



Keeping It Positive Learning Academy L.L.C.
1920 Veterans Memorial Hwy
Austell, GA 30168
770-672-7800 or Fax# 770-672-7801

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____

Date of birth _____
Email _____

Home Address (Street) _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

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

City _____ State _____ Zip _____

Father's Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

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

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's 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

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

*Name _____ Address _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____ Address _____
*Name _____

Telephone _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

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 number: _____

My child has the following special needs: _____

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 _____ Keeping It Positive Learning Academy _____

and _____ Keeping It Positive Learning Academy _____ 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) shall assume responsibility for payment for services.

Parent/Guardian: _____ Signature

Date: _____

Facility Administrator/Person-In-Charge: _____ Signature

Date: _____

Parental Agreements with Keeping It Positive Learning Academy

_____ Keeping It Positive Learning Academy agrees to provide child care for

_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack
Dinner
Bedtime Snack

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; dosages; date and time of day medication is to be given. Medicine will be in the original container with child's name marked on it.

My child will not be allowed to enter or leave _____ Keeping It Positive Learning Academy without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

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.

_____ Keeping It Positive Learning Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from _____ Keeping It Positive Learning Academy and water-related activities occurring in water that is more than two (2) feet deep.

I authorize _____ Keeping it Positive Learning Academy 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 given by _____ Keeping it Positive Learning Academy.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

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

SITE

Keeping it Positive
Site 129

Child and Adult Care Food Program
Enrollment Statement

Name of child or adult _____ D.O.B _____ age _____

Name of child or adult _____ D.O.B _____ age _____

Name of child or adult _____ D.O.B _____ age _____

Name of child or adult _____ D.O.B _____ age _____
is enrolled at _____

Name of Child or Adult Day Care Center

Address of Child or Adult Day Care Center

My child or adult is normally in attendance at the facility between the hours of _____ am/pm on _____
and/pm on the following days: (Circle all that apply). Check here if only before/after
school care provided. Sunday Monday Tuesday Wednesday Thursday Friday Saturday
My child will normally receive the following meals while in care (Circle all that apply):
Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Beginning on _____

Signature _____
Participant/Guardian/Parent _____ Date _____

Signature _____
Center Official _____ Date _____

In the operation of USDA's food service program, no one will be discriminated against because of race,
color, national origin, sex, age, or disability. If you believe you have been discriminated against, write to:
Administrator, Food Consumer Service, U.S. Department of Agriculture, 3101 Park Center Drive,
Alexandria, VA 22302

For Center Use Only

Participant withdrawn on: _____
Date _____

Keeping it Positive
PART I: Child(ren) or Adult enrolled to receive day care.
 Name: (Last, First and Middle Initial)

Food Stamp, TANF, or FOPR case number, Assistant Unit (AU), or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. **Note: Do not use EBT numbers.**

Head Start Participant
 Foster Child

PART II A:
 A. Name _____
 (List everyone in household, including foster and non-foster children)

	B. Gross Income and how often it is received				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
1.	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
2.	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
3.	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
4.	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
5.	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
6.	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
7.	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

PART III: ENROLLMENT INFORMATION: Children Only
 My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:
 Check here if only before/after school care is provided.

(Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 My child will normally receive the following meals while in care:
 (Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature and Social Security Number (Adult must sign).
 An adult household member must sign this form. If Part II is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next page).
I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: X _____ Print Name _____ Date _____
 Address: _____ City _____ State: GA Zip _____ Phone _____

Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART V: Participant's ethnic and racial identities (optional)
 Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino
 Mark one or more racial identities: Asian White Black or African American American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander

Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12
 Total Income: _____ Per: Week Every 2 weeks Twice a month Month Year Household Size: _____
 Category Eligibility: _____ Date withdrawn _____ Eligibility: Free _____ Reduced _____ Paid _____ Tier I _____ Tier II _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Decertifying Official's Signature: _____ Date _____
 Confirming Official's Signature: _____ Date _____
 Follow Up Official's Signature: _____ Date _____

GENERAL RELEASE FORM

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to KIPLA providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by KIPLA providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE FORM

I hereby grant permission for the KIPLA provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the KIPLA provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____ by _____ photograph and/or videotape in connection with daily KIPLA activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the KIPLA provider, DECAL, and other entities contracted by the KIPLA provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

KIPLA PROVIDER NAME/ADDRESS:

1920 Veterans Memorial Hwy Austell 30104

SIGNATURE (Parent/Guardian): _____

Date: _____

Keeping It Positive Learning Academy Parental Agreement Form

Name of Parent or Guardian: _____

Name of Child _____ Date of Birth _____
Male/Female

- 3 KIPLA operation hours are from 6:30am until 6:30pm Monday through Friday. Your Weekly tuition fee _____ is due on Monday of each week before the close of business. Payments made after Monday morning will incur a \$25.00 late Fee. Children will not be allowed to remain at the Academy if fees are not paid by the closed off Tuesday evening, your child will not be able to return on Wednesday. In addition, any child that attends the academy for three consecutive days will pay full tuition. If child miss due to family emergency, sickness, and family vacation etc., half week of tuition is due, no exception. KIPLA honor all referrals by rewarding a \$25.00 referral fee.
- 2 My child must be picked up promptly at the end of the day. A late fee of \$1.00 per minute will be due for the time my child remains at the academy after 6:35 pm. Payment will be made to the staff member on duty.
- 3 KIPLA requires a two week written notice for withdrawals from the program or payment for two weeks if you withdraw your child without notice.
- 4 KIPLA will be closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Good Friday and Friday after Thanksgiving, Christmas Eve and Christmas Day.
- 5 KIPLA will only dispense medicine by a case to case need (Please see front office).
- 6 My child will not be allowed to enter or leave the facility without being escorted by the parent, a person authorized by the parent or KIPLA personnel. It is important that the parent sign in and out each day (extremely imperative).
- 7 I acknowledge that is my responsibility to keep my child's record current to reflect any significant changes as they occur, e.g. phone numbers, emergency contacts, infant feeding plans, immunization (3231) , etc.
- 8 KIPLA agrees to keep me informed of any incidents, including illnesses, injury, and any exposure to communicable diseases which include my child.
- 9 Parents of children who are not yet potty trained must provide appropriate disposable diapers or pull-ups and wipes.
- 10 Parents of infants (not on table food) must provide formula and baby food.
- 11 Parents are responsible for labeling all of their children items (KIPLA will not be responsible for lost items).
- 12 Weekly menus are posted in advance. Food exceptions cannot be made for individual children except in the case of allergies and religious needs. A written statement from a physician is required for children with allergies.

- 13 Parents are asked that children do not bring toys to the school except for on show and tell days.
- 14 A blanket for naptime is not required.
- 15 Children who become ill cannot remain in the academy. Parents will be notified to pick up their child. Children absent from the academy with a contagious disease will not be readmitted without assigned statement from the physician indicating that the child is no longer contagious.
- 16 Children will be permitted to play outside on the playground daily, except for inclement weather.
- 17 The State of Georgia requires that all members of daycare institutions to report to the State any and all cases of child abuse. KIPPLA is obligated to report to the state, any suspected cases of child abuse or neglect.
- 18 KIPPLA will only provide transportations for local elementary school; parents are required to complete all transportations forms.
- 19 If your child is to be picked up by someone other than the names listed on the release form, the parent must tell KIPPLA management at the time of drop off. Identification will be required of the adult picking up the child (KIPPLA will make a copy of ID please inform pick up personal). The child will not be released from the school unless these steps are followed.
- 20 Although, we request cooperation in not disrupting our program, parents may access all parts of KIPPLA at any time their child is present by first notifying front office.
- 21 This agreement may be changed at any time by KIPPLA to comply with governmental regulations or for any other reason. I understand that to change rates, I will need to sign a new contract. I understand that the contracted charges will continue until such time as a new enrollment contract is signed or until one week's notice is received. I have read and agree to abide by the policies and payment guidelines as contracted above in the Parent Handbook

Signature of Parent or Guardian

_____ Date _____

Signature of

Director _____

Date _____