



4533 Old Highway 138 Loganville, GA 30052
 (770)-786-1587
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 AKidsWorld@comcast.net

Child's Information

Anticipated Start Date: _____

Approximate Days & Hours of Attendance: _____

Child's Full Name: _____

Child's Gender: _____ Age: _____ Date of Birth: _____

Child's Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone Number: _____

Who Does the Child Live With? _____

Child's Legal Guardian(s): _____

Mother's Information

Mother's Full Name: _____

Mother's Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone Number: _____

Cell Phone Number: _____ Cell Provider: _____

Mother's Social Security Number: _____

Mother's Place of Employment: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: _____

Hours of Employment: _____

PIN for check in/out (4-digit number, must be different than all other pick-ups): _____

Father's Information

Father's Full Name: _____

Father's Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone Number: _____

Cell Phone Number: _____ Cell Provider: _____

Father's Social Security Number: _____

Father's Place of Employment: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: _____

Hours of Employment: _____

PIN for check in/out (4-digit number, must be different than all other pick-ups): _____

Emergency Contacts & Authorized Pick Up Responses

1st Contact / Pick Up Person

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

PIN for check in/out (4-digit number, must be different than all other pick-ups): _____

() Able to pick up all children in the family

() Not able to pick up the following children _____

2nd Contact / Pick Up Person

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

PIN for check in/out (4-digit number, must be different than all other pick-ups): _____

() Able to pick up all children in the family

() Not able to pick up the following children _____

3rd Contact / Pick Up Person

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

PIN for check in/out (4-digit number, must be different than all other pick-ups): _____

() Able to pick up all children in the family

() Not able to pick up the following children _____

4th Contact / Pick Up Person

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

PIN for check in/out (4-digit number, must be different than all other pick-ups): _____

() Able to pick up all children in the family

() Not able to pick up the following children _____

5th Contact / Pick Up Person

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

PIN for check in/out (4-digit number, must be different than all other pick-ups): _____

Able to pick up all children in the family

Not able to pick up the following children _____

Tuition & Payments

Current Tuition Amount: _____ Weekly Bi-weekly Monthly Other

Additional Comments and Information

Is there any other information that would be helpful to our management and teaching staff?

Signature

Parent Signature: _____ Date: _____

Tuition & Fees

- Hours of Operation: 6:30 AM – 6:30 PM
- Full tuition is due on Fridays, regardless if your child attends that Friday or not. Sickness does not excuse making your payment on Friday.
- Weekly tuition is due on Fridays by 6:30pm for the upcoming week in advance.
- If weekly tuition is not paid by Friday at 6:30pm, a fee of \$15 will be charged.
- If late tuition is not paid by Wednesday at 6:30pm, your child will not be allowed to return until your account is paid in full
- Due to strict DECAL requirements for teacher/student ratios, we require a written 2 week notice for enrollment changes and/or disenrollment. This allows us adequate time to make necessary staffing changes and/or enroll children to fill your spot. If you fail to provide a written two-week notice, you will be responsible for the full cost of the two weeks tuition. This is a liquidated damages clause.
- After 6 continuous months of enrollment, each family is allowed one week of vacation and one ½ price week annually. Vacation does not carry over from year to year. We must have two weeks of advance notice for vacation time to be granted.
- Vacation time may not be split up into days. It must be 1 full week. Your child may not attend the center during the vacation week or ½ price week.
- A Kid's World experiences an annual increase.
- If you leave our center with any type of balance and we are forced to utilize our attorney or collection agency to collect this debt, you will be responsible for all attorney fees and collection fees incurred. Also, all interest allowable by law in the state of Georgia will also be added monthly until balance is collected.
- All parents of school-age children who come to our center in the afternoons, are required to call a minimum of one hour prior to school dismissal if his/her children will not be attending the center in the afternoon. If parent fails to notify the center of such an absence, there will be a \$15.00 charge per child. A Kid's World will not leave the school until all children are accounted for daily.
- If you have a child enrolled in our school-age program and that child does not attend during a holiday week, you must pay your regular weekly price.
- Any late fee unpaid by next billing cycle, Friday, will be subject to additional late fees.
- If you leave our center owing a balance, no records will be released until your account is paid in full. This includes, but is not limited to – financial records, child records etc.
- AKW utilizes the use of a collection agency to collect all outstanding debt. If this becomes necessary, you are responsible for the fees charged by this agency. In addition, your bad debt will be reported to appropriate credit agencies.
- ***The center closes promptly at 6:30pm. If you are late picking up your child, it is \$15 for the first 10min (6:31pm-6:40pm) and \$1/minute thereafter.***
- If you are a QRSG recipient, late fees are NOT covered by the grant. You are responsible for payment of all late fees.
- If you are enrolled in our PreK Before & After Care Program, you are responsible for weekly tuition, even if, your child does not attend during PreK Holiday weeks.

Parent/Guardian Signature: _____

Date: _____

Health Information and Emergency Permission

Child's Full Name: _____

Date of Birth: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Health Insurance Provider: _____ Phone: _____

Insurance Member ID #: _____

Primary Insured's Name & Date of Birth: _____

Should your child become injured or ill while in the care of A Kid's World and you are unable to be contacted, A Kid's World is authorized to secure medical attention as deemed necessary. By signing below the parent acknowledges that A Kid's World does not provide medical insurance to the children in our program and the parent shall assume responsibility for any/all medical expenses. Also, by signing below you agree to hold A Kid's World and its staff members harmless to any claims that may arise during my child's enrollment in the program.

Parent's Signature: _____ Date: _____

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities?

Yes _____ No _____

Specify: _____

Does your child have allergies? (foods, medications, insects, etc.?)

Yes _____ No _____

Specify: _____

Are there any special procedures required in caring for your child?

Yes _____ No _____

Specify: _____

Emergency Contacts: (if parent/guardian cannot be reached)

Name:	Relationship:	Phone 1: Phone 2:
Name:	Relationship:	Phone 1: Phone 2:

A Kid's World Emergency Medical Procedures:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transport child to hospital, if necessary
5. A Kid's World Representative will accompany child to the hospital

Hospital A Kid's World Uses: *Piedmont Walton*

Hospital Address: *2151 West Spring Street Monroe, GA 30655 770-267-8461*

I, _____ give my permission for A Kid's World to seek medical attention and/or transport my child _____ in the event of an emergency if I cannot be reached. I further agree to hold harmless and release A Kid's World from all liability. I further agree to keep the facility informed of any changes in the information stated above.

Parent/Guardian Signature: _____

Date: _____

Transportation Agreement

Child's Name: _____

Date of Birth _____

This is to certify that I give permission to transport my child, _____, In the event of an emergency to the posted evacuation site listed in the AKW handbook. A Kid's World is authorized to transport & receive my child.

Signature (Parent/Guardian): _____

Date: _____

Transportation Agreement For School Age Use Only

If the child relocates to another school or the hours change, this form must be updated

Name of School: _____

School Address: _____

School Phone: _____

- In the event the designated location is unable to receive children they will be returned to AKW
- It is vital that AKW be notified of any changes in the above scheduled transportation.
- AKW will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at AKW no later than 1hr prior to pick up time.

I, _____, agree for my child to be

transported by A Kid's World

To Above Listed School at _____ (am/pm)

From Above Listed School at _____ (am/pm)

On the following days (Please Circle)

Monday Tuesday Wednesday Thursday Friday

Photo Release Form

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be include in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied,

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Child's Name: _____ Date: _____

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Social Media Release

I _____ give A Kid's World permission to share/post my child's photographs on the following:

- Facebook
- A Kid's World Website
- Instagram
- Twitter
- Marketing Materials

I do not give A Kid's World permission to share/post my child's photographs.

Child's Name: _____

Parent's Signature: _____

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By signing this acknowledgment, I am indicating that I have read, understand and agree to adhere to A Kid's World policy and procedures as outlined in this handbook.

Child(ren)'s Name(s): _____

Guardian's Name Printed: _____

Guardian's Signature: _____

A Kid's World requires a two week notice for withdrawal. If you choose to disenroll your child for any reason, you **MUST** provide a two-week written notice. If you fail to provide this notice – you will be billed for 2 weeks from the last date of attendance. You will be responsible for payment of the notice, even if, your child did not attend.

Parent Signature: _____

Date: _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

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

_____ Baby Wipes

_____ Band-Aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-prescription ointment (such as A & D, Destin, Vaseline)

_____ Baby Powder

Other (please specify)

Parent/Guardian Signature:

Date:

Dear Parents,

The USDA Food Program is a subsidized program that allows our center to provide high quality, large portioned meals to our children without any additional cost to our families.

In order for our center to qualify for this program we must prove that at least 25% of our families meet the “Free or Reduced” income standards. To do this we must maintain income verification forms on all families that attend our center. Even if you do not feel like your income would help us “qualify”, we still must maintain a verification form for your family. We must update our forms every August.

Please feel sure that this information is maintained separate from children’s records and only the management team had access to this information. This information is not used for any other purpose.

In addition, please complete all areas of this form! If your form is not filled out and signed, we have to count your family as a paid family regardless of your income!

Thank you for your help and understand. Please feel confident in knowing that our center’s participation in the USDA Food Program allows A Kid’s World to serve high quality meals to our children.

Sincerely,
A Kid’s World