

# Flint River Learning Christian Center

317 Flint River Rd. ✦ Jonesboro, GA 30238 ✦ (770) 210-1923 ✦ fax (770) 210-1241

## Childcare Enrollment Form

Entrance Date \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Name Child is Called \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_ Ext. \_\_\_\_\_

Address of Employment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TANF, FOOD STAMP OR FDPIR client ID or AU number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_ Ext. \_\_\_\_\_

Address of Employment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 Following:

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Persons to Contact in Case of Emergency:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Public or Private School Child Attends if any:

\_\_\_\_\_

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## Emergency Medical Authorization

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

Care of Flint River Learning Christian Center 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 any changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

\_\_\_\_\_  
Physician/Clinic Name Telephone Number

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food allergies or special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date Telephone

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## Parent Agreement with Care Facility

1. The Flint River Learning Christian Center agrees to provide day care for \_\_\_\_\_  
*Child's Name*  
Sunday Thru Saturday \_\_\_ a.m. to \_\_\_ p.m. from January to December.  
*Days of the Week* *Month* *Month*

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

Breakfast Morning snack Lunch Afternoon snack Evening meal 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 applicable), and 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 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, ect.*
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.*
- The Flint River Learning Christian Center agrees to obtain written authorization from me before my child participates in routine transportation, field trip, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.*
- I have received a copy and agree to abide by the policies and procedures for Flint River Learning Christian Center.*

Signature (Parent/Guardian): \_\_\_\_\_ Date \_\_\_\_\_

Signature (Facility Administrator): \_\_\_\_\_ Date \_\_\_\_\_

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## Transportation Agreement

This is to certify that I give **Flint River Learning Christian Center**

Permission to transport my child- \_\_\_\_\_  
(Name of child)

From **Flint River Learning Christian Center** at \_\_\_\_\_ (am/pm)

To \_\_\_\_\_ at \_\_\_\_\_ (am/pm)  
(Delivery location) (Name of school)

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (am/pm)  
(Pick up location) (Name of school)

To **Flint River Learning Christian Center** at \_\_\_\_\_ (am/pm)

On the following days of the week

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

\_\_\_\_\_ is authorized to receive my child. In the event the  
Authorized person is not to receive my child; the following procedures are to go as follows: \_\_\_\_\_

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\_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.  
(Name of school)

In the event that my child is not to be transported as outline above, I agree to notify  
**Flint River Learning Christian Center** at least two hours before  
time of pick up.

\_\_\_\_\_  
Signature (parent or Legal Guardian)

\_\_\_\_\_  
Date

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## Vehicle Emergency Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext#: \_\_\_\_\_

Person to notify in an emergency when parent cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Facility the center uses: Southern Regional Medical Center

Address & Phone: 11 Upper Riverdale Road SW Riverdale G.A. 30274, 770-991-8000

Child's Allergies: \_\_\_\_\_

Current Prescribed Medication: \_\_\_\_\_

Child's special needs and conditions: \_\_\_\_\_

In the event of an emergency involving my child, and if **Flint River Learning Christian Center** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_

Witness By: \_\_\_\_\_ Date: \_\_\_\_\_

# Flint River Learning Christian Center

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## Statement of Faith

1. *We believe in the Bible account of the creation of the physical universe, angels and man; that the Genesis account is a literal, historical account of the direct, work of God and not from previously existing forms of life; and that all men are descended from the historical Adam and Eve, first parents of the entire human race. (Gen. 1:2; Col.1: 16-17; John 1:3).*
2. *We believe in the authority and sufficiency of the Bible, consisting of the 66 books of the Old and New Testaments, as originally written; that it was completely inspired by God, and therefore infallible, inerrant, and it is the final authority in faith and life. (II Tim. 3:16-17; II Peter 1:19-21)*
3. *We believe in the reality and personality of Satan, the Devil, that he was created by God as an Angel but through pride and rebellion became the enemy of his Creator; that he became the unholy god of this age and ruler of all the powers of darkness and is destined to the judgment of an eternal justice in the Lake of Fire. (Matt. 4:1-11; II Cor, 4:4; Rev. 20:10).*
4. *We believe that salvation of sinners is divinely initiated and wholly of grace through Jesus Christ, the Son of God, who voluntarily took upon Himself our nature, yet savior; that by the shedding of His blood in His death, He fully satisfied the just demands of a Holy and Righteous God regarding sin. We believe that faith in the Lord Jesus Christ is the only condition of salvation. That in order to be saved, sinners must be born again, which is instantaneous and not a process, and that the appointed time, the dead in Christ shall be raised in glorified bodies and the living in Christ shall be given bodies to live forever with the Lord. (Jonah 2:9; Eph. 2:8; Acts 15:11; Rom. 3:24-25; John 3:16; Matt. 18:11; Phil. 2:7-8; John 3:3; II Cor. 5:17; I John 5:1)*

### MISSION STATEMENT

*Flint River Learning Christian Center provides a Biblically based education marked by academic excellence in a nurturing atmosphere. Students are encouraged to develop a personal relationship with Jesus Christ and live committed Christian lives.*

*I have read, understand and accept the above Statement of Faith, and Special Note.*

*I agree to allow the F.R.L.C.C. administration to be the sole and complete authority in deciding to remove My child from the school for any reason that the Center administration deems as to the best interest of Flint River Learning Christian Center and my student.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

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## Attention: ALL NEW PARENTS

Your child must have an up to date Georgia form 3231 immunization NO EXCEPTIONS. If your child has his/her immunization on any form other than GA form 3231 and you do not have a private doctor. You will have to go to the Clayton County Board of Health at 1117 Battle Creek Road, Jonesboro Ga 30236 Tel. (678) 610-7246 to get the child (ren)'s immunization record updated or to get the information put on the proper form

Thank you for your cooperation