



Family Registration Forms

Please leave no blanks

Date: _____

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: _____

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: _____

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: _____

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

1st Child First Name _____ Last Name _____ Date of Birth _____
 Current School: _____ Grade: _____
 Allergies: _____ Current Medications _____

2nd Child First Name _____ Last Name _____ Date of Birth _____
 Current School: _____ Grade: _____
 Allergies: _____ Current Medications _____

3rd 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.

____ 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.

COMPLETE ONE SECTION ONLY

Sprayberry 2.0

does not accept Credit/Debit cards.

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

