



## Family Registration Forms

### Please leave no blanks

Please only list children attending our facility.

**1st Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Grade currently in or last finished: \_\_\_\_\_

Please list any medical conditions, current medications, special accommodations, or allergies your child has: \_\_\_\_\_

\_\_\_\_\_

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**2nd Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Grade currently in or last finished: \_\_\_\_\_

Please list any medical conditions, current medications, special accommodations, or allergies your child has: \_\_\_\_\_

\_\_\_\_\_

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**3rd Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Grade currently in or last finished: \_\_\_\_\_

Please list any medical conditions, current medications, special accommodations, or allergies your child has: \_\_\_\_\_

\_\_\_\_\_

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**Mother/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (street): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Provider \_\_\_\_\_

Employer Name: \_\_\_\_\_ Parent Email \_\_\_\_\_

Work Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (street): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Provider \_\_\_\_\_

Employer Name: \_\_\_\_\_ Parent Email \_\_\_\_\_

Work Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Child's Legal Guardian(s): (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

**Emergency Contacts The following people are emergency contacts and may pick up my child:**

**1st Contact** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**2nd Contact** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**3rd Contact** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Transportation & Medical Agreement**

**1<sup>st</sup> Child** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Current Medications \_\_\_\_\_

**2<sup>nd</sup> Child** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Current Medications \_\_\_\_\_

**3<sup>rd</sup> Child** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 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 their respective school. I understand the AM elementary bus leaves Sprayberry 2.0 at 7:00am and the PM bus returns to Sprayberry 2.0 by 3:00pm Monday through Friday when Cobb County Schools are in session. I also understand the AM middle school bus leaves Sprayberry 2.0 at 8:00am and the PM bus returns to Sprayberry 2.0 by 5:00pm. If my child/children will not be transported on any given day for the after school program, I agree to notify Sprayberry 2.0 ahead of time.

My child is to be transported from Sprayberry 2.0 for camp fieldtrips at a time determined by the center and will return to the center no later than 6:15pm the same day.

In the event the designated location is unable to receive children, they will be returned to Sprayberry 2.0.

### **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: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



**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.

**1st Child** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications \_\_\_\_\_

- Antibiotic Cream    First Aid Spray    Sunscreen    Insect Repellent    Band-aids

**2nd Child** Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications \_\_\_\_\_

- Antibiotic Cream    First Aid Spray    Sunscreen    Insect Repellent    Band-aids

**3rd Child** Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications \_\_\_\_\_

- Antibiotic Cream    First Aid Spray    Sunscreen    Insect Repellent    Band-aids

**Social Media Photo Release**

I \_\_\_\_\_ give permission to Sprayberry 2.0 to share photos of my child/children on their website, social media outlets, or advertising.

**Movie/Game Authorization**

I \_\_\_\_\_ give my child/children permission to view the following rate movies/video games. (Only G Rated movies will be viewed during ASP. Rated G and PG movies are viewed during camp.)

**1st Child** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Rated G    Rated PG    Rated E for everyone    Rated E+10 (10+recommended)

**2nd Child** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Rated G    Rated PG    Rated E for everyone    Rated E+10 (10+recommended)

**3rd Child** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Rated G    Rated PG    Rated E for everyone    Rated E+10 (10+recommended)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



## Policies and Procedures

### Operating Hours

6:30AM-6:30PM Monday – Friday

A \$1 per minute late fee will be charged if your child has not been picked up by **6:30pm**.

### Tuition and Payments

#### School Year Holiday Camps

K-Middle School

\$70/day OR \$195/week

Daily camp rate with ASP in same week \$35/day

10% sibling discount offered

#### Summer Camp for K-Middle

K-Middle School

\$230/week

**No Daily Rate** 10% sibling discount

#### Before & After School Enrichment Program

Kindergarten-Middle \$100/week

Daily Rate \$50/day

#### Additional Fees

- \*\$100 Annual Registration Fee per family.
  - \$35 returned check fee.
  - \$35 late fees are charged Tuesday mornings for the unpaid charges from the previous week.
- \*Registration fee charged at the beginning of summer camp.

### Please initial next to each item:

\_\_\_\_\_ It is my responsibility to update Sprayberry 2.0 on any changes related to addresses and contact information.

\_\_\_\_\_ I understand my child has to be 5 by September 1<sup>st</sup> of the current school year to attend Sprayberry 2.0. They may not attend previous to their Kindergarten school year.

\_\_\_\_\_ If my child becomes ill at Sprayberry 2.0, including but not limited to, fever higher than 100 degrees or vomiting, he/she must be picked up within an hour of the parent being notified of said illness. My child can return to Sprayberry 2.0 after he/she is symptom free without medication for 24 hours. A release form from the doctor may be required in some instances.

\_\_\_\_\_ If my child has a consistent behavior issue, parents may receive a phone call or a brief meeting at pick up regarding the day's issues. In extreme situations, the parent may be called to pick up the child immediately. A conference with the parent may be scheduled to address areas of concern and steps to improve the behavior. A possible suspension may be recommended if the child's behavior becomes a physical threat or does not show improvement. Excessive problems may result in dismissal from the program.

\_\_\_\_\_ I understand there is a \$35 returned check fee/returned tuition express fee.

\_\_\_\_\_ I understand I will be charged a \$35 late fee if the current week's tuition is not paid by the end of business on the following Monday.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

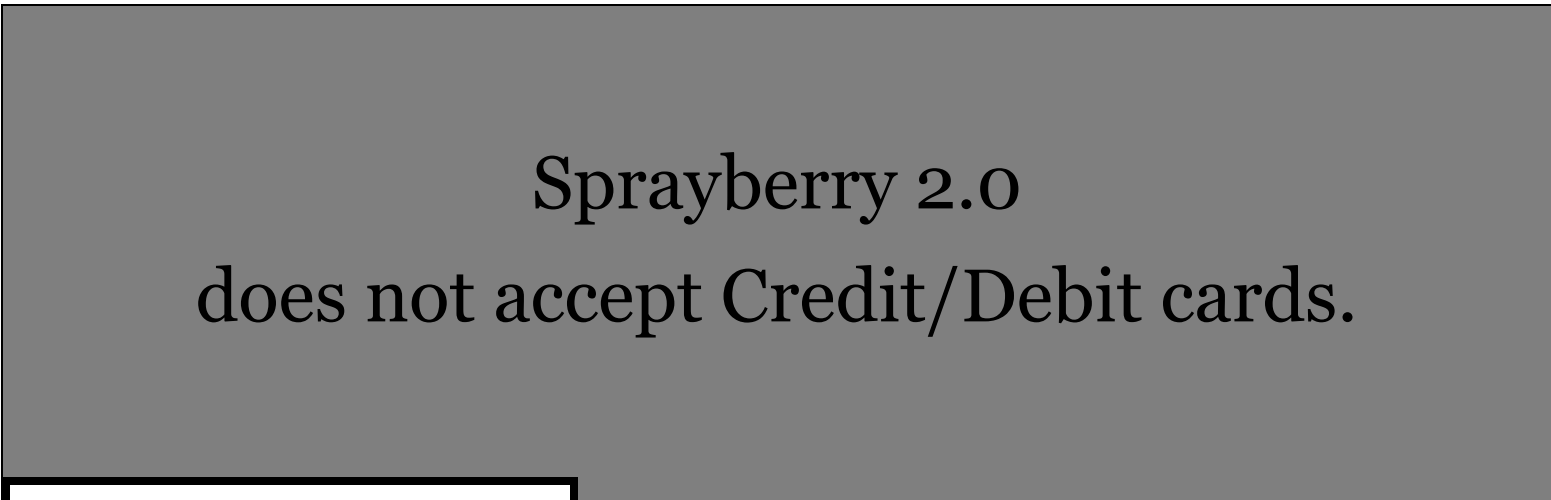


# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Sprayberry 2.0 to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.



### Bank account information

Your Name		Phone #		
Address		City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature			Date	

#### For Official Use Only

Date Received
Employee Signature

