

Last Name: _____

School Year: 20____ - 20____

Date of Enrollment: _____



Enrollment Requirements

Pre-K3 & Pre-K4

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	
Additional Child Information	
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)	
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: _____

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.



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



Center:

CACFP Meal Benefit Income Eligibility Statement*

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

Name: (Last, First and Middle Initial)	DOB	SNAP, TANF, or FDIPIR 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 Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here. \$ _____/_____

B. Other Household Members¹. 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 NumberPART 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
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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: _____

Infant Affidavit

Name of Sponsor (if applicable) _____

Name of Center/Provider _____

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*

☐ Meat/Fish/Poultry/Eggs/Beans/Peas

☐ Cereal

☐ Cheese/Cottage Cheese/Yogurt

☐ Fruit

☐ Bread/Crackers/Breakfast Cereal

☐ Vegetable

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.



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

[This institution is an equal opportunity provider.](#)