

2960 Albion Farm Road

Duluth, GA 30097

(770) 476-4221

(770) 495-0924 (fax)

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

ENTRANCE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITHDRAWAL DATE: \_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SCHOOL CHILD ATTENDS (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_ Grade:\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security # \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security # \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S LIVING ARRANGEMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S LEGAL GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE

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

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL# \_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_

Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACTS

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

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

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May be released to: Yes\_\_\_ No\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May be released to: Yes\_\_\_ No\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May be released to: Yes\_\_\_ No\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION

CHILD’S PHYSICIAN OR CLINIC NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following special needs and requires the following special accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following allergies yes\_\_\_\_\_\_\_\_\_ no\_\_\_\_\_\_\_

(If yes, please list allergies)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My child is currently on medication(s) prescribed for long-term use and/or

has the following pre-existing illness or health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medicine Policy:

CreekStone at Little Tikes will only accept Emergency Medication to be stored with us. Daily Medication for temporary conditions will not be accepted at the center. Medications such as EpiPens, Emergency Tylenol for seizures, Emergency inhalers…will be allowed. Medication such as antibiotics, ‘Pink eye’ drops, Nebulizers etc. will NOT be accepted at the center.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­

Director/Assistant Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

CONCERNING MY CHILD

1. My child will not be allowed to enter or leave the facility without being escorted by the parent; person authorized by parents, or facility personnel.

2.I acknowledge that it is my responsibility to keep my child’s records up to date and 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.)

3. Creekstone at Little Tikes agrees to keep me informed of any incidents, including illnesses, injuries, adverse reaction to medication, or exposure to communicable diseases, which include my child.

4. Creekstone at Little Tikes 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.

5. I understand that my weekly childcare rate is $\_\_\_\_\_\_\_\_\_\_\_\_.

6. I have received a copy of this agreement and agree to abide by the policies and procedures of Creekstone at Little Tikes.

I have completely read and understand the above policies of Creekstone at Little Tikes.

By signing the policies and procedures, I agree to abide by all policies stated above.

I also agree by signing these policies that I have been given a copy of the policies and a copy has been place in my child’s file.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Director/Asst.Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Infant Care

For the health and safety of all of our infants, we ask that only parents of infants and the staff at Creekstone enter the infant rooms. Please do not allow siblings to go into the infant rooms for any reason.

Parents must provide Creekstone Academy with enough prepared bottles to feed for the entire day. We will not mix or prepare formula for bottles. **All bottles must be labeled DAILY with child’s first and last name and date.** All bottles must have covers for nipples. Parents are responsible for providing diapers. Creekstone will provide baby wipes. Once your child reaches 15 months of age and / or moves to the toddler room, it is the parent’s responsibility to provide baby wipes for their child.

#### Breakfast

Breakfast will be served at 6:30am until 8:00 a.m. There will be no more Breakfast served after 8:00 a.m. unless approved by the director at the time the child arrives.

CreekStone Academy at Little Tikes

Policies and Procedures

General Information

Creekstone Academy serves children ages six (6) weeks to twelve (12) years. Our hours of operation are 6:00 a.m. to 6:30 p.m. Monday through Friday. CreekStone Academy will be closed on the following holidays:

1. New Year’s Day

2. Memorial Day

3. Independence Day

4. Labor Day

5. Thanksgiving Day

6. Christmas Eve and Christmas Day (center discretion)

As a general rule, Creekstone Academy will follow Gwinnett County Schools winter closings.

However, if the weather permits, we will open regardless of whether the schools are closed.

Please visit **www.WSBTV.com** for our closings or **check our Facebook page, Little Tikes Academy.**

Enrollment

All enrollment forms must be completed and on file before any child is admitted to CreekStone Academy. Your child’s immunization record (form #3231) must be on file within 30 days of enrollment

CreekStone Academy requires a registration fee of $85.00 annually per child with the presentation of the application. If your child withdraws for any period of time, you will have to pay a registration fee to re-enroll. The registration fee is a non-refundable fee.

All children must be escorted to and from the building by the parent(s), person authorized by parent, or facility personnel. All children must be signed in at the front desk computer and then escorted to their appropriate rooms. All children must be signed out at the front desk at the end of the day. If someone else will be picking your child up, please inform the front desk as to who the person will be. Your child will not be released without proper notification. If we are not familiar with the person picking up your child, they will have to present proper identification before your child will be released.

Tuition

Tuition rules are as follows:

1. If your child attends one (1) to five (5) days, **full** tuition is due.

2. If your child is absent for an entire week, 1/2 price tuition is due.

3. **Tuition is due on Friday for the upcoming week.**

4. If your tuition is not paid by Tuesday, a late fee of $25.00 will be charged.

5. There is a $30.00 fee for returned checks.

6. We require two (2) weeks notice if you plan to withdraw your child from our

program. If we do not receive a 2 weeks notice, you will continue to be charged

the weekly tuition for your child and required to pay your tuition until your notice

has been given.

7. We close at 6:30 p.m. If you are 5 minutes late, you will be assessed a fee of $15.00 per child and $1.00 additional per minute, per child, until your child is picked up. These fees will be charged to your account and must be paid at the time of your next daycare tuition payment.

8. Vacation -- 1 free week after 6 months of enrollment will be awarded on an annual basis, for a week they are not here, of your choice

Discipline Procedures

Little Tikes will use a positive discipline policy. The following procedures will be followed:

1. Verbal Warning to child (by teacher)

2. Individual counseling with child from teacher or director (Directors discretion)

3. Removal from an activity in classroom.

4. Child sent to front desk and parents notified immediately (Directors discretion)

5. Parent/Teacher/Director conference

6. Removal of child from program

All children are expected to follow the rules established by CreekStone Academy. We reserve the right to dismiss your child from our program at any time for unacceptable behavior.

Emergency Medical Plan

The staff of CreekStone Academy will administer first aid for minor injuries. If we feel your child has received a serious injury or illness, the following emergency plan will be followed:

1. Contact Parent

2. Contact Emergency Contact if parent cannot be reached

3. Call local Emergency Medical Service (EMS)

4. Transport to nearest hospital by EMS

The emergency medical facility used by CreekStone Academy is:

Children’s Health Care of Atlanta Satellite (CHOA)

2660 Satellite Blvd.

Duluth, GA 30096

770-497-1040

Sick Child Policy

It is the policy of CreekStone Academy in the case of fever of 101 or higher, vomiting, unexplained rash, a recognizable contagious rash or more than three diarrhea diapers in a short period of time for the parents to be notified. The child must be picked up from the center as soon as possible to reduce the risk of infection to other children. If your child is sent home from the center for any of the above-mentioned reasons it is our policy that they cannot return until they have been symptom free without the aid of a fever reducer for 24 hours or are accompanied by a doctor’s note. By signing this I agree to abide by these policies.

Evacuation Plan

In the event of severe weather, fire or physical plant problems, children will be evacuated from the building and parents notified immediately. Emergency plans are located in every room and the front desk. If you have any questions regarding these plans, please see the Director, Assistant Director or your child’s teacher. Fire and tornado drills will be held on a regular basis.

DIET

If your child requires a modified diet for medical reasons, or religious reasons, a written statement from a medical Doctor must be on file. When a child’s diet must be modified for religious reasons, a written statement to that effect from the child’s parents must be on file.

Only food that complies with the prescribed dietary regiment but still meets the food and nutrition requirements shall be served to the child. If your child requires a special diet, you will be responsible for providing the necessary food.

I have completely read and understand the above policies of CreekStone Academy.

By signing the policies and procedures, I agree to abide by all policies stated above.

I also agree by signing these policies that I have been given a copy of the policies and a copy has been place in my child’s file.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Director/Asst.Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

PERMISSION TO VIEW PG MOVIES/PROGRAMS

In the case that your child watches an educational movie/program or movie for fun, some of the movies and programs may be rated **PG**. Please sign below if your child has permission to watch PG movies. (Many of the children's movies and Disney movies are rated PG)

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

**Parents or Guardian’s**

**Notice of No Liability Insurance and Acknowledgement**

I understand that I am being informed in writing by signing this acknowledgement that this facility, CreekStone Academy, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

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

Parents or Guardian’s Signature Date

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

Parent or Guardian (PRINT NAME)

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

Child’s Name (Print)

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

Center Director’s Signature Date

CreekStone ACADEMY at Little Tikes

EMERGENCY MEDICAL / VEHICLE EMERGENCY MEDICAL INFORMATION

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN AN EMERGENCY AND PARENTS CANNOT BE REACHED:

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S PRIMARY CARE PHYSICIAN

DOCTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT PRESCRIBED MEDICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S SPECIAL NEEDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD, AND IF LITTLE TIKES ACADEMY CANNOT REACH ME, I HEREBY AUTHORIZE ANY NEEDED EMERGENCY MEDICAL CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENCES INCURRED DURING THE TREATMENT OF MY CHILD.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CreekStone Academy at Little Tikes

2960 Albion Farm Rd.

Duluth, GA. 30097

770-476-4221 **Fax**: 770-495-0924

Hours of operation: 6:00 a.m. to 6:30 p.m.

Prices: Little Tikes Academy accepts cash, check, and most major credit cards.

Tuition is due on the Friday proceeding the week of enrollment.

**You must provide a Georgia immunization record within 30 days of enrollment**

Registration Fee $85.00 annually per child

**Full Week** **3 days 2 days**

6 weeks to 15 months $225.00

15 months to 24 months $215.00 $170.00 $155.00

2 years old $205.00 $165.00 $150.00

3 and 4 years old $195.00 $160.00 $145.00

**PRE-K:**

Pre-K lunch fee $30.00 (Applies to all Pre-K children)

Pre-K Before & After $95.00 (Does not include the lunch fee)

Pre-K Before Only $60.00 (Does not include the lunch fee)

Pre-K After Only $80.00 (Does not include the lunch fee)

**SCHOOL AGE**:

## Before and After School $95.00

Before School $60.00

After School $80.00

School Holiday $20.00 additional per day if in Before and After Program

$25.00 additional per day if in Before OR After Program

$45.00 per day if child is not enrolled in Before or After Program

Early Release (B&A) $12.00 additional per day

Early Release (B or A) $17.00 additional per day

### Early Release Pre-K $20.00 per day for children not enrolled in Before & After Program

### **SUMMER CAMP/Spring Break/Winter Break… (full week of care for school age):**

Summer Camp Registration Fee (all current students and new enrollments): $50

### Pre-K through 5th grades $160.00 (3 to 5 days)

$90.00 (2 days a week)

$45.00 (1 day)

### Forgotten Lunch Fee: $5.00 (Field Trip days only)

### MISC. FEES:

Drop-ins: $45.00 per day

Returned check fee $30.00

Late Payment Fee $25.00 (assessed on Tues. of each week)

Little Tikes Academy offers a 10% discount on the oldest child’s tuition. This discount does not apply if one of your children is enrolled in the Georgia Pre-K program. Full tuition will be charged if your child attends one or more days. If your child is absent for the entire week, only ½ tuition will be due. Tuition is not prorated for holidays or partial weeks. Little Tikes Academy closes at 6:30 pm, if you pick up your child after that time, a late fee of $15.00 will be charged for the first 5 minutes and an additional $1.00 per minute after.

**CreekStone ACADEMY at Little Tikes**

**2960 Albion Farm Rd, Duluth, GA 30097**

**MONTHLY AUTOMATIC CREDIT CARD PAYMENT FORM**

Child’s Name (student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code (CVC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle**: Visa MasterCard Discover AMEX

I authorize CreekStone Academy to charge my credit card for the initial registration fee or first Pre-K lunch fee upon enrollment. Please note, CreekStoneAcademy will not charge your card on a monthly basis unless you request this service. After your initial payment of the registration or first lunch fee, you may choose to pay with the payment method of your choice. CreekStone Academy **does** have the right to charge this card in the event that I leave the center or dis-enroll my child and have left an unsettled balance. If you are leaving the center with a balance, please make sure you make an alternate payment arrangement with management in order to avoid charges to this card.

I will receive a copy of my invoice and a receipt for the

charge to my credit card.

Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

**\*\*For Monthly Auto Charge** please check the box below and indicate your weekly tuition rate:

Yes, charge my card

Weekly tuition:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note**: Some months are 4 weeks and some are 5 weeks.

**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. This facility will adhere to the following practice: \_\_\_\_\_\_\_\_\_Laundered Weekly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization to Dispense External Preparations**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Parental Authorization. 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 CreekStone Academy Staff permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Check all that apply:

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen (bring from home)

\_\_\_\_\_ Insect Repellent (bring from home)

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify)

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

Parent/Guardian Signature Date

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

\*\*\*Please bring in a bottle of sunscreen and/or bug spray if you wish for us to apply these to your child. Thank you!