

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 _____

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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**

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

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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 Hospital 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 _____

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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 _____