

Kids 4 Kompany Learning Academy

1520 Tara Rd.

Jonesboro, GA 30238

(770)210-9022 Phone

(770)210-9026 Fax

Enrollment Application

access code _____

Entrance Date _____ EMAIL ADDRESS _____

Child's Full Name	DOB	Sex	Age
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Child's Address	City, State	Zip Code	Phone #
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Father's Name/ Address	City, State	Zip Code	Phone #
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Father's Place of Employment/Address	City, State	Zip Code	Work #
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Mother's Name/ Address	City, State	Zip Code	Phone #
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Mother's Place of Employment/Address	City, State	Zip Code	Work #
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Child lives with: **Check one** () Both Parents () Mother () Father () Other

List names of **previous** school or childcare center your child attended:

List the name of the school your child currently attends:

List all medications your child is currently taking:

Child's Doctor Name/Address	City, State	Zip Code	Phone #
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List all medical and food allergies your child has:

List all pre-existing health conditions or behavioral conditions for your child:

May we take photos of your child (all your children) in the learning environment settings for center use and promotional purposes only? Yes No

My child or children may be released to myself as well as the following persons:

Name	Relationship	Address	Phone #

ADDRESSES MUST BE COMPLETE; THIS MAY NOT BE LEFT BLANK

In the event of an emergency and I cannot be reached, please contact:

Name	Relationship	Address	Phone #

ADDRESSES MUST BE COMPLETE; THIS MAY NOT BE LEFT BLANK

Signature _____

Date _____

**Kids 4 Kompany Learning Academy
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Parental Agreement

1. Kids 4 Kompany Learning Academy agrees to provide childcare for

_____ **Monday through Friday from 5:45am to**
child's name **6:00pm** on a year round basis.

Infants and toddlers must be picked up by 5:00pm. My child will participate in the following meal plan: breakfast lunch afternoon snack or dinner.

2. 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.
3. 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 and immunization records, etc.
4. **The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.**
5. **Kids 4 Kompany 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.**
6. **I have received a copy and agree to abide by the policies and procedures for Kids 4 Kompany Learning Academy.**

Signature/Date of Parent/Guardian

and

Facility Administrator

**Kids 4 Kompany Learning Academy
1520 Tara Rd.
Jonesboro, GA 30238
(770)210-9022**

Emergency Medical Authorization

Should _____, _____ suffer an

Child's Name

Date of Birth

injury or illness while in the care of Kids 4 Kompany Learning Academy and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary . The hospital Kids 4 Kompany Learning Academy utilizes is Southern Regional Hospital. (We) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of healthcare is: _____

Physician/Clinic Name/Address

Physician's Telephone #

Known medical conditions (e.g.) diabetic, asthma, allergies:

Signed _____ Date _____

Parent/Legal Guardian Name _____

Telephone # _____

**Kids 4 Kompany Learning Academy
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Transportation Agreement

Kids 4 Kompany Learning Academy will be providing routine transportation for _____
to and/or from school or from home to the childcare center.
(Please circle one)

Please specify the pickup and delivery locations as well as the time.

Routine pick up location and Time	
Routine delivery location and Time	
List the name of any person/s authorized to receive your child	

In the event that no one is present to receive your child, specify the procedure Kids 4 Kompany Learning Academy shall follow:

Name/Date of Authorized Signature

**Kids 4 Kompany Learning Academy
1520 Tara Rd.
Jonesboro, GA 30238
(770)502-9802**

Vehicle Emergency Medical Information

Child's Name/Address/ DOB

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 Kids 4 Kompany Learning Academy utilizes is:

Southern Regional

Riverdale, GA 30274

Child's allergies: _____

Current prescribed medication: _____

Child's special medical needs and conditions: _____

In the event of an emergency involving my child and if Kids4 Kompany 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.

Child's Name _____ Signature/Date of Parent/Guardian _____

Witnessed by: _____ **Date** _____

Kids 4 Kompany Learning Academy
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(770)502-9802

Infant Feeding Plan

Child's Name _____ **DOB** _____ **Date** _____

Does the child take a bottle? _____
Is the bottle warmed? _____
Does the child hold own bottle? _____
Can the child feed self? _____

Place a check next to all that apply. Does the child eat:

Strained foods ___ Whole Milk ___
Baby food ___ Table Foods ___
Formula ___ Other _____

What type of formula used? _____
Amount of formula to be given? _____
Updated amounts of formula: _____ **Date** _____
_____ **Date** _____

Does the child take a pacifier? _____
When? _____
Food likes _____ **Food dislikes** _____
Allergies (which includes any premixed formula) _____

Child's Schedule

Breakfast _____
Time _____ **Types and approximate amounts of food** _____
Lunch _____
Dinner _____

Morning Nap/Afternoon Nap approximate times: _____
Instructions for the introduction of solid foods or regarding adding new foods please list:

Signature/Date of Parent/Guardian _____