Last Name: _____

School Year: 20_____ - 20_____

Date of Enrollment: _____

Enrollment Requirements

Infants- Pre-K2

TO THE APPLICANT:
Thank you for your expressed interest in Atlanta Achievers Academy. Please complete all sections of this application. The following checklist should assist you in the admissions process:

Student Name_____ Date of Birth_____ **Grade & Age _____**
(at time of enrollment)

Item	Date Satisfied
Enrollment Application	
Authorizations and Consent/Student Release/Emergency Contacts	
Media Release Form	
Development History & Background Information	
Eating, Toilet & Sleeping Habits	
Infant Feeding Plan (6 weeks-12 months)	
Safe Sleep Practices Policy	
Additional Child Information	
Enrollment Agreement	
Non- Prescription Medication Form	
Birth Certificate	
Immunization Records (GA Form 3231 Certificate of Immunization) -or- Notarized Religious Exemption Form	
Annual Physical (GA Form 3300 Ear, Eye and Dental Certificate)	
CACFP Meal Benefit Income Eligibility Statement	
Parent ID	

***Items on the checklist are necessary for all students before they can be admitted to class.**

Atlanta Achievers Academy
Enrollment Application

Student Information		**School Year Applying for:**
Last Name		
First Name		
Middle Name		Sex
Home Address		
Date of Birth	Age	Child lives with: Mother ☐ Father ☐ Both ☐ Other_____
Last School Attended		Last date in Attendance
Is student current on vaccinations? Yes ☐ No ☐		If no, do you have a religious exemption? Yes ☐ No ☐
Does student have any health problems or allergies? Yes ☐ No ☐		If yes, explain
Is your child on any daily prescribed medication? Yes ☐ No ☐		If yes, explain
Does student have any diet restrictions? Yes ☐ No ☐		If yes, explain
Who referred you to Atlanta Achievers Academy?		Referred by:

Parent/Guardian Information

Parent #1	**Door Code**	**Parent #2**	**Door Code**
Name		Name	
Relationship to Student		Relationship to Student	
Home Address		Home Address	
City/State Zip		City/State Zip	
Cell Phone#		Cell Phone#	
Cell Phone Carrier		Cell Phone Carrier	
Home Phone #		Home Phone#	
Place of Employment		Place of Employment	
Work Address		Work Address	
Work Phone#		Work Phone#	
E-mail		E-Mail	

I am aware of the policies of Atlanta Achievers Academy, which govern my child. **I understand that all fees, including initial fees, are non-refundable.** To the best of my knowledge, the information provided in this application is accurate and true.

Parent/Guardian Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

Atlanta Achievers Academy

Authorization and Consent/ Student Release/Emergency Contact

Student's Name: _____ DOB:_____

EMERGENCY AUTHORIZATION:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I understand that the emergency contacts listed below will be called.

Emergency Contact #1	Emergency Contact #2
Name	Name
Phone#	Phone#
Relationship to child	Relationship to child
Relationship to parent	Relationship to parent

STUDENT RELEASE AUTHORIZATION:

I hereby grant Atlanta Achievers Academy permission to release my child to the person (s) signing this agreement, and to the person (s) listed on this form. I understand that my child WILL NOT be released to anyone other than these persons unless otherwise authorized in writing. I understand that photo identification will be required of any person picking up a student.

Authorized Pick-up #1	Door Code	Authorized Pick-Up #2	Door Code
Name		Name	
Address		Address	
Phone#		Phone#	
Relationship to child		Relationship to child	
Relationship to parent		Relationship to parent	

MEDICAL AUTHORIZATION:

I grant Atlanta Achievers Academy permission to take necessary actions to provide emergency medical services to the applicant. I understand that Atlanta Achievers Academy will attempt to contact and follow the instructions of the parent or guardian, physician, or other authorized individuals, as circumstances permit. We authorize Atlanta Achievers Academy to seek and comply with the advice of any available physician, ambulance personnel, or emergency room staff. Furthermore, I agree to be solely responsible for and to promptly pay any expenses incurred by Atlanta Achievers Academy in facilitating emergency medical treatment for the student. I authorize Atlanta Achievers Academy to transport the student using its vehicles, personnel vehicles, or by ambulance in the event of an emergency.

Medical Center the school uses: **Hughes Spalding Children's Hospital, 80 Jesse Hill Jr. Drive, SE, Atlanta, GA 30335-3801**

Student's Physician	
Phone Number	
Child's Health Insurance Carrier	
Policy Number	

Parent/Guardian Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

Atlanta Achievers Academy

Media Release Form

Name of child _____

Address _____

City, State, Zip_____

MEDIA RELEASE FOR A MINOR

☐ **OPT IN:** I, the undersigned, being the legal guardian of the child listed above, grant to Atlanta Achievers Academy the right to use his/her photograph, likeness, video or voice recording, for broadcast or publication in any and all media. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date on this release; I will not seek compensation for usage.

☐ **OPT OUT:** I do not grant permission to use my child's photograph, likeness, video or voice recording, for broadcast or publication in all media.

Parent Print Name:

_____

Signature: _____ Date: _____

Atlanta Achievers Academy

Enrollment Agreement

I acknowledge that I have received and read a copy of Atlanta Achievers Academy's Enrollment Agreement. I acknowledge that I will download a copy of the Atlanta Achievers Academy's Policy and Regulations Handbook for Parents and Students from the school's website. I understand that it is my responsibility to contact the school's director with any questions I have about the information contained in this agreement, handbook, or any document relating to enrollment policies and procedures.

Child's Name_____

_____ _____
(Signature of Parent/ Guardian) **(Date)**

_____ _____
(Signature of Parent/ Guardian) **(Date)**

_____ _____
(Signature of Staff) **(Date)**

Enrollment Agreement Parent Copy

Welcome to Atlanta Achievers Academy (AAA). We look forward to a healthy and happy relationship with your family.

1. Atlanta Achievers Academy, hereby referred to as AAA, is open from 7:00 am to 6:00 pm, Monday-Friday. AAA is closed for certain holidays and events. The closing schedule for AAA is listed in the Policies and Procedures Handbook. All policies and procedures will be discussed in detail at the Parent Orientation.

2. AAA will be open whenever possible on a regularly scheduled day during regular hours, which are Monday through Friday from 7 a.m. to 6:00 p.m. In the event of inclement weather, AAA will be closed when Atlanta Public Schools announces closure. AAA reserves the right to close in cases where Atlanta Public Schools fail to announce closure. In this case, parents will be notified by phone of such closure. Should it become necessary to close early, it will be your responsibility to arrange for your child's early pick-up.

3. Children will not be allowed to enter or leave the facility without being escorted by the parent(s), a person authorized by the parent(s), or AAA staff. AAA will release your child only to you or to those persons you have listed on the Student Release Authorization form. If you want a person who is not identified on the Student Release Authorization form to pick up your child, you must notify AAA in advance, in writing. Your child will not be released without prior written authorization. AAA will ask any person other than you to provide photo identification.

4. AAA cannot legally deny access or release of your child to either parent/guardian unless there is an active restraining order on file or a specific schedule of court-ordered visitation rights.

5. If AAA notifies you that your child is ill, you must pick up your child immediately (within the hour that you were called). If your child is absent due to a reportable disease, your child may return only with a physician's note indicating that they are no longer contagious.

6. Before enrollment, you must provide AAA with your child's current medical and immunization records. These records must be updated annually. Children without appropriate, current medical records may not attend AAA.

7. In the event of an emergency, AAA will make every effort to contact you. The parent agrees to permit AAA to administer first aid or to obtain emergency medical treatment in the child's best interest.

9. Teachers and staff will never administer any medication without a written description of its proper administration and written consent. You can get a medicine authorization form from any staff member. E-mail or faxed authorization is acceptable. Atlanta Achievers Academy reserves the right not to administer medication on an ongoing basis, or more specifically, for longer than five consecutive school days.

10. The parent agrees to keep all records current, including their address, phone numbers, and other relevant information.

*This Enrollment Agreement may not be inclusive and is subject to change in whole or in part by AAA at any time.

Enrollment Agreement cont. Parent Copy

10. Tuition payments, including initial fees to Atlanta Achievers Academy, are non-refundable and will not be prorated.
    Infants-5th Grade Monthly Tuition: Tuition payments are due on the 1st of each month. A late fee of $25.00 will be assessed on the 6th of the month. All tuition and late fees must be paid in full by the 15th of the month, or your child cannot return to school on the following day.

11. Hours of operation are Monday through Friday from 7:00 am to 6:00 pm.
    Early Learning Center: *Please note that the Early Learning Center (Infants-Pre-K4) can only be in attendance for a maximum of 10 hours per day.
    Upper Grades: Students in grades K-5 can arrive as early as 7:00 a.m. Pre-K4 students are allowed to be in attendance until 6:00 pm. The school day hours (grades K-5th) are 8:30 am – 4:00 pm. After-school care is provided for students in K-5th grade from 4:00 pm to 6:00 pm at an additional monthly rate. A $2.00 late fee applies for any late pickup.

12. Meals:
    Early Learning Center: Breakfast, lunch, and afternoon snack are provided for the Early Learning Center. The center prohibits bringing outside breakfast and lunch unless a doctor's note is provided.
    Upper Grades: Breakfast is not served at school during the regular school year. Students may bring their breakfast no later than 8:00 am on any given school day. Lunch is available for elementary students each day for the additional fee of $4.00 per day, which can be paid for by individual days or $20.00 for the entire week (or on a monthly basis if so desired). The lunch consists only of chicken, fish, or turkey; beef or pork is never served. Students (except those in ELC) have the option to bring their lunch from home. Facilities for warming up are provided. All students are required to bring their afternoon snack.

13. If AAA determines that the program is not in the best interest of you or your child, AAA will require you to withdraw your child from the program. Similarly, a child may be withdrawn for any acts of a parent/guardian that AAA believes, in its sole discretion, are inappropriate or inconsistent with the best interest of the school.

14. Withdrawal: Upon registration, you agree that your child will attend Atlanta Achievers Academy for the 10-month school year. Parents will be responsible for paying 1 month’s tuition if the tuition agreement is broken. All monies received by Atlanta Achievers Academy are non-refundable.

15. The parent agrees to abide by all rules and policies specified in the Atlanta Achievers Academy Policy Regulations Handbook for Parents and Students.

16. Parents agree to attend the initial orientation meeting.

17. Parents agree to attend or send a family representative to PTSA meetings.

*This Enrollment Agreement may not be inclusive and is subject to change in whole or in part by AAA at any time.

404-755-1300

www.AtlantaAchieversAcademy.com

2719 Delowe Drive, East Point GA 30344

MANDATORY

Greetings Parents,

We hope this message finds you well. We wanted to remind you that at Atlanta Achievers Academy, we do not charge separately for meals and snacks for our Little Achievers. However, with the rising cost of food, it is becoming increasingly difficult to maintain this policy.

To address this issue without increasing tuition costs, we have partnered with YES Child and Adult Care Food Program (CACFP) to offer free healthy meals to all our students (infants-PreK). This will not only help us offset the cost of food but also allow us to keep meals affordable for our Advancing Achievers.

To take advantage of this program, we kindly ask you to complete the Meal Benefits Income Eligibility Form. Regardless of whether you meet the income requirements or not, all students enrolled in Atlanta Achievers Academy must fill out this form. For your reference, an income eligibility guideline has been attached.

For your privacy, you may use the link to submit your form electronically directly to CACFP. **Electronic version of the IES form**

If you prefer to fill out a hard copy, you can download the form from the attachment or pick it up from the office.

Please be aware that if you have a child aged one or younger, you must complete the infant affidavit (see attachment).

You can return the hard copy of the form / infant affidavit to the center or email it directly to CACFP at application@yeskidz.com or fax to 770-938-6869.

Thank you for your cooperation in helping us comply with the CACFP's requirements. If you have any questions or concerns, please do not hesitate to contact us.

Take Care, We Care

AAA Staff

Bright from the Start: Georgia Department of Early Care and Learning

Center: Atlanta Achievers Acad **CACFP Meal Benefit Income Eligibility Statement***

F R P

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial) DOB	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. **Note**: Do not use EBT numbers. Write case number and proceed to Part III.	**Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply.** (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income[1] - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here. Child Income/How often? $_____/_____

B. Other Household Members[1]. **List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.**

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Welfare, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
2. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
3. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
4. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
5. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX_____ ☐ I do not have a Social Security Number

PART III: Enrollment Information: *Children Only*

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. ☐ (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Saturday**

Circle the meals your child will normally receive while in care: ☐ **Breakfast AM Snack** ☐ **Lunch** ☐ **PM Snack Supper Evening Snack** ☐

PART IV: Signature

*I certify that all information on this form is true and that **all** income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care.* ***If not completed fully and signed, the participant will be placed in the Paid category.***

Signature: X _____ **Print Name:** _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity:
☐ Hispanic/ Latino ☐ Not Hispanic/ Latino

Check (✓) one or more racial identities:
☐ Asian ☐ White ☐ Black or African American ☐ Indian or Alaska Native ☐ Hawaiian or other Pacific Islander

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ **Per**: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Year **Household Size**: _____

Categorical Eligibility: check (✓) if applicable ☐ **Eligibility**: check (✓) one Free ☐ Reduced ☐ Paid ☐

Day Care Homes Only: check (✓) one Tier I ☐ Tier II ☐

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ **Date**: _____

Confirming Official's Signature: _____ **Date**: _____

Follow Up Official's Signature: _____ **Date**: _____

YOUTH EDUCATIONAL SERVICES, INC
2321 Main Street, Tucker GA 30084
Phone (770) 938-3188 • Fax (770) 938-6869 • www.yeskidz.com

Infant Affidavit

Name of Sponsor (if applicable) Youth Educational Services, Inc.

Name of Center/Provider Atlanta Achievers Academy

Name of Infant: _____

Infant Date of Birth: _____

Name of Parent/Guardian: _____

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program must provide meals to all infants enrolled for care in the center/facility.

Center/provider will provide the following milk-based iron-fortified formula: _____
Center/provider will provide the following Iron-fortified infant cereal: _____
Center/provider will provide the following brand of infant foods: _____

****

Parents/Guardians,

Please check one of the following options below and sign this form:

☐ I would like the provider/center to provide ALL meal components to my infant and I will provide clean, sanitized, and labeled bottles daily.

☐ I will provide the following meal component to my infant and the center will provide all other meal components:

- ☐ Formula*
- ☐ Cereal
- ☐ Fruit
- ☐ Vegetable
- ☐ Meat/Fish/Poultry/Eggs/Beans/Peas
- ☐ Cheese/Cottage Cheese/Yogurt
- ☐ Bread/Crackers/Breakfast Cereal

_____ _____
Parent/Guardian Signature Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian. The center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Income Eligibility Guidelines

(Effective from July 1, 2025 to June 30, 2026)

Household size	Free Meals					Reduced Price Meals				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1 …..	20,345	1,696	848	783	392	28,953	2,413	1,207	1,114	557
2 …..	27,495	2,292	1,146	1,058	529	39,128	3,261	1,631	1,505	753
3 …..	34,645	2,888	1,444	1,333	667	49,303	4,109	2,055	1,897	949
4 …..	41,795	3,483	1,742	1,608	804	59,478	4,957	2,479	2,288	1,144
5 …..	48,945	4,079	2,040	1,883	942	69,653	5,805	2,903	2,679	1,340
6 …..	56,095	4,675	2,338	2,158	1,079	79,828	6,653	3,327	3,071	1,536
7 …..	63,245	5,271	2,636	2,433	1,217	90,003	7,501	3,751	3,462	1,731
8 …..	70,395	5,867	2,934	2,708	1,354	101,178	8,349	4,175	3,853	1,927
For each additional family member add	+ 7,150	+ 596	+ 298	+ 275	+ 138	+ 10,175	+848	+ 424	+392	+ 196

Development History and Background Information

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

Child's Name: _____ Child's Date of Birth: _____

DEVELOPMENT HISTORY

**Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child*

Age began: Sitting _____ Crawling _____ Walking _____ Talkin _____

*Does your child pull up? ☐ Yes ☐ No

Crawl? ☐ Yes ☐ No

Walk with support? ☐ Yes ☐ No

Any speech difficulties? ☐ Yes ☐ No

Special words to describe needs: _____

Language spoken at home: _____

*Does your child use a Pacifier? ☐ Yes ☐ No

Suck thumb? ☐ Yes ☐ No

*Does your child have a fussy time? ☐ Yes ☐ No

*How do you handle a fussy time? _____

Any history of colic? ☐ Yes ☐ No

If yes, when? _____

HEALTH

Any known complications at birth? ☐ Yes ☐ No

Serious illnesses and/or hospitalizations? ☐ Yes ☐ No

Special physical conditions and disabilities? ☐ Yes ☐ No

If yes, please list: _____

Any allergies? ☐ Yes ☐ No

If yes, please list: _____

Regular medications? ☐ Yes ☐ No

If yes, please list: _____

INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle?	Yes ☐	No ☐
Is the bottle warmed?	Yes ☐	No ☐
Does the child hold own bottle?	Yes ☐	No ☐
Can the child feed self?	Yes ☐	No ☐

Does the child eat: (check all that apply)

Strained Foods	☐	Whole Milk	☐
Baby Foods	☐	Table Food	☐
Formula	☐	Other	☐

What type formula used, if applicable?_____
Amount and time of formula/breast milk to be given?_____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes ☐ No ☐ If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes ☐ No ☐ Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady?	Yes ☐	No ☐
Opens mouth/leans forward in anticipation of food offered?	Yes ☐	No ☐
Closes lips around a spoon?	Yes ☐	No ☐
Transfers food from front of the tongue to the back and swallows?	Yes ☐	No ☐

Instructions for the introduction of solid foods _____

_____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula)_____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____
_____

PARENT'S SIGNATURE: _____ Date: _____

Eating, Toilet, & Sleeping Habits

EATING HABITS

Special characteristics or difficulties:

*If the infant is on a special formula, describe its preparation in detail:

Favorite foods:

Foods refused:

How does your child eat? ☐ Held in Lap ☐ In High Chair ☐ Other:

What does your child eat with? ☐ Spoon ☐ Fork ☐ Hands

TOILET HABITS

*What type of diapers are used? ☐ Disposable ☐ Cloth diapers

*Is there a frequent occurrence of diaper rash? ☐ Yes ☐ No

*Do you use: ☐ Baby Oil ☐ Powder ☐ Lotion ☐ Other:

*Are bowel movements regular? ☐ Yes ☐ No

How many bowel movements per day?

*Is there a problem with diarrhea? ☐ Yes ☐ No

*Is there a problem with constipation? ☐ Yes ☐ No

*Has potty training been attempted? ☐ Yes ☐ No

*Please describe any particular procedure to be used for your child:

What is used at home? ☐ Potty Chair ☐ Special Child Seat ☐ Regular Seat

How does your child indicate bathroom needs (include special words):

Is your child ever reluctant to use the bathroom? ☐ Yes ☐ No

Does the child have accidents? ☐ Yes ☐ No

SLEEPING HABITS

*What does your child sleep in? ☐ Crib ☐ Bed Does your child nap during the day? ☐ Yes ☐ No

If yes, when and how long?

Describe any special characteristics or sleeping needs (stuffed animal, story, mood on waking, etc.):

Please Note:

The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

Safe Sleep Practices Policy

Child's name:_____ Date of birth:_____

Parent/Guardian name:_____

Safe Sleep Practices/Policies:

1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.

3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

_____

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature_____ Date_____

Non Prescription Medication Form

CHILD INFO	
Name:	**DOB:**

☐ I_____, authorize_____ to use the following non-prescription medication according to the instructions provided on the label on my child, _____, during their time at your childcare facility. I hereby release the above-stated childcare provider from any liability for injuries or damages that may occur from administering the following non-prescription medication to my child.

Parents must supply the following items, each of which should be in the original container and clearly labeled with the child's name.

PRODUCTS		
Baby wipes	☐ **Yes**	☐ **No**
Band-Aids	☐ **Yes**	☐ **No**
First Aid Ointments	☐ **Yes**	☐ **No**
Antiseptic Spray	☐ **Yes**	☐ **No**
Sunscreen	☐ **Yes**	☐ **No**
Insect Repellent	☐ **Yes**	☐ **No**
Non-Prescription Ointment (i.e. A&D, Destin, Vaseline)	☐ **Yes**	☐ **No**
Baby Powder	☐ **Yes**	☐ **No**
Baby Lotion	☐ **Yes**	☐ **No**
Other:	☐ **Yes**	☐ **No**
	☐ **Yes**	☐ **No**

COMMENTS

Parent's Signature

Date

Additional Child Information

SOCIAL RELATIONSHIPS

How would you describe your child:

Previous experience with other children/child care:

Reaction to strangers:

Able to play alone? ☐ Yes ☐ No

Favorite toys and activities:

Fears (the dark, animals, etc.):

How do you comfort your child:

What is the method of behavior management/discipline at home:

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE: Please describe your child's schedule on a typical day. *For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

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Please share anything else we should know about your child below:

Parent/Guardian Signature

Child's Name