

GREENFOREST MCCALEP CHRISTIAN EARLY LEARNING CENTER

3250 Rainbow Drive Decatur, Georgia 30034 (404) 486-6763 (404) 486-5723 FAX

Child's Information

Last Name _____ First Name _____ Middle _____

Age _____ Date of Birth _____ Gender _____

Mother's Information

Last Name _____ First Name _____ Middle _____

Address _____ City _____ County _____ State _____ Zip Code _____

Employer's Name _____ Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-Mail _____

Father's Information

Last Name _____ First Name _____ Middle _____

Address _____ City _____ County _____ State _____ Zip Code _____

Employer's Name _____ Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-Mail _____

Legal Guardian's Information (If Applicable)

Last Name _____ First Name _____ Middle _____

Address _____ City _____ County _____ State _____ Zip Code _____

Employer's Name _____ Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-Mail _____

General Information

With whom does child reside? _____

List names and grades of other children enrolled in GCAC _____

Are family members of Greenforest Community Baptist Church? _____ Since _____ If no, where if family church membership _____

Medical Information

Name of Child's Doctor or Medical Family _____ Phone # _____

Address _____ City _____ County _____ State _____ Zip Code _____

Are there any allergies or special health problems? (Asthma, hay fever, seizures, medicine, food, etc.) If yes, please list: _____

Persons Authorized to pick up child in case of emergency or if mother or father cannot be reached

Name _____ Relationship _____ Name _____ Relationship _____

Address _____ Address _____

Home # _____ Work # _____ Cell # _____ Home # _____ Work # _____ Cell # _____

For Office Use Only:

New _____ Re-Enrollment _____

Start Date: _____ Length of Enrollment _____ Class Assignment _____

CHILD CARE AGREEMENT

This child care service agreement is entered into on this _____ day of _____, _____, between the Greenforest McCalep Christian Early Learning Center hereafter referred to as the Center and **(parent(s) name)** _____ represented to us to be the true parent/legal guardian of the following child of which it is agreed child care services are to be provided.

Child's Name _____ DOB: _____

The parties agree that the penalty for late pickup shall be \$10.00 for the first 15 minutes after closing and \$1.00 for every minute thereafter until 7:00 p.m. The parties also agree that after 7:00 p.m., if child(ren) has not been picked up, the Dekalb County Police will be contacted and the child(ren) turned over to them. It is the parent's responsibility to contact the Police Department to make arrangements for pickup. **All late pick-up fees are payable directly to the teacher before the child(ren) may return to class.**

_____(Initial) The parties agree that the parent/guardian is to give the Director at least a one month (30 days) written notice of intent to withdraw from the Center. Refund policy on withdrawal is outlined in the Financial Policy.

It is the policy of this child care center to dispense medication to children only with the parent's written permission. In order for your child(ren) to receive medication while at the Center, you must complete a Medication Authorization Form giving the child(ren)'s full name, the name of the medication, the prescription number, if any, the dosage, the dates and times the medication is to be administered, and your signature. We will not administer any prescription or non-prescription drug that is not in its original, clearly marked container with the child(ren)'s name written clearly on it. No medication is given for more than 10 days. The first dosage of any new medication must first be given at home. If necessary, a conference with the School Nurse should be requested to discuss unusual or critical information regarding your child's health or medical condition. **Medical equipment or asthma apparatus will be administered by the nurse or a designated person only.**

_____I understand that the Center will not allow any child(ren) to enter or leave the center unless escorted by an adult (minimum age of 16 years old). I agree that when delivering my child(ren) to the center, I, or the person I have authorized, will personally deliver my child(ren) to the teacher or Center staff person in charge. At no time will I leave my child(ren) at the Center without first making his/her presence known to the Center's staff. Parents must sign each child in upon arrival and out upon departing. Parents also agree that photo I.D. must be presented, if asked, on demand.

_____(Initial) I agree to notify the Center immediately of any changes that occur in the information provided on this form including work and home addresses, phone numbers, physician's name, change in living arrangements, change in health information, emergency contacts, etc.

In case of a medical emergency, if medical attention is needed for my child(ren) before I can be contacted, I authorize the Center to act on my behalf by contacting medical emergency personnel and following their advice for my child(ren).

I understand that my child(ren) has been placed in a class according to the age and development of the child(ren) as of December 31 of the current year. Children will move up to a new class as of the next school year.

I understand that it is my responsibility to supply any food needed that is a modification to my child(ren)'s diet because of our religious beliefs. (Attach a signed statement.) I agree that if at any time a physician or medical authority requires a modification in my child(ren)'s diet, I will submit a signed statement from the medical authority with the specific modification stated. I agree to supply the food. I understand that it is my responsibility to supply all food/formula for children six (6) weeks to 12 months.

I understand that corporal punishment is not used at the Center; however, should my child(ren) continuously misbehaves, the parent/guardian will be contacted. It is required that upon request the parent/guardian should immediately pick up the child(ren) and/or administer disciplinary procedures.

I understand that for various reasons all students do not adjust to this learning environment. Considering this and having your child(ren)'s best interest at heart, the Director will in some cases recommend withdrawal. Students are given a 30-day adjustment period. It is also the policy of the Center that all children 30 months and up be potty trained as defined by the Center. In addition, Braids, Alocks@ and Atails/ponytails@ hairstyles are not allowed for male students age three (3) years and older. Girls are not allowed to wear lipstick or jewelry at the Center.

I have read the above carefully and hereby agree to its terms. I have also received, read and accept the Financial Policy and Statement of Greenforest McCalep Christian Academic Center. I also agree to accept the interpretations of the policy and statement as made by the Council of Regents of the Greenforest McCalep Christian Academic Center.

Agreed to this _____ day of _____, _____

Parent/Guardians Signature Drivers License No./D.O.B. Date

Parent/Guardians Signature Drivers License No./D.O.B. Date

Directors Signature Date

STUDENT PROFILE

Child's Name _____

D.O.B.: _____

So that we may better understand your child, please provide us with the following information which will be kept confidential.

1. How did you hear about us?

advertising friend/neighbor other _____

2. Has your child had a previous child care placement in a Center? yes no

a. If yes, where?

b. What is your reason for wanting to enroll him/her at Greenforest McCalep Christian Early Learning Center?

3. By nature, how would you describe your child?

friendly aggressive shy other... please describe _____

4. Is (s)he the only child? yes no

If (s)he is the only child, does (s)he have the opportunity to play with other children his/her age?

yes no

5. How does (s)he get along with others in the household?

a. With other adults? very well not so well

other...briefly describe _____

b. With other children? very well not so well

other... briefly describe _____

6. Do you feel that your child will adjust easily to the Center? yes no not certain

7. What makes your child angry or upset, and how does (s)he show his/her feelings? Briefly describe?

What do you find is the best way to handle him/her when he/she does this?

8. Personal History: (Please complete all questions that are applicable to your child.)

- a. Type of birth? ___ normal ___ premature ___ complications
- b. Age child began crawling _____ walking _____ talking _____ not applicable
- c. Does he/she speak in words? ___ yes ___ no ___ not applicable
Sentences ? ___ yes ___ no Any difficulty in speaking? ___ yes ___ no ___ not applicable
- d. Any serious illnesses or hospitalization? ___ yes ___ no
If yes, briefly describe: _____

Hospital insurance? ___ yes ___ no Name of Carrier: _____
- e. Any physical disabilities? ___yes ___no If yes, please describe: _____
- f. Any allergies or special health problems? (asthma, hay fever, seizures, medicine, food, etc.)
Please list: _____
- g. Are any medications given on a regular basis? ___ yes ___ no
Has your doctor ever prescribed aspirin? ___ yes ___ no
- h. Bathroom habits:
1) Is your child potty trained? ___ yes ___no
2) Word used for urination? _____ Word used for bowel movement? _____
(If Applicable)
3) Does your child need help with toileting? ___ yes ___ no
(If Applicable)
- i. Sleep habits:
1) Does he/she usually nap? ___ yes ___ no
If Yes, How long? _____ When? _____

9. Is there anything else that you could share with us concerning your child's physical or emotional status that you feel would help us understand and satisfy his/her needs better?
