



Child Enrollment Form

Entrance Date _____

Withdrawal Date _____

Referred By: _____

Child's Name _____

Sex _____ Age _____ Date of Birth _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone Number _____

Mother's Address _____

Mother's Email: _____

Mother's Place of Employment _____ Work Number _____

Mother's Work Address _____

Father's Name _____ Phone Number _____

Father's Address _____

Father's Email: _____

Father's Work Address _____

Father's Place of Employment _____ Work Number _____

Child's Living Arrangements: [] Both Parents [] Mother [] Father [] Other _____

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

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

| Name | Full Address | Phone | Relationship |
|-----------|--------------|-------|--------------|
| (1) _____ | _____ | _____ | _____ |
| (2) _____ | _____ | _____ | _____ |
| (3) _____ | _____ | _____ | _____ |
| (4) _____ | _____ | _____ | _____ |

Persons to contact in case of an emergency when parents cannot be reached:

| Name | Telephone Number | Relationship to Child |
|-----------|------------------|-----------------------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |

Name of public or private school child attends, if any: _____

Child's Physician or Clinic's Name (Child's Primary Health Source) _____

Physician/Clinic's Telephone Number: _____

My child has the following special need(s): **(see below) circle one** **NONE** **YES**

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. **(see below) circle one** **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: **(see below) (circle one)** **NONE** **YES**

EMERGENCY MEDICAL AUTHORIZATION

Should _____ (Child's Name) suffer an injury or illness while in the care of Apple Tree Prep and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my 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.

Signature of Parent(s) / Guardian _____

Date _____ Phone _____



Parental Agreement

(1) Apple Tree Prep agrees to provide child care for (child's name) _____ on

(Circle All That Apply)

Days: Monday Tuesday Wednesday Thursday Friday
 Times: From ____:____ am to ____:____ pm
 Months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
 Meals: Breakfast AM Snack Lunch PM Snack

- (2) I understand tuition is due on Friday's for the upcoming week and should I not pay by Monday of that week my credit/debit card will be charged. The card information is on file with the center.
- (3) I will complete a written medication authorization form before any medication is given to my child. Medication will be in it's original container with my child's name.
- (4) My child will not be allowed to enter or exit the center with out being escorted by the parent(s), person authorized by the parent, or center staff.
- (5) I understand it is my responsibility to keep my child's records current in regards to changes that may occur while my child is enrolled at Apple Tree Prep. This includes, but is not limited to, telephone, address, work location and contacts, emergency contacts, physician, health status, immunization records, infant feeding plans.
- (6) Apple Tree Prep agrees to keep me informed of any incidents, illnesses, injuries adverse reactions to medications or exposure to communicable diseases.
- (7) Apple Tree Prep agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the center and any water-related activities occurring in water more than 2 feet deep.
- (8) Apple Tree Prep will advise me of my child's progress, issues relating to my child's care and individual practices concerning my child's special needs.
- (9) Apple Prep parents are encouraged to participate in center activities.
- (10) I have received a copy of the parent handbook and agree to abide by the policies and procedures for Apple Tree Prep.

Parent(s) Signature _____ Date _____

Center Director Signature _____ Date _____



Vehicle Emergency Medical Information Sheet

Child's Name _____ Date of Birth _____

Child's Address _____

Father's Name _____ Home Phone _____

Work Phone _____ Cellular Phone _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cellular Phone _____

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

Name _____ Phone _____ Relationship to Child _____

Child's Doctor _____ Phone: _____

Medical Facility the Center Uses: _____

Child's Allergies: _____

Current Prescribed Medications: _____

Child's Special Needs and Conditions: _____

In the event of an emergency involving my child and if Apple Tree Prep cannot get in contact me, I authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child, _____.

Printed Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Center Director Signature _____ Date _____
(witnessed by)



Transportation Agreement

(Please do not leave any spaces blank)

Child's Name _____ Date of Birth _____

This certifies that I give Apple Tree Prep permission to transport my child, _____,
from _____ at _____ (am / pm)
to _____ at _____ (am / pm).

My child will be transported from _____ at _____ (am / pm)
to _____ at _____ (am / pm)

My child will be transported the following days:

Monday Tuesday Wednesday Thursday Friday

_____ (location) is approximately _____ miles from the center.

Apple Tree Prep is authorized to receive my child. In the event Apple Tree Prep is not present to receive my child, the following procedures are to be followed: _____

_____.

In the event my child is not to be transported as outlined above, I agree to notify Apple Tree Prep immediately as to not disrupt school drop off and pick up of other students.

Parent(s) Signature _____ Date _____

Center Director Signature _____ Date _____



Authorization to Dispense External Preparations

Child's Name _____ Date of Birth _____

I give Apple Tree Prep permission to apply one or more of the following topical ointments and/or preparations to my child in accordance with the directions on the label of the container.

- _____ Baby Wipes (Parent will provide)
- _____ Band-aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar first aid spray
- _____ Sunscreen (Parent will provide)
- _____ Insect Repellent (Parent will provide)
- _____ Non-prescription ointment (such as A&D, Desitin, Vaseline, Oragel) (Parent will provide)
- _____ Baby Powder (Parent will provide)
- _____ Other (please specify) _____ (Parent will provide)

Parent(s) Signature _____ Date _____



Infant Feeding Plan

(for children under one (1) year of age)

Child's Name _____ Date of Birth _____

Does your child take a bottle? Yes () No ()
Is the bottle warmed? Yes () No ()
Does your child hold own bottle? Yes () No ()
Can your child feed self? Yes () No ()
Does your child take a pacifier? Yes () No ()

Does your child eat:

Strained Foods () Baby Foods () Table Foods () Formula () Whole Milk ()

Type of Formula _____ Amount to be Given _____

Updated Amounts of Formula:

Amount changed to: _____ Date _____

Amount changed to: _____ Date _____

Amount changed to: _____ Date _____

Food Likes: _____

Food Dislikes: _____

Allergies – (include any premixed formula) _____

Child's Schedule:

Breakfast Time: _____ Types and Amount of Food: _____

Morning Snack: _____ Types and Amount of Food: _____

Lunch Time: _____ Types and Amount of Food: _____

Afternoon Snack: _____ Types and Amount of Food: _____

Morning Nap: _____ Afternoon Nap: _____

Special Instructions for introducing solid foods: _____

I understand I must update this form monthly, or as instructions change for my child.

Parent(s) Signature _____ Date _____



Potty Training Information

Your 2 year old may be placed in a 3 year old class if the following conditions have been met:

- (1) Your child's age is 2 year 6 months, potty trained (not in pull-ups or the equivalent) and developmentally ready to be grouped with children 3 years of age.

I agree for my 2 year old to be grouped with 3 year olds (only) by evidence of my signature below.

Parent's Signature

Date

Director's Signature

Date

I understand the following rules must be maintained by the center for the above situation to be approved.

- (1) A mixed-age (20%) ratio will apply anytime a two year old is present in a classroom.
- (2) Ratios cannot be doubled during day time scheduled rest or sleeping periods anytime a two year old is present.
- (3) Only children two and three year of age will be grouped together. Children four years of age and older will be grouped separately.

The above rules are being met and will be maintained at all times.

Parent's Signature

Date

Director's Signature

Date



Ages & Stages Questionnaires / Developmental Assessments

Ages and Stages is the #1 State Approved developmental screener that we here at Apple Tree Prep will use as a guideline to monitor your child's development. The ASQ is a set of questionnaires about your child's development. It has been used in Early Childhood Education for more than 20 years with young children between the ages of 1 month- 5 years old and has been proven to be an effective tool to assure children are developing on schedule.

The ASQ looks at how children are doing in important areas, such as speech, physical ability, social skills and problem-solving skills. The ASQ can help identify your child's strengths as well as any areas where your child may need further support either in the classroom/home or with another qualified individual. ASQ's are completed twice a year.

Upon completion of the ASQ's, assessment results will be shared with the parents during parent conferences twice a year as well.

For more information about Ages & Stages, please visit www.agesandstages.com

Name: _____ Birthday: _____

Yes I would like for my child to participate

No I do not wish for my child to participate

Please sign below if you would like your child assessed using the Ages and Stages Questionnaires. Your child's teacher will be able to share the assessment with you. The ASQ will follow your child through Georgia Pre-K where they will use Work Sampling Online to assess your child.

Parent Signature _____ Date: _____



Child Immunization Form

Form used will be the
state required form
for immunization

FORM 3231

Safe Sleep Practices Policy

Safe Sleep Practices Policy

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or/& marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed.
- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____



Photograph/Video Release

I hereby grant permission for Apple Tree Prep to publish pictures/videos of my child _____ in media publications and/or on the school websites at appletreeprep.com and facebook.com/appletreeprep.

I understand that I have the right to make a written request to remove any photo within 30 working days of the written request.

(Please Print Name)

Date

Parent Signature

Date