THE LEARNING CURVE CHILDREN’S CENTER 

**Program and Tution Information**

We are delighted that you have selected **The Learning Curve Children’s Center**. Listed below are the current tuition rates for the various programs and other pertinent information about our facility. If you have any questions concerning rates or programs please feel free to speak with the Center’s Director. **Fees as of September 30, 2024**

|  |  |
| --- | --- |
| **Programs** | **Weekly Tuition** |
| 2 years old  | $315.00 |
| 3 and 4 years old | $300.00 |
| Afterschool (GA Pre K – 12 years old) | $95  |
| Drop In (Daily) | $65 |
| Registration Fee | $65 Annually |
|   |  |
| IEP / 504 Plan Full Week All Ages (see Director for details) | $315 - $350 per week |

**Hours of Operation:** Monday through Friday, 2:00 pm until 6:00 pm (7:00 am – 6:00 pm for all day care. **Students must be dropped off no later than 8:30 am!!!!!**

**Late pick Up Fees:** A late fee of $5.00 for the first 10 minutes, $1 for each additional minute. **LATE PICK-UP FEES** will be billed as part of your tuition cost.

**Registration Fee:** A non-refundable $65 registration fee will be paid by all parents at the time of enrollment.

**Payment Terms and Conditions:** Weekly tuition payments are due by the close of business on Monday. A $10 late fee will be added at the close of business on Tuesday. **ENROLLMENT WILL BE SUSPENDED ON WEDNESDAY.**

**Payments:** Cash, CashApp, Debit or Credit cards accepted (fees will apply).

**Center Holiday Closings:** New Year’s Eve (Close at 3:00 pm), New Year’s Day, Dr. M.L. King Birthday Observance, Memorial Day, Juneteenth, Independence Day, Labor Day, **During the Thanksgiving Break the facility will be closed Wednesday, Thursday, and Friday. During Christmas break the facility will be closed December 23rd – December 26th. During Spring break the facility will be CLOSED on the last Friday of Spring Break week.** Additionally, we will adhere to any unscheduled closings observed by the public school system due to inclement weather conditions on a case-by-case basis.

**Withdrawal/Termination:** A (2) two-week written notice is required prior to withdrawal/termination of enrollment. Failure to do so will result in a parent’s account being billed the full two weeks tuition, for which, you will be responsible to pay. NO REFUND will be issued as a result of early termination.

**I have read the program and tuition information and agree to abide by the policies and procedures set forth by the facility. I understand that failure to comply may result in termination of enrollment.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE EVERY LINE OR PUT N/A**

 THE LEARNING CURVE CHILDREN’S CENTER 

**EMERGENCY MEDICAL AUTHORIZATION**

Should\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suffer any illness of injury

 Child’s Name Date of Birth

while in the care of The Learning Curve Children’s 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 all responsibility for the payment of services.

I (we) agree to keep the facility informed of changes in telephone or cell 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 facility, I (we) understand that my child will be transported to the nearest medical facility which is:

**Children’s Healthcare of Atlanta - Egleston Hospital**

**1405 E. Clifton Road NE**

**Atlanta, GA 30322**

**(404) 785 – 5437**

My child’s primary source of healthcare is:

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

Physician / Clinic Telephone No.

Known medical conditions (i.e., diabetes, asthma, drug allergies, FOOD ALLERGIES etc.) Special accommodations to meet child’s needs most effectively while in facility. Current long-term medications, pre-existing conditions/illnesses, other health concerns.

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

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Signature of Parent(s)/Guardian(s) Date Contact Number

**COMPLETE EVERY LINE OR PUT N/A**

**PARENTAL AGREEMENT**

The Learning Curve Children’s Center (TLC) agrees to provide; Afterschool \_\_\_\_,

Full Day \_\_\_\_ , Summer Camp \_\_\_\_. (check all that apply) for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On (Days of the week) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_am/pm to 6:00pm

My child will participate in the following meal plan (check applicable meal and/or snack) Breakfast \_\_\_\_\_

Lunch \_\_\_\_, PM Snack \_\_\_\_.

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 medication is to be given. Medication must be in its **ORIGINAL** container with my child’s name marked on it.

My child will not be alllowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, such as but not limited to telephone numbers, cell numbers, emergency contacts, work location, child’s physician, child’s health status, immunization records, etc.

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 enter the facility. Should my child become ill during operation hours, has a temperature of 100 degrees or higher, is vomitting, or has loose stoll, I will be contacted to pick my child up. I further understand that my child will not be allowed to return until she/he is symptoms free for 24 hours or has a physician’s notice to return to the facility.

The facility agrees to obtain written authorization from me before my child participates in field trips, or special activities away from the facility.

I have received a copy and agree to abide by the policies and procedures of The Learning Curve Children’s Center. I understand that failure to do so may result in termination of my child(ren)’s enrollment

I agree to provide The Learning Curve Children’s Center written notice (2) two weeks prior to termination of enrollment. I understand that failure to do so will result in my account being billed for the full (2) two weeks tuition, for which I agree to pay.

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

Facility Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE EVERY LINE OR PUT N/A**

**EMERGENCY MEDICAL AUTHORIZATION**

Should (Child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DOB)\_\_\_\_\_\_\_\_\_\_\_\_ suffer any illness or injury

while in the care of The Learning Curve Children’s 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 all responsibility for payment for services.

I (we) agree to keep the facility informed of changes in telephone or cell 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 care of the facility, I (we) understand that my child will be transported to the nearest medical facility which is:

**Does your child(ren) currently have a: IEP \_\_\_\_\_\_\_\_\_ 504 Plan \_\_\_\_\_\_\_\_\_\_ Both: \_\_\_\_\_\_\_\_\_\_**

**If yes, please provide any available paperwork: PROVIDED \_\_\_\_\_\_\_\_\_\_\_\_\_ NOT PROVIDED: \_\_\_\_\_\_\_\_\_\_\_**

**Briefly describe reason for IEP /504 Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Children’s Healthcare of Atlanta – Egleston Hospital**

**1405 E. Clifton Road NE**

**Atlanta, Georgia 30322**

**(404z0 785-5437**

My child’s primary source of healthcare is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Physician/Clinic Name and Number)

Known medical conditions (i.e., asthma, diabetes, drug allergies**, FOOD ALLERGIES**, etc.) Special accommodations to meet your child’s need most effectively while in the facility will be made. Current long-term medications, pre-existing illnesses, other health concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Parent/Guardian Date

**COMPLETE EVERY LINE OR PUT N/A**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Withdrawal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M: \_\_\_ F: \_\_\_ Age:\_\_\_\_ DOB \_\_\_\_/\_\_\_\_\_/\_\_\_\_**

 **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Mother’s Name / Address if different from child’s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Mother’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer / Address / Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Father’s Name / Address if different from child’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Father’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer / Address / Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Alternate #\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s Living Arrangement: Both Parents [ ] Mother [ ] Father [ ] Other [ ]

 Child’s Legal Guardians(s): Both Parents [ ] Mother [ ] Father [ ] Other [ ]

 Child may be released to the following persons: Name / Address / Phone #/ Relationship

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Person to contact in case of emergency and I (we) cannot be reached: Name/Number/Relationship

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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