



## SPROUTING MINDS ENRICHMENT CLUB

Georgia's Premier After School Program

# Enrollment Application

Elementary School: \_\_\_\_\_

Program Choice: (circle one) 5 Day (M-F) 3 Day (M/W/F) 2 Day (Tues/Thur)

### PARENT/GUARDIAN

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

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

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

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Last 4 of SSN: \_\_\_\_\_

Children live at the address listed above:

Yes: \_\_\_\_ No: \_\_\_\_ (check one)

### PARENT/GUARDIAN

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

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

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

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Last 4 of SSN: \_\_\_\_\_

Children live at the address listed above:

Yes: \_\_\_\_ No: \_\_\_\_ (check one)

### CHILD(REN)

Full Name	Preferred Name	Birthdate	Age	Grade/ Teacher	Sex

Child(ren)'s legal guardian(s): (circle one) Both parents Mother Father Other

Child(ren)'s legal guardian(s): (circle one) Both parents Mother Father Other

Child(ren)'s primary health source (physician or clinic): \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergies, special medical conditions or prescribed drugs? (List child's name and describe) \_\_\_\_\_



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### EMERGENCY CONTACTS & AUTHORIZATION TO RELEASE

In addition to the above, the following persons may be contacted in the event of an emergency AND have authorization to drop off/pick up the child(ren).

Full Name	Address	Phone (cell)	Work	Relation to child

In the event of an emergency involving my child(ren), and if I cannot be reached, I hereby authorize any needed medical care. I understand that Sprouting Minds Enrichment Club does not provide accident insurance and agree to be fully responsible for all medical expenses incurred during the treatment of my child(ren). I will indemnify, release, hold harmless, and defend Sprouting Minds Enrichment Club and \_\_\_\_\_ Public Schools from all liability.

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

I give permission for Sprouting Minds Enrichment Club to transport my child(ren) in the event of an emergency only.

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



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# Parent Agreement

### TUITION AGREEMENT:

Please refer to the rate sheet to write in the appropriate tuition rate below:

\_\_\_\_\_ I agree to pay the total monthly tuition of \$\_\_\_\_\_ on the first Friday of each month for the upcoming month.

\_\_\_\_\_ I agree to pay the monthly tuition in two installments of \$\_\_\_\_\_ on the first and third Friday of each month.

### Please initial the following:

\_\_\_\_\_ I understand that tuition is not prorated for absences of any duration for any cause.

\_\_\_\_\_ I understand that the non-refundable registration fee will be processed upon receipt of enrollment application.

\_\_\_\_\_ I understand the supply fee is due in January.

### HEALTH INFORMATION

In order to keep our children healthy, **Sprouting Minds Enrichment Club** adheres to the following policies:

1. A doctor's note will be required to return if a communicable disease has been suspected or diagnosed.
2. Children with fever of 101° or above will be sent home and may return when they have been fever-free without medication for 24 hours.
3. Medications will not be dispensed by **Sprouting Minds Enrichment Club** personnel.
4. Each child must provide a Form 3231 record of immunization.
5. **Sprouting Minds Enrichment Club** agrees to keep you informed of any incidents, illnesses, injuries which include your child.
6. In the event of a medical emergency, **Sprouting Minds Enrichment Club** utilizes \_\_\_\_\_

7. More stringent health policies may be implemented at any time based on CDC guidelines for child care programs.

### HOLIDAYS

**Sprouting Minds Enrichment Club** operates during each day the county school district operates. Our closures are commensurate with the district.

### PICK UP

Children must be picked up no later than 6:30 p.m. by a person with written authorization. Late fee is \$2 per child per minute after 6:30 pm.

### GENERAL

Although we request cooperation in not disrupting our program, parents are permitted access at any time their child is present.

### PHOTOGRAPHIC RELEASE

Children in the program may be photographed to represent the activities and environment of the program. Photographs may also be posted on program web sites or social media accounts. I give my permission for my child(ren) to be photographed or videotaped while in attendance at the program.

### WITHDRAWAL

I understand that I must give two weeks written notice to management prior to the withdrawal of my child(ren). Tuition continues to be due and payable during this period.

I agree to abide by the policies outlined above and in the **Sprouting Minds Enrichment Club** Family Handbook.

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

Signature of Sprouting Minds Enrichment Club \_\_\_\_\_