



Welcome to Learn N Play Academy! We are excited for the opportunity to care for your child! Please read over this cover sheet as it contains important information regarding what you will be signing in this packet.

This list is non-exhaustive and does not include everything in the enrollment packet. It only includes the most commonly questioned items:

- Tuition is due regardless of attendance for all classes, including after care.
- Drop off cut off time is 10:00 am. No child will be permitted after 10:00 am without a Dr.'s excuse.
- There is a \$2 per minute charge for late pick up. This begins at 2:31 pm for GA PreK and 6:01pm for center.
- Tuition is due by 6:00 pm on Tuesdays, for the current week until December 31, 2023, and on Fridays for the following week, thereafter.
- There is a \$25 late payment fee for every account holding a balance of \$0.01 or more. This late fee is charged on Wednesdays thru 12-31-23, and Mondays thereafter.
- No bags, no outside toys, and no outside food are permitted.
- Children with a fever, other communicable illness, severe injuries, or behavioral issues will be sent home. Parents are required to pick up within an appropriate amount of time.
- Learn N Play does not provide clothing for children who have accidents. Parents are responsible for sending in clothes for their children. If a child has an accident and has no more clothes in their cubby, parents will be called and will be required to bring clothes for their child within an appropriate amount of time.

Printed Name of Parent

Child(ren) Name

Parent Signature

Date

Your child will need the following items while at Learn N Play

- **Blanket for naptime**
- **Water bottle/sippy cup**
- **Diapers/Pull Ups (if applicable)**
- **2 complete sets of clean clothes**

Your child will NOT NEED the following items

- **A bag of any kind** (Bags are not permitted except for school age after care)
- **Toys** (No outside toys are permitted in the center)
- **Food/Snacks** (No outside food is permitted in the center)



Emergency Contact and Pick Up Information

The person below is allowed to pick up/check out my child (circle) Yes No

First Name Last Name

Home Address City State Zip

Phone Number Alternate Phone Number

Relationship to Child

The person below is allowed to pick up/check out my child (circle) Yes No

First Name Last Name

Home Address City State Zip

Phone Number Alternate Phone Number

Relationship to Child

The person below is allowed to pick up/check out my child (circle) Yes No

First Name Last Name

Home Address City State Zip

Phone Number Alternate Phone Number

Relationship to Child

Parental Agreement with Child Care Facility



- **ABAS, LLC dba Learn N Play Academy agrees to provide child care during the hours of 6:30am - 6:00pm, Monday through Friday of each week, unless the facility is scheduled to be closed or an unforeseen event occurs. Scheduled closings are listed below and are also posted in the front lobby. In the event of an unexpected closure, parents will be notified as soon as possible.**
- **The cut off time to drop off children is 10:00am. If a child is brought to the center after 10:00am, without a doctor's note, they will not be permitted to stay in the center and no prorated tuition will be refunded. 11:00am is the drop off cut off for doctor's note excuses.**
 - **Instructional time begins at 9a. Even though the cut off is 10a, it is important to have your child here by 9a to receive the most benefit from the program.**
- **All children are to be picked up no later than 6:00pm. If a child is picked up after 6:00pm a \$2 per minute, per child, late pick up fee will be charged to the account and is due upon arrival.**
- **Children enrolled in Ga PreK must arrive NO LATER THAN 8:00am and must be picked up NO LATER than 2:30pm. If children enrolled in GA PreK are brought after 8:00 am without a doctor's note, they will not be permitted to stay for the remainder of the day. If children enrolled in GA PreK are picked up after 2:30pm they will be moved to the main center and join the PreK aftercare class. Those accounts will be charged a \$2 per minute late pick up fee. Ga PreK is governed by the state. A combination of 10 tardies and/or absences will result in dismissal from the program.**
- **It is the responsibility of the parent (or person dropping off/picking up the child) to sign them in and out each day. Attendance is an important part of your child's records with Learn N Play and it ensures they are accounted for in case of an emergency. Please make sure you sign them in and out every day.**
- **No child is permitted to leave the center without being escorted by a parent(s) or person authorized by the parent(s) that is 18 years of age or older. Learn N Play Academy will not release a child to any individual who is not at least 18 years of age, not listed on the emergency form, and is not authorized to pick up. This ensures the safety of all children.**
- **If you wish to add someone as an authorized pick up that is not listed in your enrollment packet, you must do so in person and in writing. No persons will be added via phone, email, or message - IN PERSON ONLY.**
- **Children will receive breakfast, lunch, and an afternoon snack while at Learn N Play Academy. If a child is not present during a meal/snack time, the missed meal/snack will not be provided to them and they will have to wait until the next meal/snack time to eat.**
 - **If a child has an allergy or intolerance to milk, the parent is responsible for providing a milk alternative such as almond milk, soy milk, oatmilk, etc. Water is not an acceptable substitute for milk. All other allergy substitutions are provided by Learn N Play**
- **Learn N Play does not administer any medication with the exception of emergency preparations such as an epipen or asthma inhaler. Before any medication can be administered to a child the parent must complete a medication form granting permission for Learn N Play staff to administer the indicated medication to the child. This form will include the medication name, times and dosage amounts, as well as the prescribing physician's name and contact information. Medication must be in the original pharmacy container, unexpired, and have the child's name printed on the label.**
- **It is the parents responsibility to keep the center up to date on any changes in the child records such as, phone numbers, address, parent employment, emergency contacts, child's health status, immunization records, etc.**
- **Learn N Play agrees to keep parents informed of any and all incidents that occur while in the center, including illnesses, injuries, adverse reactions to medication, etc.**
- **Parents are responsible for providing diapers/pull-ups (if applicable), a blanket, a water bottle, and at least two changes of clothes for their child.**
 - **No bags of any kind are permitted in the center. Should you need to leave a bag for a specific reason, it MUST be left upfront in the lobby and is NEVER permitted in the classroom.**
- **Learn N Play will require written permission from parents for all transportation, field trips, special events or activities away from the center, and water related activities that involve water more than 2 feet deep.**
- **Learn N Play is closed for the following days/holidays:**
 - **January 1st, Memorial Day, July 4th, Labor Day, Thanksgiving Day, December 24th, December 25th, and December 31st.**



- Parents will be called to pick up a sick child. No child with a fever of more than 100 degrees, diarrhea, or symptoms of a communicable illness, will be permitted to remain in the center. A child must be symptom free for 24 hours without medication before they can return to Learn N Play. A doctor's notice will be required for any contagious illness in order for a child to return.
- Learn N Play will administer first aid and cpr as necessary for any illness or emergency.
- Children must have up to date immunizations or a completed waiver according to state laws prior to enrollment.
- All children under the age of 5 will have a rest period, daily. Children are not required to nap, however they will be required to remain on their cot for the entirety of the rest period.
- Children are required to have outside play time each day, weather permitting. If you do not wish for your child to participate in outside play time, a doctor's note will be required to excuse this time.
- Should it be determined that a child is not adjusting to our center/programs, we reserve the right to terminate our agreement of care. A conference with parents, teacher(s), and director will occur before disenrollment.
- No outside food, toys, electronics, or other personal items are allowed in the center. This includes cupcakes, goody bags, etc.

Tuition Information:

- Tuition payments are due on Tuesdays for the week of service until 12-31-23 and are due on Fridays for the following week thereafter.
- A Late fee of \$25 will be charged to all accounts holding a balance of \$0.01 or more on Wednesdays until 12-31-23 and Mondays thereafter.
- A sibling discount of \$10 per week will be applied to all accounts with 2 or more children enrolled.
- The annual registration fee will be charged to the account on September 30th and is due in full by the next week's tuition. See tuition schedule for fee amounts.
- If an account is 2 weeks past due, the child(ren) will not be permitted to return to Learn N Play until the account is paid in full or payment arrangements have been made.
- Tuition is due in full for the week regardless of the number of days/hours attended. If your child is out for the entire week, you are still responsible for the payment of the entirety of the week's tuition. There will be no proration for missed days/time. After the first year of enrollment, each child is granted 1 week tuition free vacation, per year. This week must be used as consecutive days and may not be split between tuition weeks. An unused vacation week cannot roll over to the next year, and vacation week credits must have no less than 365 between them.
- Learn N Play requires a written 2 week notice prior to withdrawal. The account will be charged for 2 weeks tuition from the date of withdrawal notice regardless of whether or not the child attends.

Parent Signature

Date

Director Signature

Date



Child's Health Information:

Does your child have any physical, mental, or developmental diagnoses, delays, or concerns?

Does your child exhibit any emotional or behavioral concerns?

Does your child have any allergies (insects, medications, food, etc.)?

Are you aware of any environmental or social triggers that we should be aware of?

Child's Pediatrician

Phone Number

Child's Dentist

Phone Number

Service(s) Needed: (Circle all that apply)

Before Care After Care Day Care (18mo - 4yr) GA Pre-K Drop In Care Summer Care

Requested Start Date: _____

Authorization to Administer Medical Preparations

Under no circumstances will medication, prescribed or over the counter, be administered to a child without the following information being completed in its entirety and this form signed and dated by the child's parent.

Child's Name

Child's Birthdate

I give Learn N Play staff permission to apply the following indicated preparations to my child in accordance with the directions printed on the label, whenever it is considered necessary. I am aware that I will be notified **at pick up** whenever the application/administration of such preparations occur.

____ Baby Wipes

____ Bandages

____ Triple Antibiotic Ointments (Neosporin or generic brand)

____ Sunscreen

____ Insect Repellent

____ Non-prescription ointments (diaper rash cream, petroleum jelly, etc.)

____ Other (please specify) _____

Specific terms of use:

Parent Signature

Date



Emergency Medical Authorization

Child's Name

Child's Birthdate

Should the child listed above suffer an injury or illness that requires emergency medical attention Learn N Play Academy procedure will be to call parents first. If parents cannot be reached by phone immediately, emergency services will be called and the parents will be responsible for all associated costs.

- When 911 is called and emergency services are dispatched, an ambulance is always sent. In some cases it is not medically necessary for a child to be transported to the hospital via ambulance. In these cases ambulatory transportation to the hospital will not be agreed upon by Learn N Play unless paramedics deem it medically necessary, or the parent agrees via phone, or indicates to always authorize transport at the bottom of this form. If paramedics deem transportation to the hospital as NOT medically necessary and the child can be treated by paramedics in the center, the child will remain in the center until a parent or authorized person comes to pick them up.

It is vitally important to keep parental contact information up to date with Learn N Play. Please notify us immediately if there is a change in phone number, address, or emergency contacts and authorized pick up persons.

- ❖ **Should ambulatory services be necessary, which hospital should your child be transported to?**

-
- ❖ **In the case of an emergency, do you want Learn N Play to authorize ambulatory transportation for your child to the hospital listed above, even if paramedics do not deem it medically necessary?**

(circle one) YES NO

List any immediate information that paramedics would need such as illnesses, medications, etc.

Parent Signature

Date

Behavior Policy

Learn N Play Academy Behavior Policy is as follows:

- Parents will be called after 5 attempts to redirect a child's repeated behavior.
- A behavior report will be issued for any misbehavior that is persistent on a daily basis or involves an act of violence such as, hitting, kicking, biting, spitting, etc of another child or an adult.

Incident #1:

- Parents will be called to pick up child for the remainder of the day

Incident #2:

- Parents will be called to pick up child for the remainder of the day

Incident #3:

- Parents will be called to pick up child for the remainder of the day, and a conference will be held with parents about child's behavior

Incident #4:

- Parents will be called to pick up child for the remainder of the day and 1 additional day of suspension will be issued

Incident #5:

- Parents will be called to pick up the child for the remainder of the day and a conference will be held with the parents regarding possible disenrollment or other options.

Bus Policy for School Age Children

Learn N Play Academy Behavior Policy is as follows:

- Bus safety is taken very seriously at Learn N Play. Any behavioral issue that occurs on the bus will result in the following:

Incident #1:

- Parents will be called to pick up child for the remainder of the day

Incident #2:

- Parents will be called to pick up child for the remainder of the day and 1 additional days suspension will be issued

Incident #3:

- Parents will be called to pick up child for the remainder of the day, and an additional 2 days suspension will be issued

Incident #4:

- Parents will be called to pick up child for the remainder of the day and bus privileges will be revoked

All misbehavior will be communicated with parents daily and logged in the center's behavior database. Behavior Referrals will need to be signed by the parent. Copies of behavior information will be provided upon request. Depending upon the severity of the incident, the center reserves the right to skip to any step at the discretion of the director.

Parent Signature

Date



Photo/Video Release Form

Child's Name

Child's Birthdate

Learn N Play would like to take photographs and videos of your child(ren) to illustrate learning activities in our facility through publishing on our website, social media platforms, in newsletters, promotions, and news releases for the center.

Before taking and publishing any photographs or videos of your child, we need your permission. Please review the options below and indicate your choice. Then sign and date the bottom.

_____ **I DO** give Learn N Play Academy permission to use my child's photograph and/or video in publications such as social media, websites, newsletters, etc. I hereby release and discharge Learn N Play from any claims arising out of the use of my child's photographs and video footage.

_____ **I DO NOT** give Learn N Play Academy permission to use my child's photograph or video in any manner.

Printed Name of Parent

Parent Signature

Date

Nutritional Services Information (IES Form)

Learn N Play Academy's nutritional services are funded through the Child and Adult Care Food Program (CACFP) that is governed by the United States Department of Agriculture (USDA). Per CACFP policy, every center who receives funding must provide a completed Income Eligibility Statement (IES) form per child. CACFP reimburses Learn N Play Academy different amounts depending upon the tier level that families fall into, based on household size and income.

This form is very similar to the free and reduced lunch form that is completed for children in public schools to apply for discounts on their school lunch charges. The only difference with an IES form is that meals are included in your tuition and CACFP reimburses us for your child's meal costs.

Type of Meal Served	Tier 1	Tier 2	Tier 3
Breakfast	\$2.28	\$1.98	\$0.38
Lunch	\$4.54	\$4.14	\$0.69
PM Snack	\$1.17	\$0.58	\$0.10

Tier level information can be found at <https://www.cacfp.org/income-eligibility/>

All children must have an IES form completed upon enrollment and an updated form completed every year thereafter. If we do not have a form for your child, then we are unable to claim their meals.

CACFP funding is extremely vital to our center, and allows us to serve your child highly nutritious meals and snacks every day!

More information regarding CACFP can be found at <https://www.cacfp.org/>

Please complete the IES Form in its entirety.

**Bright from the Start: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement***

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income² - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.)
income received by child household members listed in PART I here. \$ _____ / _____

B. Other Household Members¹. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

Check (✓) one ethnic identity: Hispanic/Latino Not Hispanic/Latino
Check (✓) one or more racial identities: American Indian or Alaskan Native Asian Black or African American Hawaiian or other Pacific Islander White Multiracial

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: Week Every 2 weeks Twice a month Monthly Year Household Size: _____

Categorical Eligibility: check (✓) if applicable Eligibility: check (✓) one Free Reduced Paid

Day Care Homes Only: check (✓) one Tier I Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

Transportation Agreement

This is to certify that I give Learn N Play Academy permission to transport my child _____ from _____ at 2:00pm to Learn N Play Academy at 2:30pm Monday to Friday.

Learn N Play Academy is authorized to receive my child. In the event Learn N Play Academy is not present to receive my child, the following procedures are to be followed:

_____.

_____ Elementary school is approximately _____ miles from the center.

In the event that my child is not to be transported as outlined above, I agree to notify Learn N Play Academy.

Signature (Parent/Guardian)

Date _____

Vehicle Emergency Medical Information

Childs Name _____ Date of Birth _____

Address _____

Fathers Name _____ Cell Phone _____

Employer Name _____ Work Phone _____

Mothers Name _____ Cell Phone _____

Employers Name _____ Work Phone _____

Emergency Contact if Parents cannot be reached:

Name _____ Phone _____

Childs Doctor _____ Phone _____

Preferred Hospital _____

Address _____

Childs Allergies _____

Current prescribed medication _____

Childs special needs and condition _____

In the event of an emergency involving my child, and if Learn N Play Academy 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.

Childs Name _____

Signature (Parent/Guardian) _____

Admin Signature _____ Date _____