



**APPLICATION AND AGREEMENT**

**Child Information**

Name \_\_\_\_\_ (Separate form for each child)

                    First                    Middle                    Last  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Home Phone \_\_\_\_\_ School Attending \_\_\_\_\_

**Parent/Legal Guardian Information**

**Mother's/Guardian's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

Home Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Business Phone Number \_\_\_\_\_ Other Number \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Father's/Guardian's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

Home Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Business Phone Number \_\_\_\_\_ Other Number \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are parents divorced? \_\_\_\_\_ If yes, who has legal custody? \_\_\_\_\_

Child lives with: \_\_\_\_\_

<b>Siblings Name</b>	<b>Age</b>	<b>Siblings Name</b>	<b>Age</b>

**INDIVIDUALS THAT ARE AUTHORIZED TO RELEASE THE CHILD**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ Phone \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ Phone \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

**Person(s) that are forbidden by court order to pickup your child. Please attach legal documents.**

Name \_\_\_\_\_ Address \_\_\_\_\_

**Person(s) that may be contacted in the case of an emergency:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

**Photography/Videotape Release**

I hereby grant permission for Little Learners of Atlanta, Inc. d.b.a. Carrington Academy of Gainesville, provider, and certain agencies or entities contracted by provider which shall include, but not limited to, the Department of Early Care and Learning (DECAL), the Department of Education, and advertising agencies, to record the participation and appearance of my child previously named on the preceding enrollment form, by photograph and/or videotape in connection with daily activities for the purposes of news releases, advertising, reporting, and assessing the progress of children and the program. Carrington Academy is authorized to exhibit or distribute such photograph (s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that Carrington Academy deems appropriate. Such photograph (s) and or videotape may appear in printed or visual materials for Carrington Academy or on Carrington Academy's web site. The undersigned hereby jointly and severally releases, acquits, forgives, and discharges Carrington Academy and any other entities contracted by provider, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

**In the event of a medical emergency, every effort will be made to notify the parents of the child. If it is necessary, children will be transported by an ambulance to the nearest available hospital. In the case of an emergency please answer the following questions.**

Primary Insurance Company \_\_\_\_\_ Insured Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Medical Alerts \_\_\_\_\_

Current Medications \_\_\_\_\_

Medication Directions \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Allergies \_\_\_\_\_

Mental Health Disorders \_\_\_\_\_

Food Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone \_\_\_\_\_

My Child has the following special needs: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Should my child suffer any injury or illness while in the care of Little Learners of Atlanta, Inc d.b.a. Little Learners Academy 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. I (We) agree to keep the facility informed of changes regarding contact information and medical information on the child. I (We) also agree to hold Little Learners Academy harmless against any claims resulting in incorrect or uninformed information regarding the child in the medical information section. Little Learners Academy agrees to notify the parent immediately of any incident requiring professional medical attention involving my child.

**I agree that the above medical information is correct and that I will hold Little Learners of Atlanta, Inc harmless against any claims of wrongdoing that results by false or incorrect information. I also agree to update this information, as it becomes necessary. This agreement becomes binding and made a part of the agreement for child care services.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL AGREEMENT WITH CHILD CARE FACILITY**

The Little Learners Academy agrees to provide day care for \_\_\_\_\_ on

Mon Tues Weds Thurs Fri (circle applicable days),

beginning at \_\_\_\_\_ AM, ending at \_\_\_\_\_ PM from \_\_\_\_\_ to \_\_\_\_\_.

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast      Lunch      Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child. Little Learners Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility. Any amendment to the policies and procedures will be made known to all parents by an addendum to the admission policy. Each parent will be required to execute any and all addendums in a timely manner.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator / Authorized Person)

Credit Card # \_\_\_\_\_

Signature: \_\_\_\_\_

Security Type (Visa / MasterCard) Card Number Exp. Date Name on Card

**REQUIRED Enrollment will not be processed without the credit card information. If you leave the center with a balance on your account, your card will be charged the outstanding balance.**

