

# International Preparatory Academy Enrollment Agreement

## Rate Agreement and Contract

Child's name	Birth date
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### Hours of Operation

Regular operating hours are **6am – 6pm** except closings for various holidays, Early Releases, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on Local News and/or Through Batch Text Message. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

**Scheduled Attendance: An Important DFACS rule- You can NOT leave your child in daycare longer than 10hrs daily. Example: You arrive at 6am your latest pick up time is 4pm**

**WEEKLY RATES: Will be charged regardless if your child/ren come only one day or all five days a week.**

The days and hours that I wish to contract for childcare are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a  weekly  bi-weekly  monthly basis.

**Initial**

- I Understand that Before Starting, Your Tuition & Registration Fees will be due no later than the Friday Before your child Begins Care
- Tuition is due and payable by 6pm Every Friday Before the New Week of Care.
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).
- I understand that if payment is not received by Sunday 11:59pm My Child Will Not Receive Care for the Upcoming Week.
- I agree to pay the full tuition in advance of services rendered.
- I agree to pay the full tuition fee even if my child attends only one day.
- A late fee of \$25 is due if tuition is not received on time.
- A non-refundable registration fee of \$65 is due yearly.
- A late pick up fee of \$1 per minute per child is due if my child is not picked up before closing.
- I agree that 1 hour after closing if my child is not picked up A.P.S. can call DFACS to Pick up.
- Accounts two weeks in arrears may result in immediate termination of service.
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.
- I understand that all tuition payments Must be made on <https://www.myprocare.com/>
- I understand that A Two (2) week written notice is required for any child being withdrawn from the program.
- I understand that a receipt for income tax purposes will ONLY be provided through <https://www.myprocare.com/>.
- I Agree once my child is enrolled, I Will Only Contact the School Using the Direct Number(s):  
Glenvalley/Friendly Hills:404-289-8666/770-981-1115.

# Enrollment Agreement

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state childcare licensing regulations.

## Enrollment Information

### Child's Information (please attach a copy of your child's Birth Certificate)

Child's first name		Child's middle name		Child's last name		Child's Social Security #:		
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade		School phone		
School address				Drop off time		Pick up time		

## Family Information

Parent/guardian/sponsor		Relationship to child		Home phone		Cell phone			
Cell Phone Carrier		Instagram Handle		Facebook Handle		Twitter Handle			
Home address if different from above				City		State		Zip	
Other parent/guardian/sponsor		Relationship to child		Home phone		Cell phone			
Home address if different from above				City		State		Zip	
Home email			Work email			Work phone			
Employer	Employer address			City		State		Zip	Work hours

### Child Release Authorization (do not include parents/guardians/sponsors)

[For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]

Person #1		Relationship to child		Home phone		Cell phone			
Home address				City		State		Zip	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours
Person #2		Relationship to child		Home phone		Cell phone			
Home address				City		State		Zip	

Home email		Work email		Work Phone		
Employer	Employer address		City	State	Zip	Work hours
<b>Person #3</b>	Relationship to child		Home phone		Cell phone	
Home address			City	State	Zip	
Home email		Work email		Work Phone		
Employer	Employer address		City	State	Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_ 2

# Enrollment Agreement

## Vehicle & Emergency Information Contact and Release Information

Child's Name:	Sex M or F	Date of Birth	
Address:		City, State and Zip	
Parent/Guardian First Name	Last Name		
Home address (if different from Child)	City	State	Zip
Employer	Work Phone	Work Email:	
Employer Address:	City	State	Zip

## Medical Information

Child's Doctor	Phone	Special Medical Need:
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**Allergies** (please list) **Medication** Allergies Reaction **Food** Allergies Reaction  
**Bee Stings** yes \_\_\_ No \_\_\_ Allergies Reaction \_\_\_\_\_  
**Respiratory** yes \_\_\_ No \_\_\_ Allergies Reaction \_\_\_\_\_  
**Other** \_ please specify: \_\_\_\_\_ Allergies Reaction \_\_\_\_\_  
**Are any of these allergies life-threatening? ? Yes ? No**

*Please attach care instructions from your physician for any life-threatening allergies.*

### Medical facility International Preparatory uses:

Emory Decatur Hospital  
 2801 Dekalb Medical Parkway  
 Lithonia, GA 30058  
 Phone: (404) 501-8000

## Transportation Agreement Home Route Only

I hereby agree that my child will not be released from the bus unless I or my authorized pick up person personally comes to the bus to get my child or children. If the authorized person(s) are not available, I agree to plan to have my child(ren) picked up from the center and pay the fees associated with late pickup if arrival is after closing. After your child has been dropped off, International Preparatory will not be held responsible for whatever happens to the child. I certify that I give International Preparatory Permission to Transport my child To/From the following:

Child's Name	From Pickup Location:	Time (am/pm)
<b>To International Preparatory and From International Preparatory</b>	To Drop Off Location:	Time (am/pm)
For the following Days: Check as needed	Mon <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/>	
The Person to receive my child must be one from my authorized release list or the following:	Person #1	Person #2

## Transportation Agreement School Route

If your child will not ride the bus, it is your duty, to notify the Director before the scheduled bus drop off time. I am in understanding that the transportation agreement is subject to change when school is out or altered due to inclement weather, school closings and holidays, and center emergencies. I certify that I give International Preparatory Permission to Transport my child To/From the following:

Child's Name	To School Name:	Time (am/pm)
<b>To International Preparatory and From Atlanta Preparatory</b>	From School Name:	Time (am/pm)

For the following Days: Check as needed	Mon <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/>
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**Transportation Agreement: All Other Full-Time Students for Field Trips and Evacuation.**

I certify that I give Permission to Transport my <b>Child</b> :	To/From International Preparatory for the Purpose of Evacuation and Field Trips Monday through Friday as needed or scheduled.
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**Person to notify in an emergency and parents cannot be reached**

Person #1	Relationship to Child	Home phone	Cell phone
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In the event of an emergency involving my child, and if International Preparatory 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 occurred during the treatment of my child.

Print Full Name	Full Signature	Date
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Witnessed by	Date
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Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_ 3

# Enrollment Agreement

## Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks

### Child's Medical & Developmental History

1. Does your child have any special medical conditions?  No  Yes Explain
2. Does your child have any chronic illnesses?  No  Yes Explain
3. Please list a brief history of your child's serious injuries and hospitalizations.
4. Does your child have diabetes?  No  Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma?  No  Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly?  No  Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs?  No  Yes Explain
8. Is your child able to fully participate in all activities?  Yes  No Explain
9. Does your child have any physical restrictions?  No  Yes Explain
10. Does your child function at the level of other children in his/her age group?  Yes  No Explain
11. Is your child able to walk  Yes  No
12. Can your child communicate his/her needs?  Yes  No
13. Does your child need assistance at meal time?  No  Yes Explain
14. Does your child rest during the day?  No  Yes
15. Is your child toilet trained?  No  Yes
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.?  No  Yes
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  No  Yes Explain
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?  No  Yes Explain

### Illness History *(please check all that apply)*

- Vision problems  Nosebleeds  Seizures  
 Hearing problems  Skin rashes  Mouth sores  Constipation  Sore throats  Fainting  
 Diarrhea  Ear infections  Persistent cough  Asthma/breathing problems  Urinary tract infections  Other  
*Please attach care instructions from your physician for any of these illnesses.*

### Disease History *(please check all that apply and add the date)*

- Chicken Pox (Varicella)  Bronchiolitis  Botulism  
 Measles Rubeola  Pneumonia  Hemophilus Influenza  Rubella (German Measles)  Pertussis (Whooping cough)   
 Meningococcal Infection  Mumps  Tetanus  Rabies  
 Scarlet Fever  Diphtheria  Bacterial Meningitis

### Miscellaneous Screenings and Tests *(please check all that apply and add the date of last screening)*

- Vision  Developmental  Tuberculosis (PPD)  Hearing  Aptitude  Sickle Cell Anemia  Speech  Educational   
 Other

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_ 4

# Enrollment Agreement

## Medical Information (continued)

Child's name	Birth date
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### Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State

### Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
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### Child's Immunization History *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. **[Check with your state requirements. You may do this at <http://www.immunize.org/states/> Bold any immunization below that is a requirement.]**

Anthrax	Influenza	<b>Pneumococcal disease</b>	Smallpox
<b>Diphtheria</b>	Lyme Disease	<b>Polio</b>	<b>Tetanus</b>
<b>Haemophilus Influenzae type b (Hib)</b>	<b>Measles</b>	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
<b>Hepatitis B</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Varicella (Chickenpox)</b>
Human Papillomavirus (HPV)	<b>Pertussis (Whooping Cough)</b>	Shingles (Herpes Zoster)	Yellow Fever

### Additional Medical Policies (below)

- |  |                         |
|--|-------------------------|
| 1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state childcare regulations.   | <b>Initial</b><br>_____ |
| 2. I agree to provide information to the childcare center about my child's conditions, illnesses, allergies, or other needs.   | _____                   |
| 3. I agree to provide an updated 3300 (Eye, Ear, Dental, Nutrition) Form for my child that is 4yrs on or before Sept. 1 <sup>st</sup> of this year.  | _____                   |
| 3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.  | _____                   |
| 4. If my child becomes ill during his/her time at the childcare center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> . | _____                   |
| 5. I understand and agree that International Preparatory will not administer medication more than ONCE per day, and a Medical Form MUST be filled out weekly to Administer.  | _____                   |

**Emergency Medical Authorization & Consent**

In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician.

Initial

\_\_\_\_\_

In case of a medical emergency, I agree that my child may receive first aid and/or CPR.

\_\_\_\_\_

In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary, by paramedics or other emergency personnel.

\_\_\_\_\_

In case of a medical emergency, I will be responsible for the emergency medical expenses.

\_\_\_\_\_

In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

\_\_\_\_\_

**Other Topical Authorization & Consent**

I give my permission to this center to apply  sunscreen and  insect repellent to my child. *Please check which products you will permit.* I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.

Initial

\_\_\_\_\_

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_ 5



# Enrollment Agreement International Preparatory Academy

## Other Transportation Agreements & Contracts

1. I understand and agree that International Preparatory Academy reserves the right not to sound the horn. Initial  
\_\_\_\_\_
2. I understand and agree that the International Preparatory Academy expects the child to be ready when the bus arrives. \_\_\_\_\_
3. I understand and agree that If my child is brought back to the Center because no one came to receive my child, my child must be picked up before 6:00 P.M. If this happens twice within 30 days, my transportation will be suspended. \_\_\_\_\_
4. I understand and agree that If your child will not ride the bus, it is MY duty, to notify the Director before the scheduled bus drop off time. \_\_\_\_\_
5. I understand and agree that If my child gets a written Reprimand for on the Bus Conduct, he/she can be suspended from All Transportation. \_\_\_\_\_
6. I understand and agree that If my child/ren are not in the receiving area of the school upon pull off International Preparatory will not return for pickup. \_\_\_\_\_
7. I understand and agree that I have read and understand all transportation agreements in the Parent Handbook in addition to this Agreement. \_\_\_\_\_
8. I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. \_\_\_\_\_
9. I understand and agree that International Preparatory WILL NOT Provide Transportation for School Age Children Staying for After School Activities \_\_\_\_\_

### Other Agreements

#### Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial  
\_\_\_\_\_

#### Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. Initial  
\_\_\_\_\_

#### Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. Initial  
\_\_\_\_\_

#### Extra-Curricular Activities in the Arts

I understand and agree that Classes in Art, Karate, Dance, Foreign Language and Music are Privilege's that are offered to Full Time Students at International Preparatory which can be taken suspended upon repeated behavioral issues. Initial  
\_\_\_\_\_

I understand and agree that I will not hold International Preparatory Academy, LLC Liable for any injury(ies) sustained in the Extra-Curricular Activities. I understand and agree that I give consent for my child to participate in Extra-Curricular Classes for Art, Karate, Dance, Foreign Language and Music \_\_\_\_\_

#### Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. Initial  
\_\_\_\_\_

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. \_\_\_\_\_

Information contained in the Family Handbook may be subject to change.

# International Preparatory Academy Enrollment Agreement

## School Age Child Care Supplemental Enrollment Form (Public School Children Only)

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state childcare licensing regulations.

<b>Enrollment Information</b>					
<b>Child's Information</b>					
Child's first name		Child's middle name		Child's last name	
Child's nickname					
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language	
Child's home address			City	State	Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade	School phone
School address			School Drop off time		School Pick up time
Child will be attending: <input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care					

### After School Activities Information

Complete the information below to provide us with details about after school activities your child is participating in. Please complete a separate Transportation and School Activity form for each activity.

<b>Transportation and After School Activity #1</b>				
Parents are responsible for informing childcare center in writing if your child(ren) will be participating in an after-school activity: Atlanta Preparatory WILL NOT Provide Transportation for After School Activities				
Child participates in the following after school activities (list all):				
Type of Activity:				
Day of the week child is attending activities (circle all that apply): M Tu W Th F				
Time period of activity: Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:				

<b>Transportation and After School Activity #2</b>				
Parents are responsible for informing childcare center in writing if your child(ren) will be participating in an after-school activity: Atlanta Preparatory WILL NOT Provide Transportation for After School Activities				

Child participates in the following after school activities (list all):				
Type of Activity:				
Day of the week child is attending activities (circle all that apply): M Tu W Th F				
Time period of activity: Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:	Day: Start Time: End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:				

<b>Contract Approval</b>
<p>I certify that I have read, understand, and accept all of the terms and conditions described in this <i>Enrollment Agreement</i>.</p> <p>Primary Parent/Guardian/Sponsor Signature _____ Date _____ Center Staff Signature _____ Date _____</p>

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_ 7