

Enrollment Application

Please complete this application in its entirety, providing complete addresses and phone numbers for all parents, guardians, emergency contacts and authorized relatives.

Entrance Date:		4 digit I.D. #		Withdrawal Date	
Child's Name			Sex:	Age:	D/O/B
Home Address C/S/Z					
Mother's Name/Home Address, if different from child's				Telephone #	
Place of Employment/Address of Employment				Work Phone #	
Father's Name/Home Address, if different from child's				Telephone #	
Place of Employment/Address of Employment				Work Phone #	
Alternate Phone #s:		Cellular Phone #		E-mail address (required)	
Child's Living Arrangements:	Both parents []	Mother []	Father []	Other []	
Child's Legal Guardian(s)	Both parents []	Mother []	Father []	Other []	
The child may be released to the person(s) signing this agreement or the to following:					
1.		Address/Phone #		Relationship:	
2.		Address/Phone #		Relationship:	
Persons to contact in the case of an emergency when parents cannot be reached:					
1.		Address/Phone #		Relationship:	
2.		Address/Phone #		Relationship:	
Name of public or private school child attends, if any:					
Child's Physician or Clinic's Name (Child's Primary Health Source)				Office Phone #:	
The following special accommodation(s) may be required to most effectively meet my child's needs while at this center: _____					
My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____ _____					
Signed: Parent(s)/Guardian				Date:	

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer any injury or illness
Child's Name Date of Birth

while in the care of **Clarian Place Child Care & Learning Center** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of changes in telephone numbers, emergency contacts, and where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. In the event my child should require professional medical attention while in the care of the center, I understand that my child will be transported to the nearest medical facility, which is:

Egleston Children's Hospital
1405 Clifton Rd, Atlanta, GA 30329
(404) 785-5437

My child's primary source of health care is:

Physician/Clinic Name

Telephone No.

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

Signature of Parent/Guardian

Date

Telephone



PARENTAL AGREEMENT

1. **Clarian Place Child Care & Learning Center** agrees to provide day care for

_____ on _____ from _____ a.m./p.m.
Name of child days of week

Until _____ a.m./p.m., from _____ to _____. My child will participate in
month month

the following meal plan (circle applicable meals and snacks) breakfast; lunch; afternoon snack;

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes; date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. 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 location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposure to communicable diseases, which include my child. Children with contagious illnesses are not allowed to attend the center. Should my child become ill during operating hours, has a temperature of 99 degrees or higher, is vomiting or has a loose stool, I will be contacted to pick your child up. I further understand that my child will not be allowed to return until he/she is symptom free for 24 hours or has a physicians' notice to return to day care.
6. The facility agrees to obtain written authorization from me before my child participates in field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for **Clarian Place Child Care & Learning Center**. I understand that failure to so may result is termination of my child(ren)'s enrollment.
8. I agree to provide **Clarian Place Child Care & Learning Center** two (2) weeks written notice prior to termination of enrollment. I understand that failure to do so will result in my account being billed the full two week's tuition, for which I agree to pay.

Signature (Parent/Guardian) _____

Date _____

Signature (Facility Representative) _____

Date _____

Live Surveillance Security Monitoring

This facility has “Live Surveillance” monitoring and offers internet viewing of classrooms and playground to parents of currently enrolled students. The following information and instructions will apply regarding internet viewing.

TERMS OF ACCESS

Clarian Place Child Care & Learning Center authorizes remote access of facility to you (parent(s) as an enrolled family in its facility. In doing so, parent(s) agree to abide by the “Terms of Access” set forth by Clarian Place Child Care & Learning Center.

TERMS OF ACCESS

1. Only one (1) access code per family will be established. The family access code may only be shared with “Authorized Users”. Authorized Users are limited to two (2). Access codes may not be shared with non-authorized users. Authorized Users agree not to log-in from multiple devices simultaneously, as this creates an “overload” in the system.
2. Authorized Users shall be restricted to “immediate” family members ONLY (i.e. grandparents, siblings, and life partners).
3. Parents MAY NOT share access code with any immediate family member who has been convicted or suspected of sex offenses against children.
4. **Names, full address, and contact phone numbers of all “Authorized Users” must be provided.**

If any parent or their authorized users are found to be in violation of the “Terms of Access”, internet access will be immediately restricted.

Signature(s) below represents acceptance of Terms of Use.

Print (Parent)

Print (Parent)

Signature

Signature

User Name _____
(10 characters or less)

Password _____
(10 characters or less)

AUTHORIZED USERS

Name	Complete Address	Contact #
1. _____	_____	_____
2. _____	_____	_____