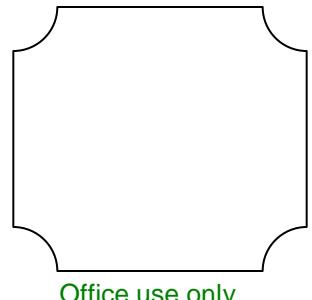




The Friendship Academy

The Friendship Academy
"A Place Where Friends Love to Learn"

Atlanta, GA
www.thefriendshipacademyatl.com
[friendshipacademyatl@gmail.com]



Office use only

ENROLLMENT FORM

Entrance Date (mm/dd/yyyy)	Withdrawal Date (mm/dd/yyyy)	Birth date (mm/dd/yyyy)
Child's Name (last, first, middle initial)		
Child's Nickname	Gender	Age
Home Address (Street Address, City, State and Zip Code) () _____		
EMAIL Address(one only): _____		
Home Telephone Number	Child's Primary Language	_____
Previous or Current School attending (for pre-school and school age children only) () _____		
Father's Cell Telephone Number	Mother's Cell Telephone Number	() _____
Father's Name/Home Address/Telephone Number, if different from child's () _____		
Place of Employment/Address of Employment/Business Number with extension () _____		
Mother's Name/Home Address/Telephone Number, if different from child's () _____		
Place of Employment/Address of Employment/Business Number with extension () _____		
Regular Care Arrangements: Lives with [] Both Parents [] Mother [] Father [] Other: _____		
Are there any custody arrangements for your child? _____		
If yes, please describe: _____		
(A court order with supporting documentation describing custody arrangements and restrictions must be provided.)		



Child's Legal Guardian(s) [] Both Parents [] Mother [] Father [] Other _____

Pick up/Drop off Authorizations: Bright from the Start requires a minimum of one person other than a parent and/or guardian. My child may be released to the person(s) signing this agreement or to the following:

Name	Address (include complete street address, city, state and zip code)	Telephone

Emergency Contacts: Persons to contact in case of an emergency when parents cannot be reached. These people are authorized to make medical decisions concerning my child. Bright from the Start requires a minimum of one person other than a parent and/or guardian.

Name	Address (include complete street address, city, state and zip code)	Telephone

Pediatrician or child's primary health care source name _____ (_____) _____
Telephone number _____ (_____) _____

Dentist name _____ Telephone number _____

Does your child have any allergies or food restrictions? _____ If yes, please describe and attach care plan: _____

Does your child have any diagnosed special needs or medical conditions? _____ If yes, please describe: _____

Are your child's activities restricted by any special needs, medical or other conditions? _____ If yes, please describe: _____



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The following special accommodation(s) may be required to most effectively meet my child's needs while at this School. (Circle one-then list) **NONE YES**

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 unmentioned above: (Circle one-then list) **NONE YES**

Other Helpful Information:

Medical Insurance Information

Insurance Carrier _____ Insured's Name _____

Primary Care Physician Name _____ Telephone (_____) _____

ID or Policy # _____ Member Service Number (_____) _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____ suffer an injury or illness while in the
Child's Name _____ Date of Birth _____

care of The Friendship 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 in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept the financial responsibility for all medical and transportation expenses incurred.

Signature of Parent/Guardian (on behalf of both parents/guardians) Date (mm/dd/yyyy) (_____) _____
Telephone _____



Sleeping Schedule: _____
(for children under 36 months only)

Toilet Schedule: _____
(for children under 36 months only)

Siblings: _____
(Please list names and ages)

FAMILY AGREEMENT

PLEASE CHECK ALL THAT APPLY: The School 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.

1. TRANSPORTATION: I hereby give do not give – consent for my child to be transported and supervised by the operation's employees.

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS: I hereby give do not give – my consent for my child to participate in Field Trips:

Parent's Comments:

3. WATER ACTIVITIES: I hereby give do not give – my consent for my child to participate in Water Activities: sprinkler play splashing/wading pools swimming pools water table play

4. VIDEO/PHOTOGRAPHY: I give permission for my child to be photographed and videotaped for use by or on behalf of the facility for educational, training, curriculum, marketing and similar purposes. Yes No

5. DAYS/HOURS: The Friendship Academy agrees to provide day care for my child on: (circle all that apply) **Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

from _____ a.m. to _____ p.m..

6. MEALS: My child will bring his/her own packed lunch daily and will participate in (circle applicable snacks):

Morning Snack Afternoon Snack Evening Snack

7. MEDICATION AUTHORIZATION: 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.

8. SAFETY: 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.



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9. RECORDS: 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, family email, work location, emergency contacts, child's physician, child's health status, feeding plans and immunization records, etc.

10. INCIDENT REPORTS: The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Signature (Parent/Guardian) _____ Date _____

Signature (Parent/Guardian) _____ Date _____

Optional policies to include in your agreement:

Release of The Friendship Academy. In consideration of the registration of my child, I release The Friendship Academy and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the School, or participation in the programs and activities conducted by The Friendship Academy other than to the extent caused by the negligent or willful misconduct of The Friendship Academy and their related companies, directors, officers, employees and agents.

No Employment. I will not solicit, employ or enter into any contract with any employee of The Friendship Academy to perform child care or similar services under any circumstances without the express consent of The Friendship Academy. If I employ or contract with any employee of The Friendship Academy or person who within one year of the date of such employing or contracting was employed or under contract with The Friendship Academy, I will pay The Friendship Academy a placement fee of \$5,000.

Parent Handbook; Policies and Procedures; Use of School. I have received, reviewed and understand the Parent Handbook and related information concerning the School and the child care services provided by The Friendship Academy. I will use the program in accordance with the terms of the Parent Handbook and The Friendship Academy policies and procedures made available at the School. Use of the School and the child care services may be denied in the event I do not comply with the terms of this Agreement, or when determined by The Friendship Academy to be in the best interests of my child or the children using the School. The availability of the School and the child care services are subject to change at any time.

Completion of Registration; Information; Payments. Registration must be fully completed prior to my using the School. I will notify The Friendship Academy and update all medical, family and other information previously provided as part of the registration of my child. Medical, family and other information may be shared among The Friendship Academy child care Schools where necessary for registration. Additional registration information or materials may be needed to comply with local licensing requirements. Where applicable, all registration fees and/or tuition fees must be paid in connection with the registration of my child and use of the program.

THIS IS A RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING AN ASTHMA INHALER TO CHILDREN WITH ASTHMA (Release) between The Friendship Academy and _____



(parent(s)/guardian(s) name) who are the Parent(s)/Guardian(s) of _____;
(child's name). _____ (parent(s)/guardian(s) name) have requested The Friendship Academy provide emergency treatment for their child at The Friendship Academy and take certain actions described in the child's "Authorization for Care of Children with Asthma" (Authorization), which is attached to this Release and is hereby incorporated by reference.

The parties agree that: 1. _____ (parent(s)/guardian(s) name) releases The Friendship Academy and its officers, employees or agents from all liability which may arise as a result of The Friendship Academy administering asthma treatment or following the directions in the Authorization (including any additional physician's instructions or clarifications) as long as such employees or agents exercise reasonable care in taking such actions. _____ (parent(s)/guardian(s) name) also releases The Friendship Academy and its officers, employees or agents from all liability arising out of the use of any materials and/or equipment supplied by the parent(s)/guardian(s) in connection with the asthma treatment as long as such employees or agents exercise reasonable care in the use of such materials or equipment.

3. This Release shall be governed by the laws of the State of Georgia, where The Friendship Academy is located.

Parent/Guardian signature_____

Today's Date_____