

CHILDREN'S ENROLLMENT FORM

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

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 Phone Number _____

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 ☐

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other Identifying information (if any) _____

SUNRISE LEARNING ACADEMY INC

The Education Station of Lilburn

602 Rockbridge Rd. SW Lilburn, GA 30047. Phone #:770-925-3115

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

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

Child's doctor or clinic name: _____

Doctor/clinic phone#: _____

My child has the following special needs: _____

The following special accommodation(s) are required to effectively meet my child's need while at the center: _____

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:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

Suffer an injury or illness while in the care of Sunrise Learning Academy and the facility is unable to contact me (us) immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

(Signature)

Date: _____

Facility Administrator/Person-In-charge: _____

(Signature)

Date: _____

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PARENTAL AGREEMENT WITH CHILD CARE FACILITY

1. Sunrise Learning Academy agrees to provide day care for _____
(Name of child)
at _____ a.m. to _____ p.m. from _____ to _____. My child will
(days of the week)
participate in the following meal plan.

(Circle applicable meals and snacks):

Breakfast

Morning Snack

Lunch

Afternoon Snack

Evening Meal

Bedtime 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: 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.
- 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 physician, child's health status, infant feeding plans and immunization records, etc.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, etc. that may involve my child.
- Sunrise Learning 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 have received a copy and agree to abide by the policies and procedures for Sunrise Learning Academy.

Parent /Guardian Signature _____ Date _____

Facility Administration Signature _____ Date _____

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VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone Number _____ Work Phone _____

Mother's Name _____

Home Phone Number _____ Work Phone _____

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

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Child's Allergies: _____

Current prescribed medication: _____

Child's special needs and conditions: _____

In the event of an emergency involving my child and the Sunrise Learning Academy 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.

Parent/Guardian Signature _____

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TRANSPORTATION AGREEMENT

This is to certify I give Sunrise Learning Academy permission to transport my child

_____ from _____ at _____ (am/pm)
(Name of Child) (Pickup Location) (Time)

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

My child will be transported from Sunrise Learning Academy at _____ (am/pm)
(Time)

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

on the following days (check mark the days):

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

_____ is authorized to receive my child in the event that I, the parent
(Name of Authorized Person)

is not present to receive my child. In this case, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
(Location)

In the event that my child is not to be transported as outlined above, I agree to notify Sunrise Learning Academy at least 24 hours before transportation arrangement.

Parent/Guardian Signature _____ Date _____

DO NOT LEAVE ANY SPACES BLANK

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PAYMENT AGREEMENT

Hours of operation are from 6:30 am to 6:30pm, Monday through Friday. A late pickup charge is \$1.00 per minute past 6:30pm, which is due when you pick up your child(ren) from the center. GA PRE-K children who are not in the aftercare program will be charged \$1.00 per minute after 3:05pm.

TUITION RATES

6 Weeks- 18 months -----\$
Toddlers(19 months – 23 months) ----- \$
Two Years Old ----- \$
Three – Five Years ----- \$
Before /After Care ----- \$
School Age/Summer ----- \$
Before /After Care ----- \$
School Age/Summer ----- \$
Drop-in care ----- \$ per day
Drop-in care, maximum of 2 days only ----- \$

There is an annual registration fee of \$65 per child, which is nonrefundable.

Fees are charged for the full week regardless of the number of days the child attends. Parents on drop-in care are excluded.

In order to provide the best possible learning environment for children, tuition is due on Friday for the upcoming week. If not paid by Monday of the service week by 10:00am, a late fee of \$25 will be charged to your account, and if not paid in full by Friday, children are not permitted to attend until accounts are paid up to date.

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

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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 the parent.

I give **Sunrise Learning 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 _____

*center should maintain in child's file

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PARENT AGREEMENT FORM

1. I understand and agree that my child will be provided with lunch and snack served daily by the center while in attendance at Sunrise Learning Academy
2. I understand that I am responsible for any special diets that my child may require. Parents must provide formula fed from a bottle and baby foods for those children not yet eating table food, each bottle will be labeled with my child's name and date as required by state regulations.
3. I agree to comply with state regulations requiring me to escorts my child into and out of the center, if my child wears diapers; I will provide the center diapers for my child while he/she is in attendance at Sunrise Learning Academy
4. I agree that it is my responsibility to provide the center with any and all information regarding any special needs and requirements that my child has or may need.
5. Medication may be administered to my child at the center only after I sign the standard form for this procedure. No medication will be given (including over the counter medicines) without a written consent.
6. If a situation occurs where my child(ren) becomes ill or suffers an accident while in the center, the center will contact me immediately and shall be authorized to secure medical attention and care for the child as necessary. I will be responsible for any expenses resulting from such care.
7. Transportation is provided for field trips. A field trip form must be signed before each trip in order for my child to attend. In order to increase safety, the center requires students to wear uniforms on field trips. I understand that my child must wear a Sunrise Learning Academy uniform field trips.
8. I acknowledge responsibility to keep my child's records current to reflect any charges as they occur e.g. address, physician, emergency contacts, telephone #'s. etc.
9. I agree to pay the total weekly fee, and dishonored check charge as outlined on the payment agreement sheet.
10. I have received a copy and agree to abide by the policies and procedures as outlined in the Sunrise Learning Academy teachers & parents handbook.

I have read and understand the above statements.

Parent/Guardian Signature _____ Date _____

Director _____ Date _____

*****Make sure you have completed the forms to your fullest ability*****

DAYCARE PHOTO RELEASE FORM

I, _____, the parent of a child/children at **Sunrise Learning Academy**, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the internet.

The child(ren) are known as: _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of the child's enrollment and onward to the owner's discretion. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____

SUNRISE LEARNING ACADEMY

PARENTAL POLICIES AND AGREEMENT

1. The center is an equal opportunity. Applications for enrollment are acted upon with no regard to race, religion, color, national origin, or sex.
2. The center is open from 6:30am-6:30pm for daycare, before and after school students. Georgia Pre-K hours are 8am-2:30pm.
3. The center will be closed on the following Holidays: New Year's Day & New Year's Eve, MLK Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & Thanksgiving Friday, and Christmas Day. If a holiday falls on a Saturday, the center will be closed the preceding Friday. If a holiday falls on a Sunday, the center will be closed the following Monday. If there are any additional closing, follow Gwinnett school closing due to weather conditions.
4. Each child, regardless of age, must be labeled with first and last name. Clothing must be left at the center in their cubby. The center is not responsible for lost clothing. Each child should wear washable clothing in which they are comfortable and they can get dirty.
- 5.** All bottles and pacifiers are to be labeled with the child's full name, dated, and capped. This is the requirement from BFTS.
- 6.** Parents are required to bring in diapers, pull-ups for your child/children who need them.
- 7.** Do not bring any personal items to the Academy. Sunrise Learning Academy is not responsible for any personal items brought from home.
- 8.** **NO GLASS CONTAINERS OR BOTTLES.**
- 9.** If your child/children cause any damage to the property that belongs to Sunrise Learning Academy, you will be responsible for the repairs or replacement for the item.
- 10.** Annual Registration Fee is due Every September. The cost for one child-\$65.00, 2 children \$110.00, 3 children \$175.00.
- 11.** In case of withdrawal of your child from the center, parents are required to give the center one week notice. If this is not given, an additional payment of one week must be paid.
- 12.** Breakfast is from 7:30am-9:00am. Lunch is served for toddlers 10:50am-11:30am, Preschool 11:00-11:45, and Pre-K 11:50-12:20.
- 13.** Parents are required to bring and pick up their child/children daily. Parents who have authorized a person to pick up their child must show ID upon arrival and contact the school to let them know.

- 14.** Parents will be called if your child/children become ill. Children absent with a contagious illness must bring in a doctor statement stating that they can return to Sunrise Learning Academy.
- 15.** Sunrise Learning Academy does not dispense any medication over the counter. The only exception will be for extreme cases that are life threatening to the child in a form of prescription medication **only**.
- 16.** If your child or children are out for 1-2 weeks due to illness or vacation you're responsible for the **full tuition**. If it's more than 2 weeks due to illness or vacation, **you are required to pay 50% of the regular tuition to hold your child/children place in class.**
- 17.** Sunrise Learning Academy will have holiday services for before and after school and Pre-K students. If it's 2 or more days it will be \$140 for the week service.
18. Tuition is due on Monday and Tuesday's 10am. Payments made after 10am on Tuesday will have a \$25.00 late fee on top of tuition fee.
19. There will be a \$35.00 NSF if there is a return check.
20. In the event of an emergency, the center has my permission to administer first aid or to obtain emergency medical treatment in the child's best interests.
21. Permission slips are required to go on field trips. If there is no permission slip then the child/children will not be able to attend
22. You must agree that you will not leave Sunrise Learning Academy with an outstanding balance upon departure.
23. Each child will be encouraged to play outside when the weather permits.
24. There is zero tolerance for behavior. Your child can be suspended or terminated out of this center.
25. My child/children have permission to watch PG movies at Sunrise Learning Academy.
26. These parental policies and procedures are subject to change and if any changes, parents will be notified immediately.

Parent/Guardian signature_____ Date_____

*****Please, complete the forms in its entirety***** Thank you.