



ONE NATION ACADEMY

2560 Highway 138 (Stockbridge Road)

Jonesboro, Georgia 30236

(678) 709-2355

20__ SCHOOL YEAR ENROLLMENT FORM

CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)		
Last Name:		
First Name:		
Middle Name:	Suffix (Jr.; II; III):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Other Name (Nickname):		
Social Security Number:	Date of Birth:	
Home Address Number:	Home Address Street:	
Home Address City:	Home Address State and Zip:	
Home Address County:	Home Phone:	

If the Student is transferring from another school, please provide the following:	
Previous School Name: _____	
Last Date in Attendance: _____	

PARENT/GUARDIAN #1 INFORMATION		
Last Name:	First Name:	Middle Initial:
Relationship To Child:		
Home Address Number:	Home Address Street:	
Home Address City:	Home Address State and Zip:	
Home Address County:	Email Address:	
Home Phone:	Cell Phone:	
Place of Employment		
Employment Address (Number and Street):		
Employment Address (City; State; and Zip):		
Employment Phone Number:	Alternate Phone Number:	



PARENT/GUARDIAN #2 INFORMATION		
Last Name:	First Name:	Middle Initial:
Relationship To Child:		
Home Address Number:	Home Address Street:	
Home Address City:	Home Address State and Zip:	
Home Address County:	Email Address:	
Home Phone:	Cell Phone:	
Place of Employment		
Employment Address (Number and Street):		
Employment Address (City; State; and Zip):		
Employment Phone Number:	Alternate Phone Number:	

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)				
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a class. If my child is placed in Georgia's Early Childhood Education Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by One Nation Academy where my child will be enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

Signature Parent/Guardian

Date



CHILD MAINTENANCE				
CHILD'S LIVING ARRANGEMENT:	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> FATHER <input type="checkbox"/> OTHER
CHILD'S LEGAL GUARDIAN:	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> FATHER <input type="checkbox"/> OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
Date of Last Full Health Screening: <hr/>	
Phone: <hr/>	Physician's Name: <hr/>

My child has the following special needs:



The following special accommodation(s) may be required to meet my child's needs most effectively while at One Nation Academy:

My child is currently on the following medication(s), prescribed for long-term continuous use:

My child has the following pre-existing allergies, illnesses, or health concerns:

Please indicate any other important issue that you would like to share about your child:



GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Early Childhood Education providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Early Childhood Education providers or DECAL, which shall include, but not be limited to, the Georgia Department of Education.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Early Childhood Education provider specified below, the Georgia Department of Early Care and Learning (DECAL), and certain agencies or entities contracted by the Early Childhood Education provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Early Childhood Education activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site. The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Early Childhood Education provider, DECAL, and other entities contracted by the Early Childhood Education provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

EARLY CHILDHOOD EDUCATION PROVIDER

NAME: _____

ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____



PARENTAL AGREEMENTS WITH CHILD CARE FACILITY

One Nation Academy agrees to provide child care for:

_____ on _____
(Name of Child) (Days of Week)

from _____ a.m. to _____ p.m., from _____ to _____
(Date: Month/Day/Year) (Date: Month/Day/Year)

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

Breakfast

Evening Snack

Morning Snack

Dinner

Lunch

Bedtime Snack

Afternoon Snack

- Before any medication is dispensed to my child, I will provide a written authorization, which includes:
 - A. Date
 - B. Name of Child
 - C. Name of Medication
 - D. Prescription Number (if any)
 - E. Dosages
 - F. Date
 - G. 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(s) 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, immunization records, etc.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., pertaining to my child.



- One Nation 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 One Nation Academy 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 One Nation Academy.
- 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)

JOHN 21:15

*“After they had eaten breakfast, Jesus asked Simon Peter, ‘**Simon, son of John, do you love Me more than the others?**’ Peter answered Him, ‘Yes, Lord, You know that I love You.’ Jesus told him, ‘**Feed My lambs.**’*