



**2015 – 2016**

**STUDENT**

**ENROLLMENT**

**PACKET**



# Life Springs Church After School Explosion Program Explore, Expand, Excel!

**Address:** 10608 GA HWY 109, Zebulon, GA 30295 **Phone Number:** 470-765-2774

## **Ages We Serve:**

School-Aged After School Program (Ages 5 – 12)

## **Hours of Operation:**

Monday – Friday from 3:00pm to 6:00pm

## **Months of Operation:**

August 24<sup>th</sup>, 2015 – May 27<sup>th</sup>, 2016 (We follow the Pike County School System)

**Snacks:** Nutritional snacks are served daily.

**Transportation:** Our after school bus provides transportation from the school system to our facility.

## **Payment and Enrollment Information:**

**Full Time Tuition Rate:** \$55.00 a week. (Sibling discount rate is \$49.50)

**Part Time Rate:** \$15.00 a day. (No sibling discount on this rate)

**Yearly Enrollment Fee:** \$60.00 per child.

(For any additional children from the same family the enrollment fee is \$30.00)

**Please Note:** We do not allow unused attendance balances to be carried week to week. Remember, you are paying for your child's spot in our program. Full tuition is due for your child's scheduled attendance in our program each week. You will still be charged for any unscheduled or unexcused absences. This includes part time students as well. Weekly tuition is billed every Friday for the upcoming week. It is to be paid no later than the Tuesday of the current week to avoid late fees.



**CHILD ENROLLMENT FORM**

<b>For Office Use Only:</b>
Program Enrollment Date: _____
Program Withdrawal Date: _____

**CHILD INFORMATION:**

**Child's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address (Street):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**FATHER INFORMATION:**

**Father's Name:** \_\_\_\_\_ **Home/Cell Phone Number:** \_\_\_\_\_

**Father's Home Address (if different from child's) Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father's Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer's Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**MOTHER INFORMATION:**

**Mother's Name:** \_\_\_\_\_ **Home/Cell Phone Number:** \_\_\_\_\_

**Mother's Home Address (if different from child's) Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother's Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer's Street Address:** \_\_\_\_\_ **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

**The child may be released to the person(s) signing this agreement or to the following: (MUST be filled out completely)**

**1.) Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Home Address (Street):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Relationship to Parent(s) or Guardian:** \_\_\_\_\_

**Other identifying information (if any):** \_\_\_\_\_

**2.) Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Home Address (Street):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Relationship to Parent(s) or Guardian:** \_\_\_\_\_

**Other identifying information (if any):** \_\_\_\_\_



Life Springs Church Afterschool  
Explosion  
**Emergency Medical  
Information**

Child's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Telephone Number = \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Persons to contact in case of emergency when a parent or guardian cannot be reached:**

1.) Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's Doctor or Clinic Name = \_\_\_\_\_

Doctor/Clinic Phone Number: \_\_\_\_\_

**My child has the following special needs/allergies and /or health concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

suffer an injury or illness while in the care of Life Springs Church Afterschool Explosion 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.

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

Facility Administrator/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Transportation Agreement

**This is to certify that I give Life Springs Church After School Explosion Program permission:**

to transport my child \_\_\_\_\_ from \_\_\_\_\_ at \_\_\_\_\_  
(Child's Name) (School Name)  
\_\_\_\_\_ (PM) to Life Springs Church After School Explosion Program at \_\_\_\_\_ (PM).  
(School Dismissal Time) (Estimated Arrival at Facility)

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (PM) to  
(School Name) (School Dismissal Time)

Life Springs Church After School Explosion Program at \_\_\_\_\_ (PM) **on the following days:**  
(Estimated Arrival at Facility)

Monday Tuesday Wednesday Thursday Friday

Life Springs Church After School Explosion Program is authorized to receive my child. In the event that the authorized person is not present to receive my child, the following procedures are to be followed:

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The Pike County Primary / Elementary / Middle School is approximately 3 miles from our center.  
(Circle Your Child's School)

**In the event that my child is not to be transported as outlined above, I agree to notify the Life Springs Church After School Explosion Program.**

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

## Vehicle Emergency Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical facility the center uses:** Spalding Regional Hospital **Address:** 601 South 8<sup>th</sup> Street Griffin, GA 30295

**Child's allergies:** \_\_\_\_\_

**Current prescribed medication:** \_\_\_\_\_

**Child's special needs and conditions:** \_\_\_\_\_

**In the event of an emergency involving my child, and if Life Springs Church After School Explosion**

**Program cannot get in touch with me; I hereby authorize any needed emergency medical care. I further**

**agree to be fully responsible for all medical expenses incurred during the treatment of my child.**

Child's Name: \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

(Administrator Signature)



## Parental Agreements with Child Care Facility

Life Springs Church After School Explosion Program agrees to provide after school care for \_\_\_\_\_  
(Child's Name)

from 3:00 PM to 6:00 PM. This care will take place from \_\_\_\_\_ to \_\_\_\_\_  
(Month Child Starts Program) (Month Child Will End Program)

### Please read and initial each as acknowledgement:

\_\_\_\_\_ My child will participate in the following meal plan: **Afternoon Snack Only**

\_\_\_\_\_ This facility is **not** required to dispense medicine, and will **not** be dispensing medication at this center.

\_\_\_\_\_ This facility encourages parents/guardians to participate in our activities.

\_\_\_\_\_ Life Springs After School Program agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep. (**NOTE:** We do **not** provide field trips)

\_\_\_\_\_ The center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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, and immunization records, etc.

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

\_\_\_\_\_ I authorize the child care facility to obtain emergency medical care for my child when I am not available.

**I have read, understand, and agree to comply with Life Springs Church Afterschool Explosion's parental agreement.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/ Person-In-Charge)



## POLICY AND PROCEDURES

Please understand that Life Springs Church After School Explosion is licensed by Georgia's licensing agency, Bright from the Start. There are certain guidelines that we are REQUIRED to follow. Life Springs Church After School Explosion also has its own policies in place that are often times more stringent than the state mandated policies. The more stringent policy will ALWAYS be followed. We need you, our parents/clients, to be understanding and willing to abide by the policies, although they may be quite different from your previous childcare provider. Unfortunately, we cannot explain why another provider's policies are different, we can only ask that you follow our policies or find alternate care for your child.

### Some of the policies that must be followed correctly include, but are not limited to:

#### **Please read and initial each as acknowledgement:**

\_\_\_\_\_ **Snacks:** According to our handbook, outside foods/drinks are not allowed in the center without written documentation from a doctor citing that the child is on a special diet or requires special foods. Please inform the management if your child has any allergies upon enrollment. Life Springs offers 1 snack daily after the children arrive from school.

\_\_\_\_\_ **Illnesses:** Life Springs sick/illness policy requires that children with a fever of 101 degrees or higher AND/OR symptoms of vomiting, diarrhea, sore throat, rash, respiration distress, infestation (i.e. lice), upset stomach, and/or severe coughing be picked up immediately and not return for at least 24 hours or at management's discretion. A doctor's note may be required prior to permitting the child to return to the center.

\_\_\_\_\_ **Incidents/Accidents:** Your child is in a classroom with several other children, unfortunately, accidents can and will happen. Children sometimes trip, fall, and bump their heads. Children also bite, hit, and push one another. This is common in any center. Although, we practice superior watchful oversight, positive reinforcement and redirection...injuries happen. It is unrealistic to expect your child to NEVER get pushed, hit or other incidents OR for you to expect that your child CANNOT be aggressive. We try to document such occurrences. We always try to redirect the aggressor while comforting and/or applying proper first aid to the injured child. We try to inform both children's parents of the incident when possible by writing up an incident report.

\_\_\_\_\_ **Immunizations:** All children must have and maintain a current immunization record or have a signed affidavit within 20 days of enrollment stating a legal reason why their immunizations are not up to date or be subject to withdrawal. No child can continue enrollment for more than 30 days after a certificate expires.

\_\_\_\_\_ **Payments/Tuition:** Weekly tuition is billed every Friday for the upcoming week. It is to be paid no later than the Tuesday of the current week to avoid late fees and dis-enrollment. We do not allow unused attendance balances to be carried week to week. Remember, you are paying for your child's spot in our program. Full tuition is due for your child's scheduled attendance in our program each week. You will still be charged for any unscheduled or unexcused absences. This includes part time students as well. Weekly tuition is billed every Friday for the upcoming week. It is to be paid no later than the Tuesday of the current week to avoid late fees.



**POLICY AND PROCEDURES CONTUINUED...**

\_\_\_\_\_ **Tardiness/Late Pick-up:** Life Springs Church After School Explosion Program’s operating hours are 3:00pm - 6pm, Monday-Friday. All children must be picked up NO LATER than 6pm. When a child is picked up after closing time the following charges apply: 1-15 min = \$5 a child / 16-30 min = \$10 a child / Over 30 min = \$20 a child. This fee must be paid before your child returns to the center. Please keep in mind that state guidelines allow and actually encourage us to call local authorities and/or Family & Children Services when children are not picked up in a timely fashion.

\_\_\_\_\_ **Change in Attendance:** It is extremely important to notify the after school program if plans for your child’s attendance to the program for the day changes. Please contact us ASAP at 470-765-2774 to notify us of these unplanned changes. Parents must sign out their children each day as required by Bright from the Start Department of Early Care and Learning. All approved contacts on your child’s pick up list will be required to produce photo identification until the management staff is acquainted with them to ensure each child’s safe dismissal from the school.

NOTE: When we are not notified of your child’s absence from our program, by state law, we are required to implement our missing child procedures. To assist us in ensuring the safety of your children, we implement a \$5.00 per “no notification” incident fee. These fees will be added to your bill after two occurrences of “no notification.”

\_\_\_\_\_ **Withdrawal:** You are required to give a two weeks’ notice when withdrawing from the afterschool program. Failure to provide notice to management will result in a charge of the two weeks tuition.

**Please refer to your family/parent handbook and/or the Bright from the Start DECAL website for further clarification. Also, a member of management will always be happy to address any questions or concerns. We truly appreciate your understanding and patronage.**

I have read, understand, and agree to comply with all of Life Springs Church Afterschool Explosion’s policies and procedures.

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

Facility Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or person-in-charge)



**Parent/Family Handbook Acknowledgement**

I have received a copy of the Life Springs Church After School Explosion Program’s Family/Parent handbook.

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

\_\_\_\_\_  
Date

# **Parents or Guardian's Notice of No Liability Insurance and Acknowledgement**

I understand that I am being informed in writing by signing this acknowledgement that this facility, Life Springs Church After School Explosion Program, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

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**Parents/Guardian's Signatures**

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**Date**

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**Parent /Guardian (Print Names)**

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**Date**

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**Center Director's Signature**

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**Date**



## LIFE SPRINGS CHURCH AFTER SCHOOL EXPLOSION

### USE OF PHOTOGRAPHY / VIDEO AGREEMENT

Photos / videos may be taken of my child for use WITHIN Life Springs Church After School Explosion:

YES / NO \_\_\_\_\_ (initial)

Photos / videos may be taken of my child for use OUTSIDE Life Springs Church After School Explosion:

YES / NO \_\_\_\_\_ (initial)

**PLEASE SIGN BELOW TO CONFIRM:**

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

## Authorization to Dispense External Preparations

### Parental Authorization

“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.” 590-1-1-.20(1)

I give Life Springs Church After School Explosion Program permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container:

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

\_\_\_\_\_ Baby Wipes

Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*center should maintain in child's file