

Last Name _____

School Year: 20____ - 20____

Date of Enrollment _____



Enrollment Requirements

TO THE APPLICANT:

Thank you for your expressed interest in Atlanta Achievers Academy. Please fill all parts of this application completely. 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	
Non- Prescription Medication Form	
Enrollment Agreement	
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)	
Parent ID	

***Items on 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 <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
Last School Attended		Last date in Attendance	
Is student current on vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, do you have a religious exemption? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does student have any health problems or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Is your child on any daily prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Does student have any diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
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		City/State	
Zip		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 governs 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 release to anyone other than these persons unless otherwise authorized in writing. I understand that photo identification will be required of any person picking up 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 hereby grant Atlanta Achievers Academy permission to take whatever action in its judgment may be necessary to supplying emergency medical services to the applicant. I understand that, consistent with the circumstances of the situation and available time, Atlanta Achievers Academy will attempt to contact and follow the instruction of the parent or guardian, physician or other person(s); we hereby grant permission to Atlanta Achievers Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree that we will solely be responsible for and will promptly pay any expenses, which may be incurred by Atlanta Achievers Academy in making emergency medical treatment available to the student. I give Atlanta Achievers Academy permission to transport the student in a Atlanta Achievers Academy vehicle, vehicle of its personnel or by ambulance in case 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 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 any and all media.

Parent Print Name:

Signature: _____ Date: _____



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 Talking

*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: _____



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 _____



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.



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.

-
-
-
-
-

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

Parent/Guardian Signature

Child's Name



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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Band-Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid Ointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Antiseptic Spray	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sunscreen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insect Repellent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Prescription Ointment (i.e. A&D, Destin, Vaseline)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baby Powder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baby Lotion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS

Parent's 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 receive a copy of the Atlanta Achievers Academy's Policy and Regulations Handbook for Parents and Students at the orientation meeting. 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 or 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 normal hours which are Monday – Friday from 7 a.m. – 6:00pm. In the event of inclement weather, AAA will be closed when Atlanta Public School announces closure. AAA reserves the right to close in cases in which Atlanta Public School fails 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), person authorized by 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 identifications.
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 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 he or she is no longer contagious.
6. Prior to enrollment, you must give AAA current medical and immunization records for your child. These records must be updated annually. Children without appropriate, current medical records may not attend AAA.
7. In case of an emergency, AAA will make every attempt to contact you. Parent agrees to give AAA permission to administer first aid or to obtain emergency medical treatment in the child's best interest.
8. **Teachers and staff will never give any medication without description of its proper administration in written form and written consent.** You can get a medicine authorization form from any staff member. E-mail or faxed authorization is acceptable. Achievers Academy reserves the right **not** to administer medication on an ongoing basis or more specifically for longer than 5 consecutive school days. Teachers will not administer medication to students for more than twice a day.
9. Parent agrees to keep all records current including address, phone numbers, etc.

*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.

Early Learning Center (Infants – Pre-K4): Tuition payments are due weekly by noon, the Friday before services are rendered to avoid late fees. After a week of non-payment, the child cannot return to school until the balance is paid.

Upper Grades (K-6th Grade): Tuition payments are due on the 1st of each month. A late fee will of \$25.00 will be accessed on the 6th of the month.

All tuition and late fees must be paid in full by the 10th of the month or your child cannot return to school on the following day.

11. Hours of operation are Monday – Friday from 7:00 am-6:00pm.

Early Learning Center: *Please note that Early Learning Center (Infants- Pre-K4) can only be in attendance for a maximum of 10 hours per day.

Upper Grades: Students K - 6th grade can arrive as early as 7:00 am. Pre-K4 students are allowed to be in attendance until 6:00pm . The school day hours (grades K-5th) are 8:30 am – 4:00pm. After-school care is provided for kindergarten-5th grade, from 4:00 pm-6:00 pm at an additional monthly rate. There is \$2.00 late fee, for any late pickup.

12. Meals:

Early Learning Center: Breakfast, lunch and afternoon snack is provided for Early Learning Center.

Upper. Grades: Breakfast is not served at school during the regular school year. Students may bring their own 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 \$3.00 per day which can be paid for by individual days or \$15.00 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 for pre-school) have the option of bringing their own lunch from home. Facilities for warm-up are provided. All students should bring their own afternoon snack.

13. If AAA determines that the program is not in the best interest of you or your child, AAA will require you 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 tuition agreement is broken. All monies received by Atlanta Achievers Academy are non-refundable.

15. Parent agrees to abide by all rules and policies specified in *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