



# After School Enrollment Form

School Year  
2007-2008

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Child's Name

Grade

# Children's Enrollment Form

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Entrance Date

Withdrawal Date

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Child's Name

Sex

Age

Birth date

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Home Address

Home Telephone

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Father's Name/Home Address/Telephone Number, if different from child's

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Place of Employment/Business Number/ Cell phone number

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Mother's Name/Home Address/Telephone Number, if different from child's

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Place of Employment/Business Number/ Cell phone number

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Child's Living Arrangements:     Both Parents     Mother     Father     Other

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Child's Legal Guardian(s):     Both Parents     Mother     Father     Other

The child may be released to the person(s) signing this agreement or to the following:

**Name**

**Address**

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Person(s) to contact in the case of an emergency when parents cannot be reached:

**Name**

**Telephone**

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**Children's Enrollment Form** page 2

\_\_\_\_\_  
Child's Physician or Clinic's Name (Child's Primary Health Source)

\_\_\_\_\_  
Telephone Number

My child has the following special need(s):

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

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

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

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

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

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

## AFTER-SCHOOL PARENT POLICIES & PROCEDURES

1. The program operates Monday - Friday, from 2:30 p.m. (dismissal from school) until 6:30 p.m.
2. The center provides care for all AIS enrolled children.
3. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contact, child's physician, child's health status, immunization records, etc.
4. Children should not bring food into the program. Adequate balanced snacks are served daily. Food and menu exceptions can be made for individual children, if documented reasons are provided in a formal letter from the parent. Parents of children with very special dietary needs should notify the director in writing and provide their own snack.
5. The program staff will administer only dated, labeled, prescribed medications or age-appropriate over-the-counter medication as indicated by the Parent or Physician. Parents must sign an authorization form before any medication can be administered. Parents will be notified of any adverse reaction to the medication.
6. Parents are required to sign their child(ren) out of the program on a daily basis. All children must be signed in at the beginning of the program by program staff.
7. The program agrees to keep parent/guardian informed of any incidents, including illnesses, injuries and exposure to communicable diseases.
8. The program agrees to obtain written authorization from the parent before the child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
9. Discipline and guidance at the center is important. Physical punishment is never permitted. If it is determined that the behavior is not improving, we will request a parent meeting to discuss other possible solutions. At times it may be necessary to terminate a child's enrollment if it is determined that the program cannot meet the needs of the child.
10. Children will not be accepted into the program if they are ill. This includes, but is not limited to: oral temperatures of 101 degrees or higher and any contagious symptoms; rashes, sore throat, vomiting, etc. Should the child become ill while participating in the program, the parent or designated emergency contact person(s) will be contacted to pick up the child.
11. We will post when a communicable disease has been introduced into the program. Children with a communicable disease cannot attend the program and must be free of the illness before re-entering the program.
12. A copy of the State Rules and Regulations which apply to the operation of the center is available for your review. A copy of the most recent licensing review is also available for your review upon your request.
13. We have an agreement with Piedmont Hospital that, in case of emergency and we are unable to reach you, your child will be able to receive emergency medical treatment.
14. In case of violent weather you will be notified of the school's decision and response. In the event of a fire, gas leak or bomb threat, the children will be evacuated immediately from the building. Emergency plans are posted for your review. In case of inclement weather, the program will operate contingent upon school system operations.
15. Parents are always *welcomed* and encouraged to visit their child/ren while participating in the program. However, it is required that you make your presence known to a program staff member. Children should not be removed from the program without proper notification to the staff.

16. Parents are asked for safety reasons to park only in designated marked parking areas.
17. It is our mission to serve all AIS children in need of quality childcare. We will make every effort possible to serve all families requesting services. All children enrolling in our program must be able to function within staff/teacher ratios as established by the offices of Bright From the Start (formerly DHR). That ratio is:  
Grades 4K-2 = 1 staff person:10 children; Grades 3-5 = 1 staff person:12 children.

I have read the Policies and Procedures and will abide by all policies to ensure compliance.

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**Parent / Guardian Signature**

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**Date**

#### **Financial Agreement**

We are currently in the process of switching to a new record and billing system. We will therefore update the billing policies to align with our new system. Please be patient while we are in this transition process. To avoid confusion, we will send out the billing policy as soon as we have everything in order. Thank you for your understanding.

# PARENTAL AGREEMENTS WITH CHILD CARE FACILITY

1. Atlanta International School agrees to provide day care for \_\_\_\_\_  
name child is called

on,(check all that apply): \_\_\_ Drop In basis \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ TBD

-OR-

\_\_\_ Weekly Basis from 2:30 p.m. to 6:30 p.m.

From \_\_\_\_\_ to \_\_\_\_\_  
Month Month

My child will participate in the afternoon snack meal plan

2. 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 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 facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel. Any person picking up a child may be asked to show some type of picture identification. A sibling or baby-sitter under age 18 **IS NOT ALLOWED** to check a child out of the program.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status and immunization records, etc.
5. The School agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. Atlanta International School agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I have received a copy and agree to abide by the policies and procedures for Kaleidoscope's after school program.

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

Date \_\_\_\_\_

Signature (Facility Administrator) \_\_\_\_\_

Date \_\_\_\_\_

# VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Person(s) to notify in case of emergency (if parents can't be reached):

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical facility of family: \_\_\_\_\_

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

Child's Allergies: \_\_\_\_\_

Current prescribed medicine: \_\_\_\_\_

Child's special medical needs/conditions: \_\_\_\_\_

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

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Signature: Parent/Guardian

Date