



ENROLLMENT APPLICATION AND AGREEMENT

Date of Application _____

Name of Child _____ **Sex** _____

Nickname _____ Date of Birth _____

Address _____

City _____ Zip _____ Home Phone _____

Date Attendance Will Begin _____

Class _____ Days _____ Time _____ Weekly Tuition _____

With whom does child live? _____

Mother/Guardian _____ **SS#** _____

Address _____

City _____ Zip _____ Phone _____ Cell _____

Employer _____ Work Hours _____

Address _____

City _____ Zip _____ Work Phone _____

Mother's Email Address _____

Father/Guardian _____ **SS#** _____

Address _____

City _____ Zip _____ Phone _____ Cell _____

Employer _____ Work Hours _____

Address _____

City _____ Zip _____ Work Phone _____

Father's Email Address _____

Name of Elementary School Attending _____

RELEASE Other persons to whom CRABAPPLE ACADEMY is authorized to release this child shall be listed below. Under no circumstances will CRABAPPLE ACADEMY release this child to anyone not identified below or not otherwise known to staff **WITHOUT SPECIFIC AUTHORIZATION** from the parent or guardian. Additions or changes to the list of persons appearing below will be made, signed and dated on this form or shall be attached. The parent or guardian agrees in each instance that he/she will be certain the staff is aware of the child's arrival and departure.

PLEASE FILL IN THE COMPLETE ADDRESSES AND PHONE NUMBERS BELOW

1. Name _____ Relationship _____
Address _____ City _____ Zip _____ Phone _____

2. Name _____ Relationship _____
Address _____ City _____ Zip _____ Phone _____

3. Name _____ Relationship _____
Address _____ City _____ Zip _____ Phone _____

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

EMERGENCY CONTACTS: Persons whom you authorize CRABAPPLE ACADEMY to contact for guidance in an emergency such as a medical or other emergency when the child's parents or guardian are unavailable, shall be listed below.

EMERGENCY CONTACTS MUST BE SOMEONE OTHER THAN PARENTS AND MUST BE LOCAL

Name _____ Relationship _____
Phone _____

Name _____ Relationship _____
Phone _____

STATUS OF PARENTS:

Married _____ Separated _____ Divorced _____ Other _____

Stepmother _____ Stepfather _____

Is your child adopted? _____ Does your child know? _____

Social or family circumstances of which CRABAPPLE ACADEMY should be aware _____

CHILD'S BROTHERS and SISTERS:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

HEALTH: Describe any health or other situations concerning your child of which CRABAPPLE ACADEMY should be aware which would require special procedures to be followed, such as physical or mental problems, allergies, existing/pre-existing illnesses, hospitalizations, etc. Specify any dietary restrictions. If an infant, specify formula.

Health concerns _____

Allergies: _____

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

CHILD'S PHYSICIAN:

Name _____ Phone # _____

Address _____

City _____ Zip _____

KEEPING CHILD'S RECORDS CURRENT: I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, including telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

EVIDENCE OF CURRENT IMMUNIZATION: In compliance with state law, the parent or guardian agrees to supply CRABAPPLE ACADEMY WITH Immunization Report Form #3231 no later than Thirty (30) days after the actual attendance begins. THE CHILD'S COONTINUED ENROLLMENT WILL BE PREDICATED UPON PARENTS PROVISING UPDATED IMMUNIZATION REPORTS AS THEY BECOME DUE.

MEDICAL AUTHORIZATION: The undersigned, who are the parents or guardians having legal custody of:

_____ DOB _____

A minor, hereby authorize the Director, Acting Director or staff of CRABAPPLE ACADEMY into whose care the above named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. The undersigned further authorizes CRABAPPLE ACADEMY to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used only in an extreme emergency, when said parents or guardians cannot be contacted.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

I understand that consistent with the circumstances of the situation and available time, if my child is injured or becomes ill, the following steps will be taken. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, the child's physician, or the person (s) listed as emergency contacts.
2. In the event CRABAPPLE ACADEMY is unable to contact the parent, guardian, physician or emergency contact person we will:
 - A. Call another physician or paramedics
 - B. Transport the child to North Fulton Regional Hospital in the company of a staff member where we will comply with the advice of the emergency room Personnel.

I hereby agree that I will be solely responsible for and will promptly pay any expenses which may be incurred by CRABAPPLE ACADEMY in making emergency medical treatment available to the above named child. I understand that CRABAPPLE ACADEMY uses North Fulton Regional Hospital for all emergency medical situations.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

ILLNESS: If your child appears ill, has fever, is vomiting, has diarrhea, or shows other signs of a communicable disease, **DO NOT BRING HIM OR HER TO SCHOOL.** If your child has such symptoms and is present at CRABAPPLE ACADEMY, you will be asked to pick him or her up immediately. The intent of this rule is to protect all the children from the spread of infection. **CHILDREN MUST BE WITHOUT EVIDENCE OF ILLNESS OR FEVER FOR 24 HOURS WITHOUT USE OF TYLENOL OR OTHER FEVER REDUCERS BEFORE THEY MAY RETURN TO SCHOOL AFTER BEING SENT HOME WITH A TEMPERATURE OF 101 DEGREES OR MORE, OR VOMITING OR DIARRHEA.** As determined by the Director, it may be necessary for the parent of a previously ill child to present, before readmission, an approval signed by a physician.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

ADMINISTRATION OF MEDICINE: The Staff will administer medicine to the child upon written authorization only by the parent or guardian. Written authorization must be made by using the standard CRABAPPLE ACADEMY medication form. In each case the parent or guardian should complete, sign, and date the form and deliver it, with the medicine labeled, to the Director. **UNDER NO CIRCUMSTANCES SHOULD ANY MEDICATION BE LEFT IN A CHILD'S BAG OR BE TAKEN INTO THE CLASSROOM. ALL MEDICATION SHOULD BE LEFT AT THE FRONT OFFICE.** Any adverse reactions to the medication will be immediately reported to the child's parents and doctor. Medicines will administered at 11 AM and 3 PM only.

STATE LAW REQUIRES THAT ALL MEDICINES MUST BE:

- A. in the original container
- B. clearly labeled with the name of the medicine
- C. clearly labeled with the child's name
- D. if a prescription, labeled with a prescription number
- E. clearly labeled with the dosage to be administered
- F. clearly labeled with the date

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

ACCIDENT AND INCIDENT REPORTS: CRABAPPLE ACADEMY agrees to keep the parents informed of any incidents, illnesses or injuries which concern their child.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

ENTERING AND LEAVING THE FACILITY: My child will not be allowed to enter or leave the school without being escorted by the parent or person authorized by the parent for drop off and pick up.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

PROGRAM ACKNOWLEDGMENT AND GENERAL AUTHORIZATION: I hereby grant to CRABAPPLE ACADEMY permission for the above named child to:

- a. take part in program activities, including the use of indoor and outdoor equipment;
- b. be photographed or videotaped in connection with the daily program activities;
- c. (Children four (4) years and older) leave the premises of CRABAPPLE ACADEMY to take part in planned educational and recreational field trips or activities supervised by the staff of CRABAPPLE ACADEMY provided that such field trips or activities will be separately announced to the parent or guardian at least one day in advance of the trip or activity, which parent or guardian will be asked to sign and authorize. Parents are encouraged to participate in all field trips;
- d. be transported by CRABAPPLE ACADEMY to and from the elementary school the child attends;
- e. be transported by CRABAPPLE ACADEMY to and from all field trips for which the parent has given written permission for their child to participate
- f. participate in water-related activities supervised by CRABAPPLE ACADEMY including those occurring in water that is more than two (2) feet deep.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

HOURS AND DAYS OF OPERATION: CRABAPPLE ACADEMY serves children aged 6 weeks to 12 years. The hours of operation are from 6:30 A.M. to 6:30 P.M., Monday through Friday, January through December. CRABAPPLE ACADEMY will be open as above with the exception of the following days:

- | | |
|----------------------|---------------------------|
| New Year's Day | Thanksgiving Day |
| Memorial Day | Friday after Thanksgiving |
| July 4 th | Christmas Eve |
| Labor Day | Christmas Day |

If any of the above holidays falls on a Saturday or Sunday, CRABAPPLE ACADEMY will be closed the Friday before or the Monday after. The school may also be closed on days of inclement weather when closing is determined necessary for the safety of the children or staff, and certain other days as specified by the school, e.g., local or national emergency, lack of power, etc.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

CLOSING DUE TO INCLEMENT WEATHER: CRABAPPLE ACADEMY will follow the Fulton County school system when the closing is because of hazardous road conditions. CRABAPPLE ACADEMY **will not close** when Fulton County is closed because of cold temperatures. The closings will be announced on WXIA-TV, Channel 11. If CRABAPPLE ACADEMY is closed because of inclement weather or other conditions as specified above, tuition and other fees must be paid without deduction for the closing.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

REGISTRATION FEE: An annual, non refundable registration fee of seventy-five dollars (\$75.00) shall be charged for each child at the time of enrollment, renewed each year thereafter, due and payable at the time of re-enrollment which time shall be determined by CRABAPPLE ACADEMY.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

TUITION: The parent or guardian agrees to pay the weekly tuition fee in advance on the Monday of each week as follows: \$ _____. Our general policy is to adjust our fees annually. Parents will receive at least a month notice, in writing, of any fee adjustment.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

LATE CHARGES AND PENALTIES: Tuition is due by the end of the day (6:30 P.M.) on Monday of each week or by the end of the day on Tuesday if the school is closed on Monday. A Twenty Five (\$25.00) Dollar late fee will be charged for tuition not paid by 6:30 P.M. on Monday. If your child attends TTH or WF, for example, tuition must be paid the week before or dropped by the school on Monday in order to avoid a late fee. Likewise, tuition must be paid prior to going on vacation or a late fee will be assessed.

A late fee of \$1.00 per minute is charged for each minute after closing (6:30 P.M.) that the child remains on the premises, payable at the time the child is picked up.

If a check is returned unpaid by the bank, a service charge of Thirty Dollars (\$30.00) will be assessed.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

ABSENCES AND VACATIONS: Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as "make up" days. This is because staffing and other operational costs are incurred on the basis of fixed levels of enrollment, and because few of these costs are eliminated when the child is temporarily absent.

You are allowed **two (2) weeks per school year** (August to August) at ½ tuition for vacation or illness. These vacation weeks must be taken Monday through Friday consecutively, during which time the child cannot be in attendance. If used for vacation, the parent or guardian shall give written notification to the Director in advance of the child's planned absence. Such notification shall be accompanied by an advance payment equal to one half (1/2) of the regular tuition. If advance notice or advance payment is not received, the full tuition and charges will be due.

Summer Withdrawal: If the child is withdrawn for the summer, or the child's full time status is reduced to part time for the summer, the two weeks of vacation during the school year are forfeit and full tuition must be paid for holiday breaks regardless of the child's attendance.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

WITHDRAWAL: The parent or guardian agrees to furnish CRABAPPLE ACADEMY with at least two (2) weeks advance written notice of withdrawal. If parent or guardian fails to provide written notice, parent or guardian remains responsible for the full tuition for the two (2) weeks after the child's last day of attendance plus any late charge, penalty or collection fees which shall result or accrue as a result of pursuit of payment.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

PART TIME CARE: Part-time child care will be available at the discretion of CRABAPPLE ACADEMY. Should space become limited in a room and prohibit the enrollment of a full-time child, part-time care may be suspended. Parents will be notified at least two weeks prior to suspension and be given the opportunity to enroll their child on a full-time basis in lieu of suspending enrollment.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

RE-ENROLLMENT FOLLOWING TEMPORARY ABSENCE DURING WHICH TUITION IS NOT PAID:

In any situation in which the child is temporarily withdrawn from CRABAPPLE ACADEMY, and regular payment of tuition has been temporarily suspended by the parent or guardian, the enrollment will be terminated. Re-enrollment will be based on availability of space, and **an additional registration fee.**

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

DISCIPLINE POLICY: The policy at CRABAPPLE ACADEMY is learning through discipline instead of punishment. We use positive reinforcement and redirection as our main means of discipline. Occasionally, positive guidance may not be effective by itself. At these times, it may be necessary to remove the child from the group for a calming period. The child is always talked to about proper behavior and the importance of respecting others. We stress the importance of always using positive statements that will enhance the self esteem of others. Our goal of effective discipline is to create appropriate behavior by encouraging the children to make correct choices.

ENROLLMENT POLICY AND AGREEMENT: Initial and continued enrollment will be at the discretion of CRABAPPLE ACADEMY based upon the best interests of the child, the expectation that he/she will benefit from the program and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, religion or national origin. A copy of this Enrollment Agreement will remain within the files of CRABAPPLE ACADEMY so long as the child remains actively enrolled at the school and shall be available for inspection by the parent or guardian at any time.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

GENERAL AND FINANCIAL ACKNOWLEDGMENT: I have received a copy of this Agreement. I have specifically reviewed each of the provisions of this Agreement and hereby agree to comply with all provisions hereof.

MOTHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **Date** _____

Accepted:

Director Signature _____ **Date** _____