

Family Registration Forms

Please leave no blanks

Date: _____

1st Child First Name: _____ Last Name: _____

Gender: [] Male [] Female Date of Birth: _____ Grade currently in: _____

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: _____

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: _____

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: _____

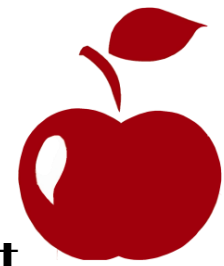
Address: Street _____ City _____ State _____ Zip _____

Phone: () _____ Relationship to Child _____

3rd Contact First Name: _____ Last Name: _____

Address: Street _____ City _____ State _____ Zip _____

Phone: () _____ Relationship to Child _____



Transportation & Medical Agreement

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

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

3rd Child First Name _____ Last Name _____
 Date of Birth _____ Grade currently in: _____
 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 Academy to and from locations for camp fieldtrips at a time determined by the center and will return to the center no later than 6:15pm the same day.

Medical Authorization

Should the above listed child/children suffer an injury or illness while in the care of Sprayberry Academy and Sprayberry Academy 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 Academy 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: _____
 Primary Insurance Provider: _____ Policy Number: _____

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

First Name: _____ Last Name: _____ Phone: _____

Parent/Guardian 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 Academy 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/Video Release

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

Movie/Game Authorization

I _____ understand that all movies shown at Sprayberry Academy are rated G and all video games are rated E (for everyone).

Parent/Guardian Signature _____ Date _____



Policies and Procedures

Please initial next to each item:

_____ Tuition for summer camp is \$70 daily (1-2 days) and \$180 weekly (3-5 days)

_____ Tuition is due on Monday of the enrolled week.

_____ 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 Friday of that week.

_____ My child will not be allowed to enter or leave the facility without being escorted by parent(s), person(s) authorized by the parent(s), or facility personnel, all person(s) must be 18 years in age or older.

_____ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work locations, emergency contacts, child's physician, child's health status, and immunization records, etc.

_____ The facility agrees to keep me informed of any incidents, including injuries, illnesses, adverse reactions to any medications, etc. which include my child.

_____ I acknowledge that if my child is sick, (fever of 101 or higher, vomiting, or diarrhea) my child must be symptom free for 24 hours before they can return to school.

_____ I understand if I am called to pick up my child for any reason, I will need to have the child picked up within 45 minutes from being called.

_____ In the event that a child is found with living lice or knits, the child will be sent home for treatment. After treatment the child may return to school with the understanding that the child will be retreated in 7-10 days of initial treatment.

_____ I understand that Sprayberry Academy's operational hours are 6:30 am to 6:30 pm Monday-Friday. If I have not picked up my child by 6:30 I will be charged \$10.00 for the 1st 15 minutes and then a \$1 per minute until 7:00 p.m. **After 7:00 pm the Department of Family and Children Services as well as the Cobb County Police will be contacted to take custody of my child.**

_____ I authorize Sprayberry Academy to obtain emergency medical treatment for my child when I am not available.

_____ In the event of extreme circumstances that a child requires professional medical attention due to an injury at the school, the parent/guardian is requested to file with his/her primary insurance. If a remaining uncovered balance from the injury exceeds payment from his/her personal insurance, a request in writing for reimbursement can be made. The request must be submitted within 90 days of the accident. Each request is left to the discretion of the owner.

_____ 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.

Parent/Guardian Signature _____ Date _____

Facility Administrator Signature _____ Date _____