

Glenvalley Location Friendly Hills Location Snapfinger Woods Location

PRE-SCHOOL REGISTRATION

(18months – 4 years-old)



Needed BEFORE Start Date:

- Birth Certificate (3yrs & up)
- 3231 Immunization (shot record)
- Social Security Card (3yrs & up)
- 3300 Eye, Ear Dental Form (3yrs & up)
- A-Beka Text Books
- School Uniforms

Website:

<https://internationalpreparatory.com/>

Email: intlprepacademy@gmail.com

Phone: 404-241-5700

Follow us on Social Media:



@InternationalPreparatory



InternationalPrep



IntlPrepAcademy

Enrollment Agreement School Year 20__ - 20__ International Preparatory Academy

Dear Parent,

Congratulations your child/ren is moving on to the next fundamental level in their growth here at International Preparatory Academy. We encourage you to take the time to consider a few essential matters that will aid in making this next step a successful one.

First, Books; whether your child is going to Toddler II, Private 3yr., Private 4yr. old, Kindergarten or First Grade, it is Imperative that you purchase the books that go along with that classroom's curriculum. Our Private Classrooms are on the A-Beka Curriculum. A-Beka is a Christian-Based Curriculum that has been around for over 35 years; it begins in preschool and continues all the way to college level.

In addition to Bible Time every morning where your child learns a weekly bible verse, A-Beka also focuses on a letter, number, shape and color per week. Other subjects include but are not limited to Health & Safety, Reading Readiness, Alphabet & Numbers, Math & Social Studies and Art. This curriculum is advanced and will give your child the head start they need to succeed not only here, in other public/private schools they continue on to once they've graduated. However, **it is not A-Beka if your child does not have the books**. 90% of the Curriculum comes from the books you purchase (see office for Prices) we do not make copies of pages out of our A-Beka Books. Therefore, your child will miss out on the class work, Art Activities, Homework and writing practice that is essential in completing his/her year successfully.

Second, Attendance; Now that you have the main tool (The Books), It is equally important that your child is here to benefit from it. **By coming to school daily and being on time (8:00am) you send the message verbally/nonverbally that school is important; equally as important as being on-time to your job.** By your child/ren grasping this concept early-on only enhances their success for years to come. This is the time for laying the foundation of a good student, a good citizen and responsible adult. This begins at home and spreads abroad. We appreciate you doing your part in making each school year a success. Please make sure you are signing your child/ren in/out in the Book and writing your FULL and LEGIBLE Signature Daily as this effects our records and continued eligibility to accept C.A.P.S.

Third, Uniforms, in all classes (18 weeks and up), is Mandatory and will be strictly enforced. Even a new student is expected from the date of enrollment to come in uniform. ***If your child is found out of uniform the parent will be notified to either pick up their child or bring the correct uniform that day (See Parent Responsibilities the Parent Handbook).*** Uniforms are to be worn Daily Mon.-Fri. with exception to spring, Thanksgiving and Christmas Breaks. Uniforms can be purchased at your center location only. Your child's shoes are hard bottom black or navy shoes. ***NO TENNIS SHOES OF ANY COLOR.***

At International Preparatory Academy we strive to set our students above the rest and give them the tools they need to grow and succeed in all that they strive to do. We thank you for doing your part in helping us do ours. We truly believe it takes a village to raise a child.

Thank You,

Your International Preparatory Management Team!

Enrollment Agreement School Year 20__ - 20__ International Preparatory Academy

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.

DO NOT LEAVE ANY AREA BLANK. Please write legibly.

Enrollment Information					
Child's Information <i>(Please attach a copy of your child's Birth Certificate)</i>					
Child's first name		Child's middle name	Child's last name		Child's Social Security #:
Age	D.O.B.	Sex	Child's primary language		Parent/guardian/sponsor primary language
Child's home address			City	State	Zip
Family Information					
Parent/Guardian/Sponsor		Relationship to child		Cell phone	Cell Phone Carrier:
Email					
Home address if different from above <i>(if not write SAME)</i>			City	State	Zip
Employer:		Employer Address		City	Work Phone
				State	Zip
Other Parent/Guardian/Sponsor		Relationship to Child		Cell Phone	Email:
Home address if different from above <i>(if not write SAME)</i>			City	State	Zip
Employer		Address			Work phone
Child Release Authorization (Do not include parents/guardians/sponsors)					
<i>For the safety of your child, we request all authorized pick-up persons with whom staff is not familiar provide a photo ID at the time of pick up.</i>					
Person #1					
Name		Relationship to child		Home phone	Cell phone
Home address			City	State	Zip
Email				Work Phone	
Employer	Employer address			City	State
				Zip	
Person #2					
Name		Relationship to child		Home phone	Cell phone
Home address			City	State	Zip
Email				Work Phone	
Employer	Employer address			City	State
				Zip	
Person #3					
Name		Relationship to child		Home phone	Cell phone
Home address			City	State	Zip
Email				Work Phone	
Employer	Employer address			City	State
				Zip	

Enrollment Agreement School Year 20__ - 20__ International Preparatory Academy

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.

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 and other marketing endeavors.. 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 or outstanding balance/s. Initial
| _____

I understand and agree that I will not hold International Preparatory 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. _____

I understand that a copy of the handbook is available to view online at www.internationalpreparatory.com and in my email. _____

Emergency Medical Authorization & Consent

Medical facility the Glenvalley Center Uses:

Emory Decatur Hospital
2701 N Decatur Rd,
Decatur, GA 30033
Phone: (404) 501-1000

Medical facility the Friendly Hills & Snap finger Woods Center Uses:

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

1. Does your child require one-to-one care/supervision on a regular basis for a significant period? No Yes Explain _____

2. Is your child able to fully participate in all activities? Yes No Explain _____

3. Does your child have any physical restrictions? No Yes Explain _____

4. Does your child function at the level of other children in his/her age group? Yes No Explain _____

5. Is your child able to walk Yes No _____

6. Can your child communicate his/her needs? Yes No _____

7. Does your child need assistance at mealtime? No Yes Explain _____

8. Is your child toilet trained? No Yes _____

9 Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? No Yes Explain _____

Enrollment Agreement School Year 20__ - 20__ International Preparatory Academy

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
Child's Doctor	Phone	Special Medical Need:			
Name of Medical Provider (Facility)	Address	State/Zip			

Allergies (please list)

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

Medication Allergies	Reaction	Food Allergies	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
Other Allergies	Reaction	Are any of these allergies life-threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____		

Additional Medical Policies

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.	Initial _____
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 st of this year.	_____
4. 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.	_____
5. 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 1 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .	_____
6. 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.	_____
7. 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.	_____
8. In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	_____

Additional Transportation Policies

1. I understand and agree that International Preparatory Academy reserves the right not to sound the horn.	Initial _____
2. I understand and agree that 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	_____

Enrollment Agreement School Year 20__ - 20__ International Preparatory Academy

Vehicle & Emergency Information Contact and Release Information			
Child's Name:	Sex:	Date of Birth:	
Address:		City, State and Zip	
Parent/Guardian First Name		Last Name	
Home address (if different from Child) <i>(if not write SAME)</i>		City	State Zip
Employer		Work Phone	
Employer Address:		City	State Zip

Transportation Agreement
(Home Pick-up/Drop Off 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) is 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 Academy will not be held responsible for what happens to the child. I certify that I give International Preparatory Permission to Transport my child To/From the following:

From Pickup (HOME) Address:	Time (am/pm)
To/From: <i>International Preparatory Academy</i>	To Drop Off Location: CIRCLE YOUR SCHOOL LOCATION IPA: 4138 Snapfinger Woods Dr., Decatur, GA 30035 IPA II: 10B Friendly Hills Dr., Decatur, GA 30035 IPA III: 2541 Glenvalley Dr., Decatur, GA 30032
Time (am/pm)	

For the following Days: Check as needed
Mon Tues. Wed. Thurs. Fri.

The Person to receive my child must be one from my authorized release list or the following:	Person #1 First/Last Name	Person #2 First/Last Name
Print Full Name	Full Signature	Date

Transportation Agreement
All Full-Time & Summer Camp Students
(Field Trips and/or Evacuation)

I give my child permission to be transported To/From International Preparatory Academy for the Purpose of Evacuation and Field Trips Monday through Friday as needed or scheduled.

To/From: International Preparatory Academy CIRCLE YOUR SCHOOL LOCATION IPA: 4138 Snapfinger Woods Dr., Decatur, GA 30035 IPA II: 10B Friendly Hills Dr., Decatur, GA 30035 IPA III: 2541 Glenvalley Dr., Decatur, GA 30032	To/From: Field Trip or Evacuation Location
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Person to notify in an emergency and parents cannot be reached			
Name	Relationship to Child	Home phone	Cell phone

In the event of an emergency involving my child, and if International Preparatory Academy 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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(Office Use Only) Witnessed by	Date
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