



## 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 \_\_\_\_\_