S P A T I L

Private Academy

Student, Parent, and Teacher Interactive Learning

CHILDREN'S ENROLLMENT FORM

Entrance Date:_____ Withdrawal Date:_____

Tuition: $145.00 / week (Discount for more than one student) ☐

(Please Note: Field trips not included in tuition)

Child's Name _____Sex_____ Age_____ Date of birth_____

Home Address (Street)_____

City_____ State_____ Zip_____

Email_____ (for school activities and updates)

Father's Name:_____ Home #_____Cell_____

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 #_____Cell_____

Mother's Home Address (if different from child's) Street_____

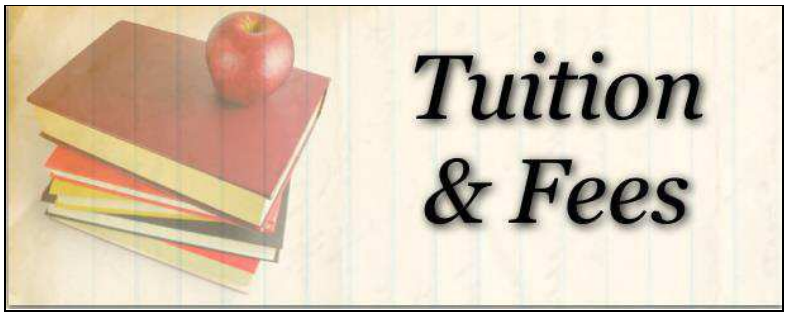
City_____ State_____ Zip_____

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



1 Child

One Week ----------$145.00 each week

By Weekly----------$290.00---------10%----------$29.00 Discount rate--------$261.00

Monthly----------$580.00----------15%----------$87.00 Discount rate--------$493.00

42 – Yearly----------$6090.00--------15%----------$914.00 Discount rate----- $5176.00

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2 Children

One Week ----------$280.00 -------- 20% ----------$56.00 Discount rate--------$224.00

By Weekly----------$560.00---------20%----------$112.00 Discount rate-------$448.00

Monthly----------$1120.00--------20%----------$224.00 Discount rate-------$896.00

42 – Yearly----------$11,760.00 -----25%----------$2,940.00 Discount rate------$8,820.00

After School Program 2020-21

*in an effort to protect our staff and students we are only offering after school program to full time students of SPATIL

1 Child

Each Week ----------$60.00

2 Children

Each Week ----------$90.00

GSNS Scholarship -Enrollment

- Tuition Enrollment differs from above Standard rates
- www.gadoe.org
- GSNS enrollment packet available on website

REGISTRATION : $125.00 New Students

15% discount for Returning Students

****Ask about early registration discounts ****

Training Materials: $95.00

(includes textbooks, e-books and other learning material)

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

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 _____ 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
_____.
(Name of Facility)

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)

DISMISSAL RELEASE FORM

Child's Name _____Sex_____ Age_____ Date of birth_____

The child listed above may be released to the person(s) signing this agreement and/or:

*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) _____

*Photo identification required (i.e., state i.d. or driver's license) No exceptions.

STUDENT MEDICAL INFORMATION

Child's Name _____Sex_____ Age_____ Date of birth_____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following medical/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 preexisting illness, allergies, or health concerns: _____

_____

_____

IN CASE OF EMERGENCY CONTACT

Child's Name _____Sex_____ Age_____ Date of birth_____

Person(s) to contact in the case of emergency when parent or guardian cannot be reached (listed in order of contact)

1. Name_____Telephone Number _____
2. Name_____Telephone Number _____
3. Name_____Telephone Number _____

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

_____

_____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name)_____ Date of birth_____ suffer an injury or illness while in the care of **SPATIL Center** 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: _____

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge: _____

Signature

Date: _____

Administration of Medications in the School, Child Care or Camp Setting

Purpose:

To ensure safe and accurate administration of medications to all children in school, child care or camp setting, staff will **only** administer medication based on documented instructions. Because the administration of medication requires extra staff time and safety considerations, parents should check with their healthcare provider to see if a dosage schedule can be arranged that does not involve the hours the child is in school or child care setting.

Medication Administration Policy:

The following requirements must be met before administering medications.

**** Parent Written Authorization***

**** Medication in the original labeled container***

**** Proper care and storage of medication***

**** Documentation of medication administration***

Nebulized medications and emergency injections (Epi-Pen®) require a written healthcare plan or instructions completed by the RN consultant and/or the child's healthcare provider. Parents are responsible for providing all medications and supplies to the school/child care program. In most situations, children should not transport medications to and from school/childcare; this includes medication placed in a bag or backpack. Special arrangements must be considered regarding the safe transport of medications for children attending field trips and camp programs. Program staff may not deviate from the written authorization from the Health Care Provider with prescriptive authority. Program staff must count and record the quantity of controlled substances (e.g., Ritalin®) received from the parent, in the presence of the parent. Medications that have expired or are no longer being used at the center should be returned to the parent or guardian. If the medicine has not been picked up within one week of the date of the request, then medication must be disposed of, according to established procedures.

Medication Administration Procedure Care and Storage:

Medications administered in school or child care settings should be stored in a secure, locked, clean container and under conditions as directed by the health care provider or pharmacist. Medications that require refrigeration should be stored in a leak-proof container (provided by the child's parent or guardian), in a designated area of the refrigerator separated from food OR in a separate and locked refrigerator used only for medication.

Once all requirements are met, the care provider will administer the medications utilizing the 5 Rights of Medication Administration

1. Right Child
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route

Documentation:

Any medications routinely administered must be documented on the Medication Log by the person administering the medication.

Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)
photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one) Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	☐	☐
Display on facility's activity flyers, given to current and prospective clients	☐	☐
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	☐	☐
Display still photos on school website*	☐	☐
Post photos on school's Facebook page	☐	☐
Other:	☐	☐
Videos:		
Give video to current parents	☐	☐
YouTube™ promotional video	☐	☐
Other:	☐	☐
Other (please list):		
	☐	☐
	☐	☐
	☐	☐
	☐	☐

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:_____ _____(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_____ Date: _____

Parent / Legal Guardian Signature

ENROLLMENT CONTRACT

It is my/our desire to have my/our child/children enrolled in the **2020-21 school year program** at **SPATIL Private Academy**

I will receive/have received a copy of the **SPATIL Academy** policy handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we further understand that if the policies outlined in the handbook are not adhered to, it would be sufficient cause for the removal of the child/children from the center program.

I/we also agree to give a minimum of two weeks written notice (ten full week days) of my/our intent to withdraw my/our child/children from the center program. If a two week notice is not given, I/we agree to make full tuition payment for the final two weeks.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I/we understand that I/we must provide a completed medical form to the center.

_____ I/we understand the center fees are _____ for school weeks and _____ if paid by the month.

_____ I/we understand charges will remain the same during school weeks if there is a snow day, holiday or late start or early dismissal.

_____ I/we understand center payment is due on Friday for the upcoming week. Payments are considered late if received after pick-up the following Monday. Late fees are $10.00 and $5.00 per day, thereafter.

_____ I/we have contracted for the hours of 9:00 a.m. to 2:30 p.m.

_____ I/we understand the late pickup and (pre-requested) early drop off fee is $10.00 for the first 15 minutes and $5.00 for every 1-15 minutes, thereafter.

_____ I/we understand the pickup policy for other than parental pick up.

_____ I/we understand the illness policy.

_____ I/we understand the meal policy.

_____ I/we are contracting for (school year only, summer only) arrangements.

_____I/we understand the behavior policy and I/we have read and shared the center rules with my/our child/children.

_____ I/we understand the returned check policy is $35.00 for the first two occurrences. Thereafter, checks will not be accepted. Returned checks must be settled within two business days upon notification.

_____ I/we understand two weeks advance written notification is required prior to withdrawal.

_____ I/we agree to pay the last two weeks tuition during the first two months of enrollment.

_____ _____

SPATIL A Private Learning Center **Parent Signature and Date**