



# Learning Time Enrollment Form

## ***Child's Information:***

|                                      |                        |                                |
|--------------------------------------|------------------------|--------------------------------|
| First Name                           | Middle Name            | Last Name                      |
| Date of Birth                        | Social Security Number | Gender (Circle)<br>MALE FEMALE |
| School Child Attends (if applicable) |                        |                                |
| Email: _____                         |                        |                                |

## **Child Lives With (circle one)**

Both Parents   Mother   Father   Grandparent   Other - please explain: \_\_\_\_\_

## ***Primary Parent Contact Information:***

|                        |                         |              |     |
|------------------------|-------------------------|--------------|-----|
| First Name             | Last Name               |              |     |
| Home Address           | City                    | State        | Zip |
| Phone Number           | Alternate Phone Number  |              |     |
| Employer               | Address                 | Phone Number |     |
| Social Security Number | Driver's License Number |              |     |

## ***Secondary Parent Contact Information:***

|                        |                         |              |     |
|------------------------|-------------------------|--------------|-----|
| First Name             | Last Name               |              |     |
| Home Address           | City                    | State        | Zip |
| Phone Number           | Alternate Phone Number  |              |     |
| Employer               | Address                 | Phone Number |     |
| Social Security Number | Driver's License Number |              |     |

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

Before Care   After Care   Day Care   GA Pre-K   Requested Start Date: \_\_\_\_\_



# 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 | Driver's License Number |       |     |

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 | Driver's License Number |       |     |

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 | Driver's License Number |       |     |

How did you hear about us? \_\_\_\_\_



## Child's Medical Information:

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

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

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\_\_\_\_\_  
Pediatrician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Biting Policy

## ***The Learning Time biting policy is as follows:***

1. If a child inflicts 2 bites in a one week period in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, a conference will be held with the parents to discuss the child's behaviors and how the behavior may be modified.
2. If the child again inflicts 2 bites in a one week period in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the child will be suspended from the center for one week.
3. If the child again inflicts 2 bites in a one week period in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the parents will be asked to make other day care arrangements. Any tuition and/or fees owed will require immediate payment.

**\*\*If a child who has been through step 1 AND step 2 and then goes 3 weeks (15 days of attendance) without biting, we will go back to step 1.**

**\*\*If a child bites twice in a 1 hour period, the child will be required to be picked up from the center for the remainder of the day.**

*All misbehavior will be communicated with parents daily and logged in the center's behavior database. Referrals will need to be signed by the parent. Copies of behavior information will be provided upon request.*

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Parent Signature

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Date



# Learning Time Parental agreement & Policies and Procedures

- ABAS II, LLC dba Learning Time agrees to provide child care for \_\_\_\_\_. During the hours of **6:30am - 5:30pm, Monday through Friday** of each week, unless the facility is scheduled to be closed or an unforeseen event. 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 child list above has a start date of \_\_\_\_\_**
- The cut off time to drop off children is 9:30am. If a child is brought to the center after 9:30am, without a doctor's note, they will not be permitted to stay in the center and no prorated tuition will be refunded.
- All children are to be picked up no later than 5:30pm. If a child is picked up after 5:30pm a \$2 per minute, per child, late pick up fee will be charged to the account and is due by the next business day.
- Children enrolled in Ga PreK must arrive NO LATER THAN 8:30am and must be picked up NO LATER than 3pm. If children enrolled in GA PreK are brought after 8:30, 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 3:00pm 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.
- 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 Learning Time 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). Learning Time will not release a child to any individual who is not listed on the emergency form and is authorized to pick up. This ensures the safety of all children.
- Children will receive breakfast, lunch, and an afternoon snack while at Learning Time. 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, etc. Water is not an acceptable substitute for milk.
  - For any children needing food substitutes due to medical reasons, please provide a valid doctor's note.
- Before any medication can be administered to a child the parent must complete a medication form granting permission for Learning Time 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, infant feedings plan, immunization records, etc.
- Learning Time agrees to keep parents informed of any and all incidents that occur while in the center, including illnesses, injuries, adverse reactions to medication, etc. Learning Time staff will keep daily logs of meals eaten, diapers changed, and naps taken. These logs will be released to the parents at pick up each day.
- Parents are responsible for providing diapers/pull-ups (if applicable), formula (if applicable), and at least one change of clothes for their child.
- Learning Time 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.
- Learning Time 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 or with an obvious contagious illness will be permitted to remain in the center. A child must be fever free for 24 hours without medication before they can return to Learning Time. A doctor's notice will be required for any contagious illness in order for a child to return.
- Learning time 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.

### ***Tuition Information:***

- Tuition payments are billed 1 week in advance and are due on Mondays. A Late fee of \$20 will be charged to all delinquent accounts on Tuesdays.
- For all accounts set up to pay monthly, a 5% discount will be applied to the tuition rate.
- 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 August 1st and is due in full by August 31st. See tuition schedule for fee amounts.
- Learning Time does not accept tuition payments by check. Cash or card only. You can also pay through the app. For more information please see the director.
- If an account is more than 2 weeks past due, the child(ren) will not be permitted to return to Learning Time 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. 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.
- Learning Time requires a 2 week notice prior to withdrawal. The account will be charged for 2 weeks tuition from the date of withdrawal notice regardless to whether the child attends or not

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Parent Signature

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Date

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Director Signature

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Date

# Discipline Policy

***Learning Time's discipline policy is as follows:***

- Parents will be called after 3 attempts to redirect a child's behavior.
- A referral will be issued for any misbehavior that is persistent on a daily basis or involves an act of violence such as, hitting, kicking, biting, etc of another child or an adult. (See the biting policy for more specifics in this area)
- When the 3rd referral has been issued, the parents will be asked to make other daycare arrangements and the child will be disenrolled from the center. Any tuition and/or fees owed will require immediate payment.

*All misbehavior will be communicated with parents daily and logged in the center's behavior database. Referrals will need to be signed by the parent. Copies of behavior information will be provided upon request.*

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Parent Signature

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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, Learning Time 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 payments of service.

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 to by Learning Time 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 Learning Time. 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 Learning Time to authorize ambulatory transportation for your child to the hospital listed above, even if paramedics do not deem it medically necessary?

(circle) YES NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## Authorization to Administer Medication

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 Learning Time 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



## Photo/Video Release Form

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

Learning Time 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 Learning Time permission to use my child's photograph and/or video in publications such as social media, websites, newsletters, etc. I hereby release and discharge Learning Time from any claims arising out of the use of my child's photographs and video footage.

\_\_\_\_\_ I DO NOT give Learning Time permission to use my child's photograph or video in any manner.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date