



# Enrollment Application

Date: \_\_\_\_\_

## Child Information

Name of Child:		Date of Birth:	Gender:
Street Address:			
City:	State:	Zip Code:	Telephone:
Parent's primary email address (for internal correspondence only):			
Name of Elementary School Attending (if any):			

## Enrollment Information

Date Attendance Will Begin:	Days and Duration of Attendance:
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## Parent Information - Mother

Mother's Name:			
Home Phone:	Cell Phone:	Email Address:	
Home Address (if different from child):			
Employer:		Work Hours:	
Street Address:			
City	State:	Zip Code:	Work Telephone:

## Parent Information - Father

Father's Name:			
Home Phone:	Cell Phone:	Email Address:	
Home Address (if different from child):			
Employer:		Work Hours:	
Street Address:			
City	State:	Zip Code:	Work Telephone:

### Family Information

Marital Status of Parents:	Names of Brothers & Sisters:
Stepfather's Name:	Stepmother's Name:
Is your child adopted?	Do they know?
Child's Living Arrangements: Both Parents ( ) Mother ( ) Father ( ) Other: _____	
Child's Legal Guardian(s): Both Parents ( ) Mother ( ) Father ( ) Other: _____	
Are there any social or family circumstances that Crabapple Academy should be aware of?	

### Health Information

Describe any health conditions or other situations concerning your child which Crabapple Academy should be aware that would require special procedures to be followed. Please include physical or mental issues that may limit the child's participation in programs and/or activities and any dietary restrictions.
Please list any and all allergies:
What protocol should be taken if allergic reaction occurs?
Please list any medication(s) prescribed for long-term, continuous use:
Please list any general health issue(s) we should be aware of:

### Physician Information

Name and telephone of the physician you wish for us to contact in an emergency situation:	
Physician Name:	Telephone Number:

### Emergency Contacts

Persons whom you authorize Crabapple Academy to contact for guidance in a medical or other emergency if the child's parents/guardians are unavailable:		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

**Release Authorization**

Please list the persons other than the parent/guardian to whom Crabapple Academy is authorized to release your child. Crabapple Academy will not release your child to anyone that is not identified below without written, signed authorization from the parent/guardian. Changes to this list of persons appearing below will be made, signed and dated on this form or shall be attached. The parent/guardian agrees that he/she will be certain the staff is aware of the child's arrival and departure each day and to escort their child into and out of the school when dropping off or picking up. Crabapple Academy will not allow any child to enter or leave without an escort.

Name:	Relationship:	Telephone:
Address:		
Name:	Relationship:	Telephone:
Address:		
Name:	Relationship:	Telephone:
Address:		

**Attendance Identification Codes**

Crabapple Academy utilizes a computerized attendance system which allows us to track the attendance of each child. Each person that is authorized to regularly pick up and/or drop off a child requires a unique, four-digit identification code. The name and desired code for each person authorized to pick up your child on a consistent basis is as follows:

Name \_\_\_\_\_ Code # \_\_\_\_\_ Name \_\_\_\_\_ Code # \_\_\_\_\_  
 Name \_\_\_\_\_ Code # \_\_\_\_\_ Name \_\_\_\_\_ Code # \_\_\_\_\_

**Key Deposit**

Where applicable, a fob key is required for access to the school. A \$25.00 per key deposit is required and shall be refunded upon return of the keys in normal operating condition.

FOR OFFICE USE ONLY

Key # \_\_\_\_\_ Issued to \_\_\_\_\_  
 Key # \_\_\_\_\_ Issued to \_\_\_\_\_

**Agreement**

I hereby agree with any and all statements and provisions made herein. I hereby further attest that all the information I have provided herein is true and accurate to the best of my knowledge and that I shall notify Crabapple Academy of any changes in timely manner.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Enrollment Agreement

Date: \_\_\_\_\_

## Program Information

Name of Child:		
Program:	Days of Attendance:	Program Duration:
Date Attendance Will Begin:	Weekly Tuition Amount:	

## Fees

Fee/Charge	Amount	Provisions
Annual Registration	\$75.00 for 1 child \$37.50 for siblings	Nonrefundable Due upon enrollment and annually on enrollment anniversary
Tuition	As stated herein	Due weekly on Friday for the upcoming week Meals included based on Program (breakfast, morning snack, lunch & afternoon snack)
Field Trip	As published on the Field Trip Consent	Charged on a per event basis
Summer Camp	As published on the Summer Camp Enrollment Agreement	
Key Deposit	\$25.00 per key issued	Charged only at applicable Crabapple Academy location(s) Fully refundable upon return of keys in normal operating condition
Late Payment Charge	\$15.00 each occurrence	Assessed if account balance is unpaid as of Tuesday at 6:30 p.m.
Late Pickup Charge	\$1.00 per minute	Assessed each minute a child remains on school premises past normal operating hours and/or part-time program hours
Returned Check Fee	\$35.00 per occurrence	Multiple occurrences of returned checks may result in cash payment being required until such time as consistent, on-time payment record is restored
Accounts ten (10) or more days delinquent shall result in suspension until such time as account balance is paid in full. Accounts thirty (30) or more days delinquent may result in disenrollment.		
Acceptable forms of payment for all fees are cash or check.		

## Enrollment Acknowledgement and Agreement

I grant permission for my child to participate in the above referenced program activities, including the use of indoor and outdoor equipment, and I agree to pay all fees associated with the enrollment of my child at Crabapple Academy.

Before any medication is dispensed to my child, I will provide a written authorization which includes, but is not limited to: date, name of child, name of medication, prescription number (if any), dosage, date and time of day medication is to be given. All medication will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s)/guardian(s), person authorized by the parent(s)/guardian(s), or Crabapple Academy personnel.

I acknowledge that it is my responsibility to keep my child's records current to reflect any changes as they occur, such as telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunizations, etc.

I acknowledge that I have received a copy of the Crabapple Academy Parent Handbook and I shall abide by the statements, provisions, policies and practices therein.

Crabapple Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

Crabapple Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the school, and water-related activities occurring in water more than two (2) feet deep.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Crabapple Academy understands that it is difficult for parents to leave or miss work due to the illness of their child. We recommend that alternative childcare arrangements be available for occasions when your child needs to remain at home or be picked up due to illness. If the parents or guardians travel or are unable to be reached for long periods of time, it is important to have an emergency contact, who will be able to respond to their child's needs their absence.

In order to comply with the requirements imposed by the state licensing agency, if your child has any of the following conditions or symptoms, you will be contacted to pick up the child within 1 hour of notification. During this time, your child will be removed or isolated from the other students and kept as comfortable as possible.

- A fever of 101 or above with or without additional symptoms (rash, vomiting, diarrhea, etc.)
- Vomiting with or without additional symptoms (fever, rash, diarrhea, etc.)
- Loose or uncontrolled bowel movements (diarrhea) with or without additional symptoms
- A skin rash, lesion or wound with bleeding, oozing, pus, or clear fluid
- Conjunctivitis / Pink Eye where whites of the eye appear red and/or blood shot accompanied by discharge that is white, yellow, or green in color
- Nasal discharge that is constant, uncontrolled, thick, and green in color
- A cough that is constant, uncontrolled, and productive (raising phlegm)
- Any contagious or communicable illness or disease, which is reportable to the Department of Public Health
- Children lethargic wanting to sleep and not participate in activities

A list of communicable diseases is posted at the school and copies are available.

If a child is diagnosed with any of the above conditions, his/her pediatrician can provide guidance concerning his/her return to school. If a communicable disease has been identified by your child's doctor, please notify Crabapple Academy so that we can post a notice on the classroom door alerting others to watch for symptoms in their child.

In order for a child to return to school, the following conditions imposed by the state licensing agency must be met:

- The child must be fever and/or symptom free for a full 24 hours. If a child returns to school within the 24 hours after being sent home, he/she will be sent home.
- Any prescribed medication for a current contagious condition must be taken for a full 24 hours before returning.
- For certain conditions, the Director may require a statement from your child's doctor before readmission will be authorized.

All prescription and over-the-counter medications will be administered to a child only upon written authorization by the parent or guardian using the Medication Authorization form. State law requires that all medications must be:

- In the original container; and
- Clearly labeled with the name of the child, the name of the medicine, the prescription number (if a prescription) and the date and dosage to be administered

Medicines shall administered at 11:00 a.m. and 3:00 p.m. as follows:

- Prescription medications will be given per the dosage and time period instructions on the label.
- Over-the-counter medications, creams, ointments, etc. will be given for 3 days, after which written instructions from the child's doctor will be required for the medication to continue. These instructions must include name of the medication, dosage amount, dosage quantities and dates and/or length of time to be administered.

Prescription medicine that is to be administered on a long-term basis (asthma, allergies, etc.) will require instruction from the child's doctor and an action plan. These instructions must include the condition that requires the medication, name(s) of medicine, dosage amount, dosage quantities and if this is a seasonal, on going or permanent condition.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





# Emergency Medical & Transportation Agreement

Date: \_\_\_\_\_

## Child Information

Name of Child:		Date of Birth:	Gender:
Street Address:			
City:	State:	Zip Code:	Telephone:
Name of Elementary School Attending (if any):			
Allergies or Medical Conditions:			
Current Prescribed Medication:			

## Parent Contact Information

Mother's Name:	Home Phone:	Work Phone:	Cell Phone:
Father's Name:	Home Phone:	Work Phone:	Cell Phone:

## Physician Information

Physician Name:	Telephone:
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## Emergency Contacts

Persons whom you authorize Crabapple Academy to contact for guidance in a medical or other emergency if the child's parents or guardians are unavailable.

Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

## Emergency Medical Agreement

I understand that consistent with the circumstances of the situation and available time, if the above named child is injured or becomes ill, Crabapple Academy will attempt to contact and follow the instructions of the parent or guardian, physician or other person(s) designated as outlined above.

In the event Crabapple Academy is unable to contact the parent or guardian, physician or emergency contact person(s), or the circumstances of the situation require immediate action, I hereby authorize Crabapple Academy to contact and comply with the advice of an available physician, ambulance personnel or emergency room personnel.

I further understand that **Emory Johns Creek Hospital**, located at 6325 West Johns Crossing, Johns Creek, GA 30097, 678-474-7000, is the emergency medical facility utilized by Crabapple Academy. If **Emory Johns Creek Hospital** is unable to contact me, I hereby authorize any needed emergency medical care for the above mentioned child.

I agree that I shall be fully responsible for all medical expenses incurred by all parties during the treatment of the above mentioned child.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Transportation Agreement

In the event of a non-medical emergency, such as evacuation, I hereby agree that Crabapple Academy may transport the above referenced child to **John's Creek Baptist Church**, located at 7500 McGinnis Ferry Road, 770-623-8208, or any secondary location that Crabapple Academy, in its sole discretion, deems safe.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_



# Photo Release Agreement

Date: \_\_\_\_\_

## Child Information

Name of Child: \_\_\_\_\_

## Photo Release Agreement

I hereby grant to Crabapple Academy the right to make, use and publish photographs of my child, or in which my child may be included, for center publications, electronic reproductions (web sites), promotional materials and/or any other purpose.

I hereby further grant permission to alter the same without restriction and to copyright the same.

I hereby further release the photographer and Crabapple Academy from all claims and liability relating to said photographs.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# School Transportation Agreement

Date: \_\_\_\_\_

## Child Information

Name of Child:	
Name of School Attending:	Approximate # of Miles From School:

## Authorization

I hereby grant Crabapple Academy permission to transport my child to and/or from school as follows (check authorized transportation):

- ( ) From Crabapple Academy at approximately 8:00 a.m. to the above referenced school at approximately 8:30 a.m. (or the appropriate arrival time)
- ( ) From the above referenced school at approximately 2:30 p.m. (or the appropriate dismissal time) to Crabapple Academy at approximately 3:00 p.m. and be received by authorized staff members

Such transportation is authorized on the following days (circle days that apply):

Monday      Tuesday      Wednesday      Thursday      Friday

In the event that my child is not to be transported as authorized above, I agree to notify Crabapple Academy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Parental Authorization to Dispense External Preparations

Date: \_\_\_\_\_

I give Crabapple Academy permission to apply one or more of the following topical ointments / preparations to my child, as necessary, in accordance with the directions on the label of the container.

- \_\_\_\_\_ Baby wipes
- \_\_\_\_\_ Band-aids
- \_\_\_\_\_ Neosporin or similar antibiotic ointment
- \_\_\_\_\_ Peroxide or similar first aid spray/liquid
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect repellent
- \_\_\_\_\_ Non-Prescription ointment (such as A&D, Desitin, Vaseline)
- \_\_\_\_\_ Baby powder
- \_\_\_\_\_ Oral teething gel
- \_\_\_\_\_ Gas drops
- \_\_\_\_\_ Other: please specify \_\_\_\_\_

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Parent's Signature

\*Form will be kept in student's file and must be updated every 12 months or more often as needed.