

Glenvalley Location    Friendly Hills Location    Snapfinger Woods Location

# SCHOOL-AGE REGISTRATION

Ages 5-13 years-old



**Enrollment Docs Needed  
BEFORE Start Date:**

- Birth Certificate  
(Optional)
- 3231 Immunization  
(shot record)

**Website:**

<https://internationalpreparatory.com/>   **Email:** [intlprepacademy@gmail.com](mailto:intlprepacademy@gmail.com)

**Phone:** 404-241-5700

**Follow us on Social Media:**



@InternationalPreparatory



InternationalPrep



IntlPrepAcademy





**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				
<b>Child's Information</b> <span style="color: red;">(Please attach a copy of your child's Birth Certificate)</span>				
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
<b>Family Information</b>				
<b>Parent/Guardian/Sponsor</b>		Relationship to child	Cell phone	Cell Phone Carrier:
<b>Email</b>				
Home address if different from above <span style="background-color: yellow;">(if not write SAME)</span>			City	State      Zip
<b>Employer:</b>	<b>Employer Address</b>		<b>City</b>	<b>Work Phone</b>
			State      Zip	
<b>Other Parent/Guardian/Sponsor</b>		Relationship to Child	Cell Phone	Email:
Home address if different from above <span style="background-color: yellow;">(if not write SAME)</span>			City	State      Zip
<b>Employer</b>		<b>Address</b>		<b>Work phone</b>
<b>Child Release Authorization (Do not include parents/guardians/sponsors)</b>				
<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>				
<b>Person #1</b>				
Name		Relationship to child		Home phone
Cell phone				
Home address			City	State      Zip
Email				Work Phone
Employer	Employer address		City	State      Zip
<b>Person #2</b>				
Name		Relationship to child		Home phone
Cell phone				
Home address			City	State      Zip
Email				Work Phone
Employer	Employer address		City	State      Zip
<b>Person #3</b>				
Name		Relationship to child		Home phone
Cell phone				
Home address			City	State      Zip
Email				Work Phone
Employer	Employer address		City	State      Zip

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. \_\_\_\_\_

## Emergency Medical Authorization & Consent

<p><b>Medical facility the Glenvalley Center Uses:</b>                  Emory Decatur Hospital                  2701 N Decatur Rd,                  Decatur, GA 30033                  Phone: (404) 501-1000</p>	<p><b>Medical facility the Friendly Hills &amp; Snap finger Woods Center Uses:</b>                  Emory Decatur Hospital                  2801 Dekalb Medical Parkway                  Lithonia, GA 30058                  Phone: (404) 501-8000</p>
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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 \_\_\_\_\_

# 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.

<b>Medication</b> Allergies	Reaction	<b>Food</b> Allergies	Reaction
_____	_____	_____	_____
<b>Bee Stings</b> Allergies	Reaction	<b>Respiratory</b> Allergies	Reaction
_____	_____	_____	_____
<b>Other</b> Allergies	Reaction	<b>Are any of these allergies life-threatening?</b> <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.	<b>Initial</b> _____
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.	_____
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.	<b>Initial</b> _____
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	_____

## 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) <span style="color: yellow;">(if not write SAME)</span>		City	State	Zip
Employer		Work Phone		
Employer Address:		City	State	Zip

## Transportation Agreement (Public School Pick-Up/Drop Off ONLY)

**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:**

<b>To AND From:</b>	<b>Child's Name (Last, First):</b> <span style="background-color: yellow; display: inline-block; width: 100%; height: 1em;"></span>		
<b>International Preparatory Academy</b>  <b>CIRCLE YOUR SCHOOL LOCATION</b>  <b>IPA:</b> 4138 Snapfinger Woods Dr., Decatur, GA 30035 <b>IPA II:</b> 10B Friendly Hills Dr., Decatur, GA 30035 <b>IPA III:</b> 2541 Glenvalley Dr., Decatur, GA 30032	Time (am/pm)  <span style="background-color: yellow; display: inline-block; width: 40px; height: 1em;"></span>	<b>To/From PUBLIC School Name:</b>  <span style="background-color: yellow; display: inline-block; width: 100%; height: 1em;"></span>	Time (am/pm)  <span style="background-color: yellow; display: inline-block; width: 40px; height: 1em;"></span>

For the following Days: Check as needed:

Mon  Tues.  Wed.  Thurs.  Fri.

### Person to notify in an emergency and parents cannot be reached:

<b>Name</b>	<b>Relationship to Child</b>	<b>Home phone</b>	<b>Cell phone</b>

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.

<b>Print Full Name</b>	<b>Full Signature</b>	<b>Date</b>
<b>Witnessed by</b>	<b>Date</b>	

# 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:*

<b>From Pickup (HOME) Address:</b>		<b>Time</b> (am/pm)
<b>To/From:</b> <i>International Preparatory Academy</i>	<b>To Drop Off Location: CIRCLE YOUR SCHOOL LOCATION</b> <b>IPA:</b> 4138 Snapfinger Woods Dr., Decatur, GA 30035 <b>IPA II:</b> 10B Friendly Hills Dr., Decatur, GA 30035 <b>IPA III:</b> 2541 Glenvalley Dr., Decatur, GA 30032	<b>Time</b> (am/pm)
<b>For the following Days: Check as needed</b> Mon <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/>		
<b>The Person to receive my child must be one from my authorized release list or the following:</b>	<b>Person #1</b> <b>First/Last Name</b>	<b>Person #2</b> <b>First/Last Name</b>
<b>Print Full Name</b>	<b>Full Signature</b>	<b>Date</b>

# 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.*

<b>To/From: International Preparatory Academy</b> <b>CIRCLE YOUR SCHOOL LOCATION</b> <b>IPA:</b> 4138 Snapfinger Woods Dr., Decatur, GA 30035 <b>IPA II:</b> 10B Friendly Hills Dr., Decatur, GA 30035 <b>IPA III:</b> 2541 Glenvalley Dr., Decatur, GA 30032	<b>To/From:</b>  <b>Field Trip or Evacuation Location</b>		
<b>Person to notify in an emergency and parents cannot be reached</b>			
<b>Name</b>	<b>Relationship to Child</b>	<b>Home phone</b>	<b>Cell phone</b>
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.			
<b>Print Full Name</b>	<b>Full Signature</b>	<b>Date</b>	
<b>(Office Use Only) Witnessed by</b>			<b>Date</b>