



**ADDITIONAL CONTACTS AUTHORIZED TO PICK UP STUDENT**  
PERSON(S), AGE 18 & OLDER. PROPER IDENTIFICATION MUST BE SHOWN BEFORE CHILD IS RELEASED.

<b>FIRST NAME :</b>	<b>LAST NAME:</b>
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ADDRESS:

CITY:	STATE:	ZIP Code:
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PHONE NUMBER:	RELATIONSHIP TO CHILD:
	RELATIONSHIP TO PARENT:

<b>FIRST NAME :</b>	<b>LAST NAME:</b>
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ADDRESS:

CITY:	STATE:	ZIP Code:
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PHONE NUMBER:	RELATIONSHIP TO CHILD:
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<b>FIRST NAME :</b>	<b>LAST NAME:</b>
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ADDRESS:

CITY:	STATE:	ZIP Code:
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PHONE NUMBER:	RELATIONSHIP TO CHILD:
	RELATIONSHIP TO PARENT:

**PHYSICIAN INFORMATION AND MEDICAL AUTHORIZATION**

PHYSICAN NAME:

PHYSICIAN OFFICE NAME:

ADDRESS:

CITY:	STATE:	ZIP Code:
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PHONE NUMBER:

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Does he/she have any disability, special needs, chronic or recurring illness or condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Does he/she have any conditions requiring medical treatment or special considerations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are there any activities from which your child should be exempted for health reasons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered **YES** to any of the questions above, please give details:

Name current medications (prescribed or over the counter):

List allergies and diet restrictions or **NO**  my child does not have any allergies or diet restrictions:

**HEALTH INSURANCE INFORMATION:**

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**PARENT/GUARDIAN HEREBY ACKNOWLEDGES AND AGREES TO THE FOLLOWING:**

I understand and acknowledge that I have been informed in writing by Atlanta School of Excellence that this facility does not carry liability insurance sufficient to protect my child in the event of injury, accident, including death. \_\_\_\_\_ (Initial)

**Medical Attention:** I hereby authorize any licensed physician or medical facility to treat my child in the event of an emergency and in the event parent/guardian cannot be reached and will hold Atlanta School of Excellence harmless in the event of such an emergency. I give my permission to the medical personnel selected by Atlanta School of Excellence to secure emergency medical treatment, including, but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered.. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Atlanta School of Excellence, or any of its agents, employees or volunteers. \_\_\_\_\_ (Initial)

**External Childcare:** Atlanta School of Excellence strongly discourages its staff from providing any child care services that are not a part of the child care program offered by Atlanta School of Excellence to our customers. While we cannot prohibit our staff from engaging in such outside activities, we want you to understand that if such outside services are performed for you or on your behalf by an Atlanta School of Excellence staff member. Atlanta School of Excellence shall NOT be held responsible for any acts or omissions of an Atlanta School of Excellence staff member while providing such services to you. \_\_\_\_\_ (Initial) **I understand that staff is not permitted to keep students after ASOE hours.**

**Photography:** With intent to be legally bound, I give permission to Atlanta School of Excellence to photograph my son/daughter (photo's will be used for students portfolio, website and school's social media page) and use the resulting photographs for any purpose Atlanta School of Excellence deems proper in accordance to the law and I relinquish all rights, title and interest in finished photographs and negatives. \_\_\_\_\_ (Initial)

**Tuition and Fees:** All fees and tuition for childcare will be paid on Friday mornings by arrival time, for the upcoming week. I understand that if fees and tuition for child care are not paid for on Friday mornings by arrival time, an initial late charge of \$30.00 and \$10 per day thereafter will automatically be charged to my account. Should the fee become delinquent by one (1) week, immediate withdrawal of my child will be required and I, parent/guardian, will pay a penalty of two (2) weeks tuition to Atlanta School of Excellence. Further, if payment is returned for insufficient funds or a stop payment is made, I will be charged \$40.00. The undersigned acknowledges that the entire overdue balance is a legal debt; that said debt is due and owing on Friday mornings by 9:00 a.m. for the coming week; and that Atlanta School of Excellence reserves the right to file legal proceedings and to request costs and attorney's fees in connection with collecting this debt. \_\_\_\_\_ (Initial)

**Nonpayment** is considered theft of services. Atlanta School of Excellence will aggressively pursue collection of debts through appropriate legal action. Parents are responsible for full tuition after the date of the letter of withdrawal (must provide a two week notice), **I understand that registration is a non-refundable fee. An annual fee of \$115 is due by the first Monday in August for every school year.** The fee is due for each child registered. If the fee is not paid there will be an automatic withdrawal. Further, **if my child is withdrawn without two weeks' notice, I acknowledge that a penalty fee will be assessed equivalent to two weeks of tuition.** \_\_\_\_\_ (Initial)

**Absentee Policy:** I understand that if my child is absent, I will be held responsible for full tuition (100%) of my weekly fee. **I understand 0-5 days is full tuition.** I understand that no credit for tuition will be given when Atlanta School of Excellence is closed due to severe weather conditions or holidays. \_\_\_\_\_ (Initial). **Before & After is due for 0-5 days attended.**

**Late Pick-Up Fees:** I understand that there is a \$2.00 per minute/per child fee at 6:01 p.m. I further understand that after the third (3<sup>rd</sup>) late pick-up, there will be a \$3.00 per minute/per child fee. I understand that the fee must be paid upon pick-up, not to exceed the next tuition payment. \_\_\_\_\_ (Initial)

**Uniforms:** I understand that Atlanta School of Excellence (ASOE) is a uniformed school which consists of a red polo shirt and Khaki pant/skirt. All polo shirts must have the Atlanta School of Excellence logo, can be purchased at Embroidery World at 2801 Candler Road, Decatur GA 30034. I understand that Khaki pants/skirts are not sold by ASOE; you may purchase pants/skirts from any store of your choice. \_\_\_\_\_ (Initial)

**Breakfast/Lunch/Snacks:** I understand that breakfast is served from 7:15 a.m. to 7:50 a.m., a hot lunch and an afternoon snack (for all students one and older). I understand that if my child is not at Atlanta School of Excellence by the time breakfast is served, he/she should be fed prior to coming inside of the school. Please **do not** send your child into the classroom with food, as this may affect the other students. \_\_\_\_\_ (Initial)

**Arrival Time:** I understand that my child must be at Atlanta School of Excellence by 9:00 a.m., **no exceptions.** If my child is not at school by 10:30 a.m. there must be a doctor's excuse presented. (If my child receives immunization shots, he/she must remain absent for 24 hours). \_\_\_\_\_ (Initial)

**Medication:** I understand that Atlanta School of Excellence does not give medication to any student for any reason at all. If my child has an asthma pump or an EpiPen, it may be left in the front office with a school administrator. \_\_\_\_\_ (Initial)

**Sick Policy:** I understand that Atlanta School of Excellence cannot permit children with communicable diseases to attend or remain in school. A child with a fever over 100 degrees, diarrhea, vomiting or nausea must not attend or remain in school. I understand that if my child is ill, including, but not limited to a severe cough or sore throat; undetermined rash or spots; boils; congestion; non-clear, runny nose; pink eye; head lice; and severe headaches, he/she cannot be accepted into the school until symptoms have been absent for 24 hours.

I understand that in the case that I am called, I agree that my child will be picked up within one (1) hour. \_\_\_\_\_ (Initial)

**School Closings:** Atlanta School of Excellence (ASOE) closes when there is inclement weather reported for City of Atlanta School System/City of Atlanta Government; I understand that ASOE will be closed the full day (unless otherwise noted) on the following dates and that **no discounts, credits or deductions are given for school closings.** \_\_\_\_\_ (Initial), I understand that tuition is due, during the 3<sup>rd</sup> week of July. If student has been enrolled for a year, vacation can be applied. (please email request)

Labor Day	Thanksgiving Eve (closes at noon)	Thanksgiving Day	The day after Thanksgiving	Christmas Eve	Christmas Day	The day after Christmas	New Year's Eve (closes at noon)
New Year's Day	Martin Luther King, Jr.'s Birthday	President's Day	Memorial Day	Independence Day	Third Week in July/Staff Development	Good Friday	½ Day Pre-K Step Up Day (May)

**ACKNOWLEDGEMENT OF POLICIES & GUIDELINES:** By signing below, I acknowledge that I have read the above information, and I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

I also acknowledge that I have received a Parent Handbook. (website and email)

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF ATLANTA SCHOOL OF EXCELLENCE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CHECKLIST FOR Year around PROGRAM AT ATLANTA SCHOOL OF EXCELLENCE

- Completed Enrollment Form (attached)
- Complete Change of Clothes: (Please Label)
  - Shirt
  - Pants
  - Underwear (Potted trained students)
  - Socks
- Diapers or Pull ups
- Pre-Mixed Bottles (*must have tops*)
- Infants (Portable Crib sheet) \* *must be purchased from Babies r us, (Percale Porta Crib sheet) washed & returned daily*
- Toddlers, Preschool and GA Pre-K (Happi Nappi Blanket) for rest time \$25.00  
*\*must be washed and returned on Monday morning upon arrival*
- Immunizations (DHR Form 3231) must be up-to-date or affidavits must be on file within 30 calendar days of program entry. Only health departments and physicians licensed in Georgia can obtain blank immunization certificates (Form 3231). Take your child's personal immunization record to a health department or Georgia physician and they can complete the form and give any required vaccines.

