

Towne Square Academy, Inc.

1000 Labonte Pkwy McDonough, Ga 30253

Enrollment Application

\$50.00 Registration Fee/ Insurance Fee per child

www.mytownesquareacademy.com

Today's Date _____

Entrance Date _____

Full Time ½ Day Drop-In Before and After Before After Summer Camp Only GA- Lottery

Name of public or private school child attends (if any): _____

Child's Name _____ DOB ____/____/____ Sex M or F

Full Home Address _____

Who does the child live with? Mother Father Both parents Other _____

Child's Legal Guardian: Mother Father Both parents Other _____

Mother's Name _____

Full Home Address _____

Employer _____

Full Address _____

Home #: ____-____-____ Work #: ____-____-____ Cell #: ____-____-____

Father's Name _____

Full Home Address _____

Employer _____

Full Address _____

Home #: ____-____-____ Work #: ____-____-____ Cell #: ____-____-____

This child may be released to the person(s) signing this agreement or the following in the event of an emergency where the parents cannot be reached. Any other pick up authorization must be in writing and given to administration prior to time of pick up. Please refer to policies and procedures for additional information.

Name	Relationship to Child	Complete Address	Phone Number
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Person(s) to contact in the case of an emergency when parents cannot be reached:

Name	Relationship to Child	Complete Address	Phone Number
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Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

TOWNE SQUARE ACADEMY, INC.

POLICIES AND PROCEDURES

CARE PROVIDED FOR CHILDREN 6 WKS - 12 YEARS
OPEN YEAR ROUND JANUARY - DECEMBER
MONDAY THRU FRIDAY
OPERATION HOURS ARE 6:30 A.M. - 6:30 P.M.

THE CENTER WILL BE CLOSED FOR THE FOLLOWING HOLIDAYS

NEW YEARS DAY
MLK Day
MEMORIAL DAY
FOURTH OF JULY
LABOR DAY

THANKSGIVING DAY
DAY AFTER THANKSGIVING DAY
CHRISTMAS EVE
CHRISTMAS DAY

If there are any changes, the days will be posted in advance. In the event of a major holiday falling on a weekend, we will close on the day of the week that the majority of other businesses close. If we have snow and/or ice, as soon as we are able to get to the center we will open. Watch WSB News and the Towne Square Academy Facebook page for closing and opening times. If the public schools close during the day due to inclement weather we will be at the schools to pick up the children.

ADMISSION REQUIREMENTS

It is the responsibility of the parents to supply and maintain accurate required record information to the office. We should be able to contact you at any time your child is present at the center. Any child entering or leaving the center must be escorted by an adult. Children will not be released to anyone other than the parents without written notice to the office. The written notice must be left with administration at time of drop off or a copy of your driver's license with your phone number, signature and the name of the person who will be picking the child up can be faxed. Persons authorized to pick up a child will be required to show identification at the office and will be required to sign the child out.

TRANSPORTATION

Transportation is included in the day care cost. Transportation is to and from the public schools we service, field trips and summer camp trips. No child will ever be left unattended at drop off locations. If no one is there to accept the child, then the child will be brought back to the center and the parents notified.

FEES

All tuition is payable in advance on Mondays. Tuition paid after close on Monday will be considered late. A \$20.00 per day late fee will be charged until the balance is paid in full. No child will be accepted at the center if tuition is not paid by drop off on Wednesday.

There is an annual registration/insurance fee of \$50.00 per child which is due once a year. This fee is due one full year from the date of enrollment. This fee is nonrefundable.

A full weekly fee will be charged for any child attending one or more days per week. If your child is absent Monday through Friday, a fee of half price will be charged. We will limit this to 2 weeks per full-time enrollment year.

We require a two week written notice if you wish to disenroll your child.

If your child is participating in our half-day or GA-Lottery program from 8:00 – 2:30 p.m., your child MUST be picked up by 2:30 p.m. unless other arrangements have been made with management by 12pm. Any half-day or Ga Lottery student not picked up by 2:30pm will be charged a \$1.00 per minute late fee.

All children must be picked up by 6:30 P.M. There will be a charge of \$1.00 per minute per child if you do not have your child picked up by 6:30 P.M. Payment is due at the time of pick up. This will be strictly enforced.

Returned check fee: A charge of \$30.00 will be charged to your account for any reason a check is returned.

GUIDANCE AND DISCIPLINE

Each day we will provide a fun, safe and educational experience for each child. All parents are encouraged to visit the center and their children anytime their children are present. We encourage all parents to discuss the daily activities and any concerns they have about their child with the child's teacher and/or the administration. Towne Square Academy does not allow corporal punishment of any kind. Our staff will not be allowed to handle a child roughly, pinch, jerk, shake or inflict any type of physical punishment. No staff member will be allowed to verbally abuse or humiliate a child. This includes but not limited to the use of threats, profanity or belittling remarks about the child or the child's family. When the child is not following the class rules, he is reminded of the rules and given a verbal warning. At the second offense, the child is asked to move his name on the discipline stop light from green to yellow and given a 2nd verbal warning. At the 3rd offense, the child is asked to move his name to red on the stop light and asked to sit in the thinking chair for one minute (for each year of age). At the 4th offense, the child will be given a written Freddie Frowny discipline slip to be taken home. If a staff member can not handle a child in the classroom, then the child is brought to the office and the parents will be called. The center will not allow a child with a behavioral problem to interfere with the learning experiences of the other children.

EMERGENCY MEDICAL CARE

In case of an accident or emergency, your child will be given immediate first aid or professional care will be called if the injury is serious and/or the child will be transported to Piedmont Henry Hospital and you will be contacted immediately.

ADMINISTERING OF MEDICATIONS

When it is necessary for a child to be given medication at the center, parents are required to fill out a medication form. A new form must be filled out on a weekly basis. The child's first and last name, the name and the prescription number of the medication, the dosage and the time to be given must be filled out completely on the form. The medications should always be in its original container. Prescription medicine will be given only to the name listed on the label. If the medication is for more than one family member, both names should be listed on the label. Over the counter medications will be given according to the label and the authorization for medication form must be completed and signed. All over the counter medicine must have the child's name clearly printed on the bottle. All medications must be given directly to the child's teacher and never left in the diaper bags or book bags of the children. Parents will be notified of any adverse reactions to any medications given.

HEALTH

Towne Square Academy makes every possible effort to protect the health of the children. The cooperation of the parents is needed in helping to prevent the spread of communicable diseases. Parents should keep any child at home that shows symptoms of a sore throat, runny nose with green mucous, diarrhea, vomiting, inflamed eyes, fever, earache or persistent coughing. The center will not accept or allow a child to remain at the center if the child has a fever of 100.4 or higher. You will be contacted if your child has a fever and your child will need to be picked up within 30 minutes. Children must be free of fever, diarrhea or vomiting for 24 hours before returning to the center.

If your child is exposed to a communicable disease, you will be notified and appropriate action within the center will be taken. It is the parent's responsibility to inform the administration if the child is exposed to a communicable disease outside the center.

The chart of communicable diseases is posted on the bulletin board in the front office of the center. This is the chart that the state of Georgia recommends we follow. As required by law, any suspected case of notifiable communicable disease will be reported to the local county health department.

There is no smoking allowed on the premises. We ask that all staff, parents and visitors observe this rule.

IMMUNIZATION

A certificate of immunization (Form 3231) is required for all children who attend a day care center. Parents have 15 days from registration to bring a certificate to the center. This is a state requirement and is strictly followed. We ask that each time your child has an immunization or when the current certification expires that you bring the proper certification from the doctor as soon as possible. Your child will not be allowed to stay at the center if this certificate is not received.

CHILD ABUSE

Towne Square Academy is required by law to report any suspected case of child abuse, neglect, exploitation or deprivation to the Department of Family and Children Services.

SEVERE WEATHER

In the event of severe weather or tornado warnings/watches all staff will follow these procedures: 1. All children will be kept as calm as possible. 2. We will constantly listen to the weather so we will know what to expect. 3. When a warning is called for our county, we will place all children in the drill position under their tables in the classrooms or in the hallway. Each month we practice fire drills and tornado drills.

PHYSICAL PLANT PROBLEMS

In the event of a fire, all children are taken as far away from the building as possible. In the event of structural damage, we will contact all parents to come and pick up their children and the center will let the parents know how soon they can reenter the center. All children will be moved to the next available Towne Square Academy facility.

MEALS

Towne Square Academy will provide breakfast, lunch and an afternoon snack. Meals and snacks are included in the tuition. We are required to serve meals and snacks in accordance with the USDA nutritional standards. Therefore, children will not be allowed to bring meals or snacks from home except for special dietary or religious considerations accompanied by a doctor's note. The snacks served at the center usually consist of fruit, crackers, cheese, pudding, peanut butter or cereal mixes. A weekly menu will be posted on the bulletin board at the front office and copies are available to take home. I understand that if my child cannot have what is on the menu I will provide an alternative that meets the requirements for that meal.

CLOTHING

Children are encouraged to wear play clothes which are comfortable and easy for them to handle (no buttons in the back, no safety pins, etc.). Shoes are required to be worn to school everyday. All clothing such as hats, coats and mittens should be clearly marked with the child's full name. Also an extra change of clothes marked with the child's full name should be kept at the center at all times.

If your child is being potty trained or is prone to having accidents, more than one extra outfit will be needed.

SPECIAL NEEDS CHILDREN

If your child has any type of special need, please notify the administration. We will do as much as we can to provide for a special needs child.

PARENTAL AGREEMENT WITH TOWNE SQUARE ACADEMY

1. Towne Square Academy agrees to provide day care for _____
(Child's name)

Monday - Friday 6:30 AM to 6:30 PM, January - December. The weekly rate I have agreed to pay is \$_____.

A two week written notice is required if I decide to disenroll my child.

My child will participate in the following meal plan: (please circle)

Breakfast Morning Snack Lunch Afternoon Snack

2. Before any medication is dispensed to my child, I will provide a written authorization which includes the date, name of child, name of medication, prescription number if any, dosage, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

3. My child will not be allowed to enter or leave the center without being escorted by the parents, other person authorized by the parent or a facility staff member.

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. Telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plan and/or immunization records.

5. The facility agrees to keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases or anything else that may affect the health of my child.

6. Towne Square Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the center and water related activities occurring in water that is more than two (2) feet deep.

7. I have received a copy and will abide by the policies and procedures for Towne Square Academy.

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

Signature (Facility Administrator) _____ Date: _____

CHILD'S MEDICAL INFORMATION

Child's Full Name _____

Child's Physicians Name _____

Address _____

Phone Number _____

Does your child have any allergies or other physical problems, mental disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's programs or activities? Yes _____ No _____

If yes, please specify:

Are there any special procedures required in caring for your child?

Yes _____ No _____ If yes, please specify:

Parents: This form is very important! Every line must be checked and filled out completely for your child's safety. Please add any additional information if needed on the back of this form.

SIGNATURE (PARENT/GUARDIAN) _____

DATE _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer an
(Child's name) (Date of birth)

Injury while in the care of Towne Square Academy and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I (we) can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician's Name _____

Address _____

Telephone Number _____

Known medical conditions (I.E.) diabetic, asthmatic, drug allergies, etc.:

SIGNATURE (PARENT/GUARDIAN) _____

DATE _____

PHONE NUMBER _____

FOOD ALLERGY ALERT FORM

Please list any foods that your child may be allergic or sensitive to. This form goes directly to our center nutritionist and your child's teacher.

Child's Name: _____

Food List: _____

Your child's health is of the utmost importance to our staff. This form is very important so that your child will stay as healthy as possible during the day.

Parents, please see our center nutritionist and your child's teacher if your child develops any new allergies to any new food groups.

SIGNATURE (PARENT/GUARDIAN) _____

DATE _____

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Parents this form is only to be used for the items listed below. Please fill out a medical authorization form for any prescription medication.

I give Towne Square Academy permission to apply one or more of the following topical ointments/ preparations to my child in accordance with the directions on the label on the container.

Band-Aids (TSA provides)

Neosporin or Similar Ointment (TSA provides)

Bactine or similar first aid spray (TSA provides)

Sunscreen (must be provided by the parent)

Insect repellent (must be provided by the parent)

Non-Prescriptions Ointment (such as A & D, Desitin, and Vaseline) (must be provided by the parent)

Baby Powder (must be provided by the parent)

____ All of the above when needed

Any special directions: _____

Parent/Guardian Signature _____

Date _____

INFANT FEEDING PLAN

(Ages 6 weeks to 12 months only)

Child's Name _____ Date _____

Date of Birth _____

Does child take a bottle? _____

Can the child feed his/herself? _____

Is the bottle warmed? _____

Can the child hold his/her own bottle? _____

Does the child eat: Baby Food _____

Table Food _____?

Formula _____

Whole Milk _____

Other _____

Please give us instructions for introducing solid foods _____

Please list foods your child likes _____

Please list foods your child dislikes _____

Please give us your child's eating schedule and amounts of food and/or formula he usually eats:

Breakfast _____

Lunch _____

What type of formula does your child drink? _____

Please note any types of commercial pre-mixed formula which may NOT be used in an emergency because of allergies _____

Does your child take a pacifier? (If so when?) _____

What is your child's sleeping schedule? _____

How would you like your baby to be put to sleep? _____

Does your child need a special blanket, stuffed animal, etc. to sleep? _____

Do you use powder when changing? _____

Can we use Desitin or Vaseline for a diaper rash? _____

Are there any special instructions you would like for us to know? _____

Please note that infants are changed on demand. Please bring in at least 6-8 diapers per day or you may bring in a bag of diapers to be kept at the center and your child's caregiver will inform you when more is needed.

SIGNATURE (PARENT/GUARDIAN) _____

DATE _____

TRANSPORTATION AGREEMENT

(School Age Children Only)

This is to certify that I give Towne Square Academy permission to transport my child

Name of child
From _____ at _____ (a.m./p.m.)
Pickup location pick up time

To _____ at _____ (a.m./p.m.)
Delivery location delivery time

My child will be transported from _____ at _____ (a.m./p.m.)
Pick up location pick up time

To _____ at _____ (a.m./p.m.)
Delivery location delivery time

On the following days

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

_____ is authorized to receive my child. In the event the
Name of authorized person

Authorized person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
Location

Approximate time on vehicle is twenty (20) minutes.

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

Signature (Parent/Guardian) _____
Date _____

VEHICLE EMERGENCY MEDICAL INFORMATION

(Ages 4 years and up only)

Child's Name _____ DOB: _____

Address: _____

Fathers Name: _____

Home Phone: _____ Work Phone: _____

Mothers Name: _____

Home Phone: _____ Work Phone: _____

Person to be notified in case of emergency if parents cannot be reached:

Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical facility the center uses is Henry Medical Center at Eagles Landing Parkway in Stockbridge.

Child's Allergies: _____

Current medication child is taking: _____

Child's special medical needs and conditions: _____

In the event of an emergency involving my child and if Towne Square Academy cannot get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signature (Parent/Guardian): _____

Date: _____

Witnessed By: _____

SCHOOL VAN RULES

(School Age Children Only)

1. If your child is not to ride the van in the morning, please call the center no later than 7:00.
2. The van will be loaded at approximately 7:15. Please be sure your child arrives in time to eat breakfast. We cannot be responsible for transporting children to school who arrive after the van has left.
3. If your child is not to ride the van in the afternoon, you must call the center before 1:30 p.m.
4. Children are to come to the front of the school when dismissed. We cannot be responsible for children who are left because they fail to come out after a reasonable time. The van driver cannot leave the van unattended to go look for a child.
5. We cannot be responsible for books or other items a child leaves at school. We do not have the personnel to make return trips to the school.
6. Children must conduct themselves in a cooperative fashion while riding in the van.
 - a. No loud talking or screaming.
 - b. No hitting, pushing or fighting, etc.
 - c. Safety belts are to be secured at all times.
 - d. Children are to remain buckled in until the driver/teacher gives them permission.
 - e. The first children on the van should go to the back of the van.
 - f. Climbing over the seats is not permitted.
 - g. No food or drinks will be allowed on the van.
 - h. Only the driver/teacher is allowed to open and close the van doors.
 - i. Children will exit the van in an orderly fashion and will stand single file until given permission to enter the building.
7. If a van driver has to pull off the road to discipline a particular child more than two times, that child may no longer be allowed to ride the van.

The safety of all children is our primary concern!

Parent's Signature _____

Date _____

Child's Signature _____