

Kids 4 Kompany Learning Academy

**615 Greison Trail
Newnan, GA 30263
(770)502-9802 Phone
(770)502-9808 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 _____

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Parental Agreement

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

_____ **Monday through Friday from 6:00am 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
615 Greison Trail
Newnan, GA 30263
(770)210-9022**

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

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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 _____