



Childcare Center

1945 Godby Road, College Park, GA 30349

TEL: (770) 731-0924

FAX: (770) 742-0096

www.5starchildcare.com

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

ENROLLMENT FORM

Entrance Date _____ **Withdrawal Date** _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone # _____

Father's Name _____ Home Phone # _____

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 _____ State _____ Zip _____

Mother's Name _____ Home Phone # _____



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ENROLLMENT FORM CONTINUED

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

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Place # _____

Employer's Street Address _____

City _____ State _____ Zip _____

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

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



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I authorize this child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for 5-Star Child Care Center.

I understand that the facility will advise me of my child's progress and issues relating to my his or her care and any individual practices he or she needs. I also understand that my participation is encouraged in this facility's activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

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

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

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

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

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____



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Persons to contact in the case of emergency when parent or guardian 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 name: _____

Doctor/clinic phone #: _____

My child has the following special needs: _____

The following special accommodation(s) are required to 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 5-Star Childcare Center and the facility is unable to contact me (us) immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Date: _____ (Signature)

Facility Administrator/Person-In-Charge _____

Date: _____ (Signature)



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VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone Number _____ Work Phone _____

Mother's Name _____

Home Phone Number _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

The medical facility the center uses: Southern Regional Medical Center

Address: 11 Upper Riverdale Rd SW Riverdale, GA 30274

Child's Allergies: _____

Current prescribed medication: _____

Child's special needs and conditions: _____

In the event of an emergency involving my child and the 5-Star Childcare Center cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature _____



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PARENTAL AGREEMENT WITH CHILD CARE FACILITY

1. 5-Star Childcare Center agrees to provide day care for _____
(Name of child)

on _____ a.m. to _____ p.m.
(days of the week)

From _____ to _____. My child will participate in the following meal plan.
(month) (month)

(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: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. 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.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, etc. that may involve my child.
6. 5-Star Childcare Center 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.
7. I have received a copy and agree to abide by the policies and procedures for 5-Star Childcare Center

Parent/Guardian Signature _____ Date _____

Facility Administration Signature _____ Date _____



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TRANSPORTATION AGREEMENT

This is to certify that I give 5-Star Childcare Center permission to transport my child

_____ from _____ at _____ (am/pm)
(Name of child) (Pickup Location) (Time)

to _____ at _____ (am/pm)
(Delivery Location) (Time)

My child will be transported from 5-Star Childcare Center at _____ (am/pm)
(Time)

to _____ at _____ (am/pm)
(Delivery Location) (Time)

on the following days(check mark the days):

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

_____ is authorized to receive my child in the event that I, the parent
(Name of Authorized Person)

is not present to receive my child. In this case, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
(Location)

In the event that my child is not to be transported as outlined above, I agree to notify 5-Star Childcare as least 24 hours before transportation arrangement.

Parent/Guardian Signature _____ Date _____

DO NOT LEAVE ANY SPACES BLANK



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PAYMENT AGREEMENT

Hours of operation are from 6:30 am to 6:30 pm, Monday through Friday. A late pickup charge is \$1.00 per minute pass 6:30 pm, which is due when you pick up your child(ren) from the center. GA PRE-K children who are not in aftercare program will be charge \$1.00 per minute after 2:30pm.

TUITION RATES

6 weeks - 18 months ----- \$140

Toddlers (19 months - 23 months) ----- \$130

Two Years Old ----- \$129

Three - Five years ----- \$125

Before/After Care ----- \$75

School Age/Summer ----- \$115

Drop-in care ----- \$40 per day

Drop-in care, maximum of 2 days only ----- \$79

There is an annual registration fee of \$65 per child, which is nonrefundable.

Fees are charged for the full week regardless of the number of days child attends. Parents on drop-in care are excluded.

In order to provide the best possible learning environment for children, tuition is due on Friday for the upcoming week. If not paid by Monday of the service week by 10:00 am, **a late fee of \$25 will be charged to your account, and if not paid in full by Friday, children are not permitted to attend until accounts are paid up to date.**

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____



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PARENT AGREEMENT FORM

1. I understand and agree that my child will be provided with lunch and snack served daily by the center while in attendance at 5-Star Childcare Center.
2. I understand that I am responsible for any special diets that my child may require. Parents must provide formula fed from a bottle and baby foods for those children not yet eating table food. Each bottle will be labeled with my child's name and dated as required by state regulations.
3. I agree to comply with state regulations requiring me to escort my child into and out of the center or ensure that a staff member of the center escorts my child into and out of the center. If my child wears diapers; I will provide the center diapers for my child while he/she is in attendance at 5-Star Childcare Center.
4. I agree that it is my responsibility to provide the center with any and all information regarding any special needs and requirements that my child has or may need.
5. Medication may be administered to my child at the center only after I sign the standard form for this procedure. No medication will be given (including over the counter medicines) without a written consent.
6. If a situation occurs where my child(ren) becomes ill or suffer an accident while in the center, the center will contact me immediately and shall be authorized to secure medical attention and care for the child as necessary. I will responsible for any expenses resulting from such care.
7. Transportation is provided for field trips. A field trip form must be signed before each trip in order for my child to attend. In order to increase safety, the center requires students to wear uniforms on field trips. I understand that my child must wear a 5-Star Child Center uniform on field trips.
8. I acknowledged responsibility to keep my child's records current to reflect any changes as they occur. E.g. address, physician, emergency contacts, telephone #'s, etc.
9. I agree to pay the total weekly fee, the late fee, and dishonored check charge as outlined on the payment agreement sheet.
10. I have received a copy and agree to abide by the policies and procedures as outlined in 5-Star Childcare Center teachers & parents handbook.

I have read and understand the above statements.

Parent/Guardian Signature _____ Date _____

Director _____ Date _____

*******Make sure you have completed the forms to your fullest ability*******