



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 _____

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: <small>(Inf/Tod/Preschool), GA Lottery Pre-K, School-Age after school or Summer Program</small>
1.							/ /	
2.							/ /	
3.							/ /	

If enrolling in After School Program, list name of school: _____ *(Transportation Agreement must be completed)*
 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 <small>My child may be released to the person(s) listed on the front of this agreement and/or to the following:</small>			
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	Person#1: Maternal _____ Paternal _____	Person#2: Maternal _____ Paternal _____	Person#3: Maternal _____ Paternal _____
Name:			
Address:			
Phone#:			

Emergency Contact Information <small>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.</small>			
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	Contact#1: Maternal _____ Paternal _____	Contact #2: Maternal _____ Paternal _____	Contact #3: Maternal _____ Paternal _____		
Name:					
Address:					
Phone#:					

Medical Information <small>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.</small>					
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	Medical Insurance/Medicaid/PeachCare		Physician/Doctor and/or Health Department	Dentist and/or Practice Name	
Provider's Name:		Name:			
Insurance ID#:		Address:			
		Phone#:			

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: _____