Visit [NVIC’s Advocacy Portal](#) for information on legislation introduced impacting vaccine exemption rights.

[State of Georgia Department of Health](#)

[State of Georgia Immunization Program](#)

[State of Georgia Immunization Registry Information](#)

[State of Georgia Immunization Registry Opt-Out Form](#)

Summary of Georgia Immunization Requirements for Child Care & School Attendance

These charts are based on the ACIP Recommendations and Georgia Requirements; for more detailed information including dose schedules and minimum time intervals; please refer to Georgia Form 3231REQ and Table 1 of the ACIP General Recommendations,

MMWR, January 28, 2011.

Required Number of Doses for Children Who Started Immunizations before Age 7 Years

Required Vaccines	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 years	5-6 yrs of age Total Doses Required for School Entry
DTP, DT, DTaP	1	2	3	4				5	4 or 5 (if #4 dose given on or after 4th birthday, #5 not needed)
Hep B	1	2	3						3
Hib (ActhiB) or * Hib (PedvaxHIB or Comvax)	1	2	3	4					Required for Child Care and Pre-K only
**Polio	1	2	3					4	3or 4 (4 th dose of polio on or after 4 th birthday required for children born on or after 1-1-06)
***MMR				1				2	2
Varicella				1				2	2
PCV	1	2	3	4					Required for Child Care & Pre-K only
Hep A				1		2			2 Required for children born on or after 1-1-

The information contained on NVIC's web pages is for educational purposes only and is not intended to be medical or legal advice. Those seeking medical or legal advice should obtain the services of a competent attorney, physician or qualified health care professional. Although NVIC continually updates our website, state laws and rules change frequently and consumers are ultimately responsible for verifying their state's vaccination and exemption laws and requirements.



*If PedvaxHIB or Comax is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

**The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. (MMWR 2009; 58 (30) :829-30)

***State requirement is for 2 doses each of measles and mumps, and 1 dose of rubella vaccine. Second dose may be given before age 4 years, provided at least 4 weeks have elapsed since first dose.

Required Number of Doses for Children Who Started Immunizations after Age 7 Years

Required Vaccines	First Visit	1 Mo After 1 st Dose	1 Mo After 2 nd Dose	1 Mo After 3 rd Dose	4 Mo After 1 st Dose	6 Mo After Previous Dose	Total Doses Required
Hep B	1	2			3		3
**Polio	1	2	3			3 or 4	3 or 4
***MMR	1	2					2
Varicella	1	2					2
Td/Tdap	1	2				3	3

* If child received 2 doses of adult Recombivax-HB 10 mcg between the ages of 11-15 yrs and the doses are separated by at least 4 months, dose 3 is not needed.

** The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.

*** State requirement is for 2 doses each of measles and mumps, and 1 dose of rubella vaccine.



TITLE 20. EDUCATION
CHAPTER 2. ELEMENTARY AND SECONDARY EDUCATION
ARTICLE 16. STUDENTS
PART 3. HEALTH

O.C.G.A. § 20-2-771. Immunization of students

- (a) As used in this Code section, the term:
- (1) "Certificate of immunization" means certification by a physician licensed under the laws of this state or by an appropriate official of a local board of health, on a form provided by the Department of Public Health, that a named person has been immunized in accordance with the applicable rules and regulations of the Department of Public Health.
- (2) "Facility" means any public or private day-care center or nursery intended for the care, supervision, or instruction of children.
- (3) "Responsible official" means a county school superintendent, a school principal, or a chief operating officer of a school or facility.
- (4) "School" means any public or private educational program or institution instructing children at any level or levels, kindergarten through twelfth grade, or children of ages five through 19 if grade divisions are not used.
- (b) No child shall be admitted to or attend any school or facility in this state unless the child shall first have submitted a certificate of immunization to the responsible official of the school or facility. The responsible official of any school or facility may grant a 30 calendar day waiver of the certification requirement for a justified reason. The waiver may be extended from the date of first admittance or of first attendance, whichever is earlier, for up to 90 calendar days provided documentation is on file at the school or facility from the local health department or a physician specifying that an immunization sequence has been started and that this immunization time schedule can be completed within the 90 day waiver period, provided confirmation is received during the waiver period from the health department or physician that immunizations are being received as scheduled, and provided the student under waiver is a transfer student, who is defined as a student who moves from an out-of-state school system to a Georgia school system, or a student entering kindergarten or first grade from out of state. The waiver may not be extended beyond 90 calendar days; and upon expiration of the waiver, the child shall not be admitted to or be permitted to attend the school or facility unless the child submits a certificate of immunization.
- (c) The Department of Public Health shall promulgate rules and regulations specifying those diseases against which immunization is required and the standards for such immunizations. The school or facility shall maintain on file the certificates of immunization for all children attending the school or facility. All facilities shall file a report annually with the Department of Public Health. The report shall be filed on forms prepared by the Department of Public Health and shall state the number of children attending the school or facility, the number of children who did not submit certificates of immunization within the waiver period, and the number of children who are exempted from the certification requirement for medical or religious reasons.
- (d) If, after examination by the local board of health or any physician licensed under the laws of this state or of any other state having comparable laws governing the licensure of physicians, any child to whom this Code section applies is found to have any physical disability which may make vaccination undesirable, a certificate to that effect issued by the local board of health or such physician licensed under the laws of this or such other state may be accepted in lieu of a certificate of immunization and shall exempt the child from the requirement of obtaining a certificate of immunization until the disability is relieved.
- (e) This Code section shall not apply to a child whose parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; however, the immunization may be required in cases when such disease is in epidemic stages. For a child to be exempt from immunization on religious grounds, the parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian.
- (f) During an epidemic or a threatened epidemic of any disease preventable by an immunization required by the Department of Public Health, children who have not been immunized may be excluded from the school or facility until (1) they are immunized against the disease, unless they present valid evidence of prior disease, or (2) the epidemic or threat no longer constitutes a significant public health danger.
- (g) The requirement of a certificate of immunization shall become effective for all children entering or attending facilities on or after April 7, 1981. The certification requirement shall apply to all children entering or attending schools:
- (1) On September 1, 1981, for all such children entering or attending kindergarten or the first, ninth, tenth, eleventh, or twelfth grades, or of the equivalent ages if grade divisions are not used;
- (2) On September 1, 1982, for all such children entering or attending all grades, or of all ages if grade divisions are not used.
- (h) Any responsible official permitting any child to remain in a school or facility in violation of this Code section, and any parent or guardian who intentionally does not comply with this Code section, shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than \$100.00 or by imprisonment for not more than 12 months. The Department of Public Health may adopt rules and regulations for the enforcement of this Code section. The Department of Public Health and the local board of health, or either of them, may institute a civil action in the superior court of the county in which the defendant resides for injunctive relief to prevent a threatened or continuing violation of any provision of this Code section.



GEORGIA RULES AND REGULATIONS
CHAPTER 290. DEPARTMENT OF HUMAN RESOURCES
CHAPTER 290-5. PUBLIC HEALTH
CHAPTER 290-5-4. IMMUNIZATION OF CHILDREN
AS A PREREQUISITE TO ADMISSION TO SCHOOLS AND OTHER FACILITIES
290-5-4-.02 Immunization Required.

(1) Except as otherwise provided by law or herein specified, immunization as specified by section 290-5-4-.03 of this chapter against the following named diseases, shall be required for entrance into any school or facility operating in the state:

- (a) Diphtheria;
- (b) Pertussis;
- (c) Tetanus;
- (d) Poliomyelitis;
- (e) Measles;
- (f) Rubella;
- (g) Mumps;
- (h) Haemophilus influenzae type B (Not required on or after 5th birthday);
- (i) Hepatitis B;
- (j) Varicella;
- (k) Pneumococcal (Not required on or after 5th birthday);
- (l) Hepatitis A.

(2) For any child attending any school or facility in the state of Georgia for the first time, a parent or guardian must submit a valid certificate of immunization. School or facility officials, for justified reasons, may allow a child to attend for up to 30 calendar days after first admittance without a valid certificate of immunization. Certificates of Immunization are to be issued in accord with the current Official Immunization Schedules. A certificate may be issued for a child who has not received all required immunizations with the conditions that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules. The certificate must be retained and monitored for currency by the school or facility while the child continues in attendance and must be made available for inspection during normal business hours by authorized health authority officials. When a child transfers to another school or facility, the certificate of immunization must be transferred. When a child ceases to attend without transfer, the certificate should be returned to the parent or guardian.

(3) A certificate for a child who is in the process of receiving all required vaccines must have a date of expiration that relates to the date the next required immunization is due or the date on which a medical exemption must be reviewed. A new certificate must then be obtained and submitted to the school or facility within 30 days after the expiration date. Children whose parents fail to renew said certificates within the time allotted shall not be permitted to continue in attendance.

(4) Effective July 1, 2007 for entrance into kindergarten and for new entrants into a Georgia School, students must have a total of two (2) doses of measles vaccine, two (2) doses of mumps vaccine, one (1) dose of rubella vaccine and a total of two (2) doses of varicella (chickenpox) vaccine.

(5) Effective July 1, 2007 for entrance into grade six (6), students must have a total of two (2) doses of measles vaccine, two (2) doses of mumps vaccine, one (1) dose of rubella vaccine and two (2) doses of varicella (chickenpox) vaccine.

(6) Effective July 1, 2007 children attending any childcare facility (including prekindergarten programs) must show evidence of protection against pneumococcal disease.

(7) Effective July 1, 2007 children born on or after January 1, 2006 who are attending childcare facilities (including pre-kindergarten programs) and schools must have proof of protection against hepatitis A disease (vaccination or serology).

(8) Requirements for hepatitis A, hepatitis B, measles, mumps, rubella and varicella vaccines may be waived with serologic proof of immunity. Requirements for varicella vaccine may be waived also with a healthcare provider diagnosis of varicella disease or healthcare provider verification of history of varicella disease.

