



My First Academy

ENROLLMENT FORM

Entrance Date _____ Withdraw Date _____

Child's Name _____ Sex ____ Age ____ Birthdate _____

Home Telephone Number _____

Home Address (Street/City/State/Zip) _____

Father's Name _____ Home Telephone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone# _____

Employer's Street Address _____ City _____ GA _____ Zip _____

Mother's Name _____ Home Telephone Number _____

Mother's Home Address (if different from Child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone# _____

Employer's Street Address _____ City _____ GA _____ Zip _____

Child's Living Arrangements: () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or the following:

Name _____ Address _____
(Street-City-State-Zip)

Name _____ Address _____
(Street-City-State-Zip)

Name _____ Address _____
(Street-City-State-Zip)

Person to contact in the case of emergency when parents cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of public or Private School child attends, if any: _____

Child's Doctor or Clinic's name _____

Doctor's telephone # _____

My Child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My Child is currently on medication (s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____



EMERGENCY MEDICAL AUTHORIZATION

Should (Child's Name) _____ Date of Birth _____
Suffer an injury or illness while in the care of (Name of facility) _____ and
the facility is unable to contact me (us) immediately, it shall be authorized to secure such
medical attention and care for the child as may be necessary.

PARENT/GUARDIAN _____ DATE _____

FACILITY ADMINISTRATOR/PERSON-IN-CHARGE _____ DATE _____



My First Academy

PARENTAL AGREEMENT WITH CHILD CARE FACILITY

1. My First Academy of Alpharetta agrees to provide child care for (Child's name) _____ on (Days of the Week) _____ AM _____ PM from (month) _____ to month _____. My child will participate in the following meal plan (circle applicable meals and snacks): breakfast, morning snack, lunch, afternoon snack, evening meal, bedtime snack.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of the day medication is to be given. Medicine will be in the original container with my child's full name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s) or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant, feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
6. My First Academy of Alpharetta agrees to obtain written authorization from me before my child participates in routine transportations, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for My First Academy of Alpharetta.

PARENT/GUARDIAN _____ DATE _____

Signature

FACILITY ADMINISTRATION/PERSON-IN-CHARGE _____ DATE _____