



CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER
CHILD'S LEGAL GUARDIAN: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE
1.			
2.			
3.			
4.			

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____
DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: ()

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:



GENERAL RELEASE

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 Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K 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

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K 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 Pre-K 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 Pre-K provider, DECAL, and other entities contracted by the Pre-K 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.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

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2670 Kinjac Dr
Marietta, GA 30066
770.672.6289



Parental Agreements/ Policies and Procedures

Parental/Guardian Agreement with Sprayberry 2.0. Below is a breakdown of the policies and procedures at our school. Our goal is to create a partnership between our program and your family. We have implemented the following policies and procedures at the school to provide the highest quality early education experience. The three most important things we need from our families is Partnership, Communication, and Patience. These are highlights of our policies and procedures that we have found come up more often. A full list of our policies and procedures are available in our parent handbook.

Please initial each section below to ensure there is a clear understanding.

Sprayberry 2.0 agrees to provide care for _____ (Child's Name)
on Monday – Friday for Georgia Pre K school days, beginning at 7:30 AM and ending at 3:30 PM from July to May.

.....

General:

- _____ I agree to provide Sprayberry 2.0 with all information about my child’s needs. If my child has an Individual Education Plan, I will share all paperwork with the school director to ensure that Sprayberry 2.0 is able to meet the needs of my child.
- _____ My child will not be allowed to enter or leave the facility without being escorted by parent(s), person(s) authorized by the parent(s), or facility personnel, all person(s) must be 18 years in age or older.
- _____ 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 locations, emergency contacts, child’s physician, child’s health status, and immunization records, etc.
- _____ I understand that Sprayberry 2.0’s operational hours are 6:30 am to 6:30 pm Monday-Friday
If I have not picked up my child by 6:30 I will be charged \$10.00 for the 1st 15 minutes and then a \$1 per minute until 7:00 p.m. **After 7:00 pm the Department of Family and Children Services as well as the Cobb County Police will be contacted to take custody of my child.**
- _____ Sprayberry 2.0 agrees to obtain written permission from me before my child participates in any routine transportation, field trip, or special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

Please initial below as an understanding of our Medical policies.

- _____ Sprayberry 2.0 does not dispense medicine to students unless the medicine is needed for a life threatening condition and a doctor’s note is provided. If your child has an as needed medication (inhaler or epi-pen) we must have a completed action plan on file signed by your child's doctor.
- _____ The facility agrees to keep me informed of any incidents, including injuries, illnesses, adverse reactions to any medications, etc. which include my child.
- _____ I understand that if my child is ill, including, but not limited to, a severe cough or sore throat, undetermined rash or spots, temperature over 100 degrees, severe headaches, upset stomach and/or diarrhea, he or she cannot be

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accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. Sprayberry 2.0 will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept. Children must be symptom free for 24 hours before returning to school.

___ I understand if I am called to pick up my child for any reason, I will need to have the child picked up within 45 minutes from being called.

___ In the event that a child is found with living lice or knits, the child will be sent home for treatment. After treatment the child may return to school with the understanding that the child will be retreated in 7-10 days of initial treatment.

___ I authorize Sprayberry 2.0 to obtain emergency medical treatment for my child when I am not available.

___ In the event of extreme circumstances that a child requires professional medical attention due to an injury at the school, the parent/guardian is requested to file with his/her primary insurance. If a remaining uncovered balance from the injury exceeds payment from his/her personal insurance, a request in writing for reimbursement can be made. The request must be submitted within 90 days of the accident. Each request is left to the discretion of the owner.

Please initial below as an understanding of our Meal Fee policy.

___ Sprayberry 2.0 meal fee is required by all families and includes two snacks and a lunch.

___ In case of a severe allergy, a letter must be provided by a medical doctor confirming diagnosis and a decision will be made by Sprayberry 2.0 regarding food being brought from home.

___ In the case of a severe allergy, the parent is still responsible for paying a portion of the meal fee as determined by management.

___ Sprayberry 2.0's meal fee for 2018 – 2019 is \$2000 for the year when using our Tuition Express program.

___ I understand that the \$2000 meal fee is divided into 10 equal monthly payments of \$200 and will be deducted using Tuition Express on the first business day of each month.

___ I understand that if I choose to pay the meal fee with check a \$5.00 processing fee will be applied and payment is due on the first business day of each month.

___ I understand that if my child receives Government assistance (Medicaid, Food stamps, Caps or TANF) the meal fee is waived with proper documentation given to management. Sprayberry 2.0 does not reimburse payments made prior to receiving proper documentation.

___ Due to the rise and fall of food costs, Sprayberry 2.0's meal fee may fluctuate or change during the school year.

___ Sprayberry 2.0 does not reimburse for Meal Fees for Withdrawals from the Program.

___ Sprayberry 2.0 does not prorate meal fees.

___ In the case of a return due to insufficient funds on a Tuition Express account, I understand I will be charged a \$35.00 return fee, as well as be responsible for payment immediately.

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____ In the case of a returned check due to insufficient funds, I understand I will be charged a \$35.00 return fee, as well as be responsible for payment immediately.

____ After two returned checks, we will no longer be able to accept checks and I understand that I will be required to pay with a money order.

____ If the account is delinquent, a \$25 late fee will be charged every 7 days of delinquency.

Please sign in acknowledgement of our Meal Fee Policy.

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

Parent Signature: _____

Date: _____

Facility Administration: _____

Date: _____



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Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in the whole or in part , in color or black and white, made through any media through the photographer at his/her studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it may be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the forgoing lease and warrant that I fully understand the contents thereof.

Child's Full Name _____ Date _____

Parents Name (Printed) _____ Parents Signature _____



Parental Authorizations

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date, full name of the child, name of the medication, prescription number, if any, dosage, the dates to be given, the time of day to be dispensed, and signature of parent. I give Sprayberry 2.0 permission to apply one or more of the following topical ointments/preparations to my child/children in accordance with the directions on the label of the container.

Child's Full Name _____

Date _____

Allergies: _____

Please Circle "Yes" or "No"

Antibiotic Cream Yes No

First Aid Spray Yes No

Sunscreen Yes No

Insect Repellent Yes No

Band-aids Yes No

Hydrocortisone Anti-Itch Cream Yes No

Parent's Name (Printed) _____ Parent's Signature _____



Transportation & Medical Agreement

Child First Name _____ Last Name _____

Date of Birth _____ Allergies _____

Current Medications _____

Mother/Guardian First Name: _____ Last Name: _____

Address (street): _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____ Cell () _____

Father/Guardian First Name: _____ Last Name: _____

Address (street): _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____ Cell () _____

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

Transportation Agreement

I, _____ agree to have my above listed child/children transported by Sprayberry 2.0 to and from locations for camp fieldtrips at a time determined by the center and will return to the center no later than 6:15pm the same day.

Medical Authorization

Should the above listed child/children suffer an injury or illness while in the care of Sprayberry 2.0 and Sprayberry 2.0 is unable to contact me immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I shall assume responsibility for payment for services.

*In the event of a medical emergency, we use WELLSTAR KENNESTONE HOSPITAL located at 677 Church St, Marietta, GA, 30060. 770-793-5000.

Sprayberry 2.0 Emergency Procedures

1. Call Emergency Medical Services.
2. Contact Parents.
3. If parents are not reached move on to emergency contact list.
4. Have medical team transport my child to hospital if needed with copies of all medical information we have.
5. Documentation and let parents know the current status.

Child's Doctor: _____ Phone: _____

Primary Insurance Provider: _____ Policy Number: _____

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

First Name: _____ Last Name: _____ Phone: _____

Parent Name: _____ Parent Signature: _____

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Sprayberry 2.0 Food Policy

Sprayberry 2.0 is a provider of the lottery funded GA Pre K Program and is licensed by Bright from the Start. Maintaining this license requires that the rules of BFTS be followed. Sprayberry 2.0 has chosen to be a provider of GA Pre K Program, but is still a private provider and as such operates within the guidelines of the program as they choose to implement them.

Sprayberry 2.0 provides food whereas other providers choose not to. As part of the guidelines, each provider must ensure that each child receives nutritious food that meets the USDA guidelines. To meet these rules, Sprayberry 2.0 has chosen to provide the food rather than review and certify parent provided food is compliant.

In those cases where children have valid medical doctor confirmed allergies to certain foods and Sprayberry 2.0 is provided a letter from the medical doctor confirming such diagnosis, a decision may be made to allow parent provided food. However, the parent understands that they are still responsible for paying a portion of the meal fee as determined by management. Sprayberry 2.0 reserves the right to first review the child's needs and determine whether food will be provided by Sprayberry 2.0 or the parent. We also reserve the right to make such determinations for religious beliefs. Sprayberry 2.0 is a peanut free facility. Any parent provided food must be certified as processed in a peanut free facility. Any parent provided food must meet the conditions and while Sprayberry 2.0 will review all incoming food, it does not guarantee it is peanut-free or accept liability for it.

Sprayberry 2.0 receives no federal funding or assistance to offset the cost of food. Some other well-known providers do receive these funds and as such may choose not to charge a meal fee. Sprayberry 2.0 chooses to provide the food in its program and must charge a fee for it as this is not funded by the State of Georgia. Receiving money to offset the food cost is dependent on the demographics of the children served and Sprayberry 2.0 does not qualify to apply for this funding because of the average income of the parents of the children served.

In those cases where the circumstances of the parents meet current guideline, families may be exempt from the meal fee, however Sprayberry 2.0 may insist on regular confirmation of a family's meeting of the exemption guidelines.

Food policies as well as other factors should be considered when choosing a Provider as the program is not mandatory but a matter of parent choice.



Sprayberry 2.0 Registration Policy

In accordance with the Bright From the Start Handbook and Guidelines our school follows these policies when handling registration for upcoming students.

Our school begins registration for the upcoming school year on November 1st of the calendar year prior. We reserve 20 of the 240 spaces for upcoming students who may come from our sister schools.

In the Pre-K Program, students are enrolled on a first-come, first-served basis. We have no registration fees for enrollment. Because of this we cannot hold or guarantee spots in certain classrooms or class times. We will make every effort to meet the request of the parents when possible.

3.1 Open Enrollment: Enrollment for the program must be open and nondiscriminatory. Children cannot be denied participation in educational programs on the basis of race, color, or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and Title II of the Vocational Education Amendments of 1976); or disability (Section 504 of the Rehabilitation Act of 1973 and The Americans with Disabilities Act of 1990).

Providers cannot require the following as a condition of enrollment:

- *Certificate of Immunization (Form 3231)*
- *Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300)*
- *Upfront payment of meal or extended day fees*
- *Participation in summer programs prior to starting Pre-K*
- *Verification of child's status related to Category One or extended day services*
- *Independent toileting skills (toilet trained)*

3.9 Procedures for Student Attendance: Consecutive Absenteeism Children who do not attend class for 10 consecutive days without a medical or other reasonable explanation must be removed from the roster. Bright from the Start approval is not needed; however, the program is responsible for reporting student end dates on the roster.

If a child is not in attendance on the first day of school and did not attend the orientation or meet and greet, their spot will be considered open for waitlist children.

5.2 The maximum class size is 22 students. Exceeding the maximum number of enrolled children in a classroom may result in automatic probation.

Policy for Registration of siblings/relatives and multiples:

Sprayberry 2.0 Sprayberry GA Pre-K wants for every child to be successful in our program and enjoy their time with our school. We will allow parents to choose how to place multiple children provided that there are open spots available. We will make every attempt to meet the parents' requests.