



Enrollment Packet

In order to have a completed enrollment application the following forms must be completed and submitted in its entirety.

_____ Completed Enrollment Form

_____ Vehicle Emergency Medical Authorization Form

_____ Authorization to Dispense External Preparations

_____ Copy of Birth Certificate

_____ Immunization Records

_____ Copy of Parent(s)/ Guardians ID

_____ Medication Authorization Form (if applicable)



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ENROLLMENT FORM

Entrance Date (mm/dd/yyyy) Withdrawal Date (mm/dd/yyyy) Birth date (mm/dd/yyyy)

Child's Name (last, first, middle initial)

Child's Nickname Gender Age Email Address

Home Address (Street Address, City, State and Zip Code)

(_____) _____

Home Telephone Number

Child's Primary Language

School attending (school age children only)

(_____) _____

Mother's Cell Telephone Number

(_____) _____

Father's Cell Telephone Number

Father's Name/Home Address/Telephone Number, if different from child's

(_____) _____

Place of Employment/Address of Employment/Business Number with extension

(_____) _____

Mother's Name/Home Address/Telephone Number, if different from child's

(_____) _____

Place of Employment/Address of Employment/Business Number with extension

(_____) _____

Regular Care Arrangements: Lives with Both Parents Mother Father Other: _____
Are there any custody arrangements for your child? _____ If yes, please describe:

(A court order with supporting documentation describing custody arrangements and restrictions must be provided.)

Child's Legal Guardian(s) Both Parents Mother Father Other

Transportation arrangement to and from school: _____

Legal guardians' formal education: _____
Highest grade completed and institution

Child care or education experience(s) of parent/guardian: _____



Pick up/Drop off Authorizations: My child may be released to the person(s) signing this agreement or to the following:

Name	Address (include complete street address, city, state and zip code)	Telephone	Rel. to child

Emergency Contacts: Persons to contact in case of an emergency when parents cannot be reached. These people are authorized to make medical decisions concerning my child.

Name	Address (include complete street address, city, state and zip code)	Telephone

_____()_____
Pediatrician or child's primary health care source name Telephone number

_____()_____
Dentist name Telephone number

Our school does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan services for your child.

Does your child have any allergies or food restrictions? _____ If yes, please describe and attach care plan:

Does your child have any diagnosed special needs, medical or mental conditions? _____ If yes, please describe:

Are your child's activities restricted by any special needs, developmental disabilities, medical or other conditions? _____ If yes, please describe: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this school. (Circle One) NONE YES

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns unmentioned above: (circle one) NONE YES

Medical Insurance Information

Insurance Carrier _____ Insured's Name _____

Primary Care Physician Name _____ Telephone () _____

ID or Policy # _____ Member Service Number () _____

Special needs of parents (e.g. inability to climb stairs, difficulty lifting child, hearing, vision, etc.):



EMERGENCY MEDICAL AUTHORIZATION

Should my child suffer an injury or illness while in the care of Kids Tech Academy 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 agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The administration agrees to keep me informed of any incidents requiring professional medical attention involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. I agree to accept the financial responsibility for all medical and transportation expenses incurred.

In consideration of the registration of my child, I release Kids Tech Academy and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the facility, or participation in the programs and activities conducted by the program other than to the extent caused by the negligent or willful misconduct of the program and their related companies, directors, officers, employees and agents.

Parent Signature(s) _____ Date _____

Release and Waiver of Liability for Administering an Asthma Inhaler

Release between Kids Tech Academy and (parent(s)/guardian(s) name) who are the Parent(s)/Guardian(s) of (child's name). (parent(s)/guardian(s) name) have requested Kids Tech Academy provide emergency treatment for their child at Kids Tech Academy and take certain actions described in the child's "Asthma Care Plan" (Authorization), which is attached to this Release and is hereby incorporated by reference.

The parties agree that (parent(s)/guardian(s) name) releases Kids Tech Academy and its officers, employees or agents from all liability which may arise as a result of Kid's Tech Academy administering asthma treatment or following the directions in the Authorization (including any additional physician's instructions or clarifications) as long as such employees or agents exercise reasonable care in taking such actions. (parent(s)/guardian(s) name) also releases Kids Tech Academy and its officers, employees or agents from all liability arising out of the use of any materials and/or equipment supplied by the parent(s)/guardian(s) in connection with the asthma treatment as long as such employees or agents exercise reasonable care in the use of such materials or equipment.

This Release shall be governed by the laws of the State of _____, where KIDS TECH ACADEMY is located.

Parent Signature(s) _____ Date _____



FAMILY AGREEMENT

Child's Name _____ DOB: _____

Days of Attendance: Please circle

Before School M T W TH F After School M T W TH F

After School Care ONLY _____ School Child Attends _____

After School Package please circle 1 2 3 4 5 6

Date effective _____

Child's anticipated arrival time daily _____ Child's anticipated departure time daily _____

PLEASE INITIAL ALL THAT APPLY:

___ REGISTRATION AND PAYMENTS: A non-refundable registration fee is due at time of enrollment and annually on child enrollment anniversary. Registration must be fully completed prior to child attends in the pre-school or afterschool program.

___ TUITION. I agree to pay \$_____ Every Week, ___ Biweekly, ___ monthly for childcare services for the above mentioned child. I understand that all tuition and fees must be paid in advance prior to services being rendered. Tuition and fees are due every Friday or 1st day of the month. Payments not received by close of business on Monday at 7:00p.m are considered past due and subject to a \$25.00 late fee. Each additional day following that tuition is not received my account will be assessed \$5.00 per day. All accounts delinquent for 1 week must be paid in full immediately in order to continue daily program.

I understand there are no refunds on childcare services. Kids Tech Academy offers discounts of 10% to teachers, military families as well as siblings with 2 or more children enrolled. The sibling discount will be applied to the older child's tuition. If my child is absent for one full week I will be expected to pay half of my above listed tuition amount in order to reserve their spot. If my child attend only one day a week my expected tuition amount will be half, if my child attends two or more days in one week my expected tuition amount will be full price.*If my before/aftercare child attends Kids Tech Academy for a full day when his/her school is closed I will be expected to pay a full-day rate of _____. If at any time I pay with a check that is returned for insufficient funds my account will be assessed a \$35.00 fee. When Fayette County Schools are closed for an entire week and my before/aftercare student is absent from the center my expected weekly tuition is half of the above listed amount.

___ HOLIDAYS/CLOSINGS: I understand Kids Tech academy will be closed in accordance with the following 10 national holidays (1) New Year's Day (2) Martin Luther King Jr. Day(3) Columbus Day (4) Labor Day (5) July 4th (6) Memorial Day (7) Thanksgiving (8) the day after Thanksgiving (9)Christmas Eve and (10) Christmas Day. Any holidays falling on Saturday will be observed on the proceeding Friday and any holiday falling on Sunday will be observed the following Monday. In case of flooding, snow, ice or other unusual weather or emergencies Kids Tech Academy will follow the Fayette County School closings schedule please listen for announcements on your local news station. The director will notify all parents by email/phone or text within 24 hours with further instructions.

___ EXTRACURRICULAR CLASSES & ACTIVITIES: I understand that there is an additional fee for all extracurricular activities unless otherwise noted in my package choice. **I understand there will be no refunds for any missed classes.** Class packages are locked in for one month and at the end of each

month I will be able to renew or change my package upon request. **Parents are not allowed to attend any extracurricular activities as in it disturbs the lesson.**

___ EMERGENCY TRANSPORTATION: I hereby ___ give ___ do not give – consent for my child to be transported and supervised by the operation’s employees for emergency care to **Piedmont Fayette Hospital, 1255 Highway 54 Fayetteville Georgia 30214, phone number (770) 719-7000.** Should my child become ill or suffer an accident of any nature during their time in Kids Tech Academy’s care the school agrees to contact me immediately and is authorized to secure medical attention for my child when necessary. (I as the parent/guardian will assume financial responsibility)

___TRANSPORTATION: I understand that transportation is provided to and from school and on planned field trips with parent/guardian permission only. A separate form and signature are required for this service. All school-age transportation agreement form must be signed each year and when any information changes. A field trip agreement must be signed for each trip.

___LATE PICK-UPS: In case of late pickup, the parent must call the school at (678) 661-54370, NO LATER THAN 6:00P.M. The phone call allows the Director and/or classroom teacher to reassure your child that she/he has not been abandoned. A late fee of \$2.00 per minute after 7:00 p.m. will be assessed to your account. After 7:15pm there will be a \$5.00 per minute late fee. During Summer Camp the fee will be \$5.00 a minute starting at 7:00pm. These fees are non-negotiable and must be paid before your child is allowed to return to the center. Please be advised that calling and informing the center that you will be late **does not** excuse you from the late fees. Chronic lateness may result in your child being dismissed from the program. **This policy will be strictly enforced.**

___ PERMISSION SLIPS: The school agrees to obtain written authorization from me before my child participates in routine transportation for field trips, special activities away from the facility or water-related activities occurring in water that is more than two (2) feet deep.

___ MEALS: I understand that my child will be provided with breakfast, lunch and a snack daily based upon their hours of attendance which are in compliance with United States Department of Agriculture guidelines. Breakfast ends daily promptly at 8:40 am. I understand that I am responsible for any special diet requirements my child has and agree to provide substitute meals which meet USDA guidelines in the event my child has medical reasons for a substitution and a physician’s statement. If my child’s diet consist of breast milk or formula taken from a bottle, I understand that I must provide Kids Tech Academy with the appropriate number of bottles pre-made daily. **Each bottle will be clearly labeled with my child’s full name and current date.**

___ MEDICATION AUTHORIZATION: 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; dosage; 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.

___ CARE PLANS/HEALTH ASSESSMENTS/ILLNESSES: I agree to obtain special care plan(s) and health assessment(s) for my child according to the schedule recommended by the American Academy of Pediatrics or required by state rules and regulations. I will notify the staff when my child or any family member has a contagious disease. My child is currently on medication(s) for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns_____.

I understand that Kids Tech Academy will not allow children with communicable illnesses, diarrhea or a temperature above 100.4 into the center.

___ SAFETY: 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.

___ REQUIRED MATERIALS: I understand that all pre-school children ages 6 weeks to 4 years will be provided with a school supply list at the beginning of the pre-school term in August annually. Kids Tech Academy will provide each student with a cot, and cot sheet and ask all students in this age to provide at minimum one change of clothing (shirt, pants, and underwear) labeled inside on the tag in a gallon size zip lock baggy to remain in their cubby for accidentals.

___ WATER ACTIVITIES: I hereby ___ give ___ do not give – my consent for my child to participate in Water Activities: check all that apply ___ sprinkler play ___ splashing/wading pools ___ swimming pool ___ water table

___ VIDEO/PHOTOGRAPHY: I give permission for my child to be photographed and videotaped for use by or on behalf of the facility for educational, training, curriculum, marketing and similar purposes.

___ RECORDS: 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, and immunization records, etc. I understand that the state requires me to furnish the center with Form 3231 Immunization Record upon enrollment.

___ INCIDENT REPORTS: The school agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

___ CONFERENCES/PROGRESS REPORTS/BEHAVIOR: I am advised that the school will notify me of my child's progress, issues relating to his/her care and any individual special needs. Also, I understand that if my child displays continued behavior infractions I may be called and asked to come pick them up. Such infractions include but are not limited to biting, hitting, fighting class disturbances and or continued disrespect. Written reports discussing children's behavior will be sent home weekly.

___ PARENT INVOLVEMENT/VOLUNTEER HOURS: Kids Tech Academy encourages parents to volunteer and attend all functions. I will receive monthly communication regarding these events and opportunities. I would like to volunteer _____ hours a week/month within the school.

___ NO EMPLOYMENT: I will not solicit, employ or enter into any contract with any employee of Kids Tech Academy to perform child care or similar services under any circumstances without the express consent of Kids Tech Academy. If I employ or contract with any employee of Kids Tech Academy or person who within one year of the date of such employing or contracting was employed or under contract with Kids Tech Academy, I will pay the KTA a placement fee of \$5,000.

___ PARENT HANDBOOK: I have reviewed and understand the Parent Handbook and related information concerning the school and the educational services provided by Kids Tech Academy provided online at www.kidstechacademy.org. I will use the program in accordance with the terms of the Parent Handbook and the policies and procedures made available at the facility. Use of the facility and the services may be denied in the event I do not comply with the terms of this agreement, or when determined by the administration to be in the best interests of my child or the children enrolled in the afterschool program. The availability of these services are subject to change at any time.

___ TERMINATION OF ENROLLMENT: If the parent/legal guardian terminates the child's enrollment, we will suggest an approach to provide a comfortable transition for your child. Refund of payments for services will be limited to policies outlined in the handbook. In the event of noncompliance with the conditions described in the admission agreement and policies that the parent/legal guardian reviewed, accepted, and signed, we will meet with the parent/legal guardian to make a plan for corrective action that specifies the expected action and the period after which termination will occur for continued noncompliance. Program staff members will offer support to the family to achieve compliance and follow the school's grievance procedure. If the corrective action plan is not successful, unless the grievance procedure results in an alternative approach, termination of services will occur. Parent/legal guardian is responsible for fees as outlined in the termination policy (usually equal to one week's tuition).

Kids Tech Academy does not allow gum, candy, outside toys, jewelry or beads in the hair (due to choking hazard). We are not responsible for lost or damaged clothing, toys or other personal items.

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance listed in the parent handbook online at www.kidstechacademy.org.

Signature (Parent/Guardian) _____

Date _____

Signature (Parent/Guardian) _____

Date _____



Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

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

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
(Name of Facility) cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____



Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. 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 will include, when applicable, 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; and signature of parent.

I give _____ Kids Tech Academy _____, 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) _____

Parent/Guardian Signature

Date

Parents or Guardian's Notice of No Liability Insurance and Acknowledgement

I understand that I am being informed in writing by signing this acknowledgement that this facility **Kids Tech Academy** does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents or Guardian's Signatures _____

Date _____

Parent or Guardian (Print Names) _____

Date _____

Child(rens) Names

Date

Transportation Agreement

This is to certify that I give _____ Kids Tech Academy _____ permission to transport my child

from _____ at _____ (am/pm) Morning
Pickup Location

to _____ at _____ (am/pm) Morning
Delivery Location

My child will be transported from _____ at _____ (am/pm)
Afternoon Pickup Location

to _____ at _____ (am/pm) Afternoon
Delivery Location

on the following days:

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday

_____ is authorized to receive my child. In the event the authorized person is not present to receive my child the following procedures are to be followed:

_____ is approximately _____ miles from the center.
(School Name)

In the event that my child is not to be transported as outlined above, I agree to notify the _____ Kids Tech Academy at least two hours prior to pick up time _____.

Signature (Parent/Guardian) _____ Date _____