



Learning Center

718 Concord Rd SE, Smyrna, GA 30082
770-436-1156 / 770-431-1894 fax
www.psclearningcenter.com

Welcome to PSC Learning Center:

Thank you for joining Preferred School Care Learning Center. We are a small quality rated program providing quality care for our families. No matter which of our exciting programs you are joining, we are certain we will be able to meet and exceed your expectations.

- Infant, Toddler or Preschool Programs
- GA Lottery Pre-K Program
- School-age Programs

Please download and complete this enrollment packet so that we can begin serving your family. Once you have completed the enrollment packet, please scan and email to psclearningcenter@gmail.com. Or drop off at the center during the business hours. If you should have any questions, please do not hesitate to contact us at 770-436-1156.

Thank you for joining the PSC Learning Center family where we believe children are our future and together we can make a difference.

Sincerely,

Cheryl Solomon

Center Site Director



Learning Center

718 Concord Road SE, Smyrna, GA 30082 770-436-1156 as 1/1/2020
www.PSCLearningCenter.com

Application for Enrollment

How were you referred to PSC Learning Center? _____

Enrollment Date _____ p.m.
 Drop-off time _____ a.m. Approx. Pick-up time _____ p.m.

Child(ren)'s Information								
Name	Address	City	St	Zip	Sex M/F	Age	DOB	Program you are enrolling: (Inf/Tod/Preschool), GA Lottery Pre-K, School-Age after school or Summer Program
1.							/ /	
2.							/ /	
3.							/ /	

If enrolling in After School Program, list name of school: _____

If enrolling in GA Lottery Program, you must also complete the BFTS Pre-K Application and provide birth certificate, social security card, Form 3231 and Form 3300, Proof of Residency, Proof of Category I. If enrolling in the Summer Enrichment Program, you must complete Transportation Agreement for scheduled field trips.
 (This Enrollment Form must be submitted along with additional forms provided for registration to be complete)

Parent's / Guardian's Information (Special Note: Child(ren) may be released to names listed here AND to names listed under 'Person(s) to whom child may be Released')

Mother		Father		Guardian	
Name:					
Address:					
Name of Subdivision:					
Home Phone#:					
Pager/cell#:					
Employer:					
Employer Address:					
Work Phone#:					
Email Address:					

Child(ren) lives with: Both Parents Mother Father Other
 Child(ren) Legal Guardian: Both Parents Mother Father Other

Parental Agreement with PSC Learning Center

Person(s) to whom child(ren) may be Released

My child may be released to the person(s) listed on the front of this agreement and/or to the following:

Person#1: Maternal _____ Paternal _____	Person#2: Maternal _____ Paternal _____	Person#3: Maternal _____ Paternal _____
Name: _____		
Address: _____		
Phone#: _____		

Emergency Contact Information

List 3 emergency contact names, address and phone numbers in the event the parent cannot be reached. I agree to keep the center informed as to the changes in address and phone numbers, etc. where I may be reached.

Contact#1: Maternal _____ Paternal _____	Contact #2: Maternal _____ Paternal _____	Contact #3: Maternal _____ Paternal _____
Name: _____		
Address: _____		
Phone#: _____		

Medical Information

Should my child become ill during the time he or she is in the care of PSC Learning Center or suffer an accident of any nature, the center should undertake to contact me immediately. They will be authorized to secure such medical attention and care for the child as may be necessary. By signing below, the parent acknowledges that PSC Learning Center does not provide medical insurance to the children in our program and the parent shall assume responsibility for medical expenses. Furthermore, the undersigned hereby forever releases, discharges, and covenant to hold harmless PSC Learning Center and its staff members to any claims that may arise during your child's enrollment in our program.

Medical Insurance/Medicaid/PeachCare	Physician/Doctor and/or Health Department	Dentist and/or Practice Name
Provider's Name: _____		
Insurance ID#: _____		

Long term prescribed medication: _____ None _____
 Special needs, physical, mental limitations: _____ None _____

Immunization Certificate Available (Form 3231): _____

Childhood History

Eating Habits

Appetite: Good _____ Fair _____ Poor _____
Food Allergies: Fish _____ Peanut butter _____ Dairy _____ Other(s): _____ None _____

Additional Comments: _____

I have read and understand the policies & procedures and have documented all information regarding my child(ren).

Signed: _____

Date: _____

Parental Agreements with Child Care Facility

The _____
(Name of Facility)
 agrees to provide child care for _____
(Name of Child)
 on _____, beginning at _____ AM
(Days of Week)
 and ending at _____ PM 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, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) 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.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

_____ 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.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian

Date

SIGNED: _____
Facility Administrator / Authorized Person

Date



Preferred School Care

Photograph/Video Release

I hereby grant permission for PSC Learning Center to record the participation and appearance of my child, _____ by photograph and/or videotape in connection with the daily activities for the purposes of news releases, reporting and assessing the progress of child(ren) and the program. PSC Learning Center staff is authorized to exhibit or distribute such photographs and/or videotape in whole or in part without restrictions or limitation for education or promotional purpose PSC Learning Center deems appropriate. Such photographs and/or videotape may appear in the classroom, on our website, center's Facebook, newsletters and any printed or visual material.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges PSC Learning Center from any actions, agreements, claims, controversies, demand, 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.

Parent/Guardian Signature: _____

Date: _____