



Child's Name _____

Date of Birth _____

EMMANUEL'S KIDS ACADEMY

Enrollment Information

Mother's Email address _____ @ _____

Father's Email address _____ @ _____

Entrance Date _____

Withdrawal Date _____

Child's Name _____

Sex _____

Age _____

Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone Number _____

Father's Name _____

Last 4 Digits of Father's Social Security # _____

Father's Phone Number _____

Father's Home Address (if different from child's) _____

City _____

State _____

Zip _____

Father's Employer _____

Work Phone _____

Father's Employer's Address _____

City _____ State _____ Zip _____

Mother's Name _____

Last 4 Digits of Mother's Social Security # _____

Mother's Phone Number _____

Mother's Home Address (if different from child's) _____

City _____

State _____

Zip _____

Mother's Employer _____

Work Phone _____

Mother's Employer's Address _____

City _____ State _____ Zip _____

Child's Living Arrangements (check one)

☐

Both Parents

☐

Mother

☐

Father

☐

Other

Child's Legal Guardians(s) (check one)

☐

Both Parents

☐

Mother

☐

Father

☐

Other

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

Name _____

Telephone Number _____

Street Address _____

City _____ State _____ Zip _____

Relationship to Child _____

Relationship to Parent(s)/Guardian(s) _____

Name _____

Telephone Number _____

Street Address _____

City _____ State _____ Zip _____

Relationship to Child _____

Relationship to Parent(s)/Guardian(s) _____



Child's Name _____

Date of Birth _____

IN CASE OF EMERGENCY

Persons to contact in case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School Child Attends, if any _____

Current Grade _____

Child's Doctor of Clinic Name _____

Doctor/Clinic Phone Number _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at Emmanuel's Kids Academy: _____

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

EMERGENCY MEDICAL AUTHORIZATION

Should my child, _____ (child's name), whose date of birth is _____, suffer an injury or illness while in the care of **Emmanuel's Kids Academy** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for such services.

Parent/Guardian _____ Signature _____

Date _____

Emmanuel's Kids Academy Administrator/Person in Charge Signature _____

Date _____



Child's Name _____

Date of Birth _____

PARENTAL AGREEMENT WITH CHILDCARE FACILITY

1. Emmanuel's Kids Academy (childcare facility) agrees to provide childcare for _____ (child's name) Monday through Friday between the hours of 6:30am and 6:30pm from January to December of each year during the child's enrollment. My child will be provided breakfast, lunch, afternoon snack and an evening meal.
2. Before any medication is dispensed to my child, I will provide a written authorization which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medication will be in the original container with my child's full name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s)/guardian(s) or person(s) authorized by the parent(s)/guardian(s), or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work locations, emergency contacts, child's physician, child's health status, infant feeding plan, immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
6. Emmanuel's Kids Academy 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.
7. I have received a copy and agree to abide by the policies and procedures for Emmanuel's Kids Academy.

Parent/Guardian _____

Signature _____

Date _____

Emmanuel's Kids Academy Administrator/Person in Charge Signature _____

Date _____



Child's Name _____

Date of Birth _____

HEALTH HISTORY

1. Date of Child's Last Physical Examination _____

2. Illnesses: *(please check all that apply)*

Does your child have problems with any of these?

Has your child had any of these diseases?

☐

Constipation

☐

Convulsions

☐

Diarrhea

☐

Fainting Spells

☐

Frequent Colds

☐

Frequent Ear Inspections

☐

Frequent Sore Throats

☐

Lice

☐

Skin Rash

☐

Soiling

☐

Stomach Upsets

☐

Urinary Problems

☐

Worms

☐

Asthma

☐

Bronchitis

☐

Chicken Pox

☐

Diabetes

☐

Heart Disease

☐

Hepatitis

☐

Impetigo

☐

Mumps

☐

German Measles

☐

Polio

☐

Scarlet Fever

☐

Tuberculosis

☐

Whooping Cough

3. Other ILLNESSES not listed above? _____

4. Has your child been HOSPITALIZED? (please explain) _____

5. Has your child had INJURIES with fractures or loss of consciousness? (please explain) _____

6. Last VISION test date _____ Last HEARING test date _____

7. Last Dentist Visit Date _____

8. Any members of your family with SERIOUS ILLNESS recently? (please explain) _____

9. Any family history of *(please check all that apply)* ☐ ASTHMA

☐

DIABETES

☐

EPILEPSY



Child's Name _____

Date of Birth _____

EMERGENCY RELEASE

Consent to Emergency First Aid and Transportation

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Emmanuel's Kids Academy. I also give consent for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Emmanuel's Kids Academy and its employees harmless.

Parent/Guardian _____

Signature _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an emergency, as prescribed by a treating physician, and hold Emmanuel's Kids Academy and its employees harmless.

Parent/Guardian _____

Signature _____

Date _____

EMERGENCY INFORMATION

Child's Physician _____

Phone Number _____

Preferred Hospital _____

Phone Number _____

Insurance Co. _____

Policy Number _____

Regular Medications _____

Blood Type _____

Known Drug Allergies _____

Known Food Allergies _____

Any Other Allergies _____

Special Health Conditions _____



Child's Name _____

Date of Birth _____

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

590-1-1-20(1)

Parental authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of the parent.

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

- ☐ Baby Wipes
- ☐ Band-Aids
- ☐ Neosporin or similar ointment
- ☐ Bactine or similar first-aid spray
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Non-prescription ointment (such as A&D, Desitin, Vaseline)
- ☐ Baby Powder
- ☐ Other (*please specify*) _____

Parent/Guardian _____

Signature _____

Date _____

*Center should maintain in child's file



Child's Name _____

Date of Birth _____

PARENT'S OR GUARDIAN'S

NOTICE OF NO LIABILITY INSURANCE AND ACKNOWLEDGEMENT

By signing this acknowledgement, I affirm that I understand and have been informed in writing, that Emmanuel's Kids Academy does not carry liability insurance sufficient to protect my child(ren) in the event of illness, injury, etc.

Parent/Guardian _____

Signature _____

Date _____

Emmanuel's Kids Academy Administrator/Person in Charge Signature _____

Date _____

PARENT'S OR GUARDIAN'S

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

By signing this acknowledgement, I affirm that I understand and agree to the policies and procedures of Emmanuel's Kids Academy as noted in the entirety of this handbook and agree to abide by the policies and procedures outlined herein.

Father/Guardian _____

Signature _____

Mother/Guardian _____

Signature _____

Date _____

Emmanuel's Kids Academy Administrator/Person in Charge Signature _____

Date _____



Child's Name _____

Date of Birth _____

PERMISSION TO PHOTOGRAPH

I/We, _____ (parent(s)/guardian(s) name(s),

give permission to Emmanuel's Kids Academy to photograph my/our child, _____

(child's name) for the following purpose(s):

Type of Use	<i>(please check one)</i>	
	Grant Permission	Deny Permission
Still photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin		
Boards shown to current or prospective clients		
Display still photos on facility's website*		
Use still photos in promotional materials		
Videos:		
Give videos to current clients		
Display video on facility's website		
Use video in promotional materials		
Other: (please list)		

*Only first names and possibly last initials (in the event that two or more children share the same first name) will be displayed on the facility's website.

I understand that it is my responsibility to update this form in the event that I wish to amend one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I agree that this is a legally binding document, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian _____

Signature _____

Mother/Guardian _____

Signature _____

Date _____

Emmanuel's Kids Academy Administrator/Person in Charge Signature _____

Date _____



Child's Name _____

Date of Birth _____

INCLEMENT WEATHER ALERT

In the case of actual or forecasted inclement weather, Emmanuel's Kids Academy may delay opening, close early, or completely close the center to ensure the safety of our staff and students and allow for weather conditions to improve. Please adjust your pick up and drop off times as necessary to be in accordance with any adjusted facility hours.

Please monitor changes and updates via:

- Email
- ProCare Message
- Fox 5 News
- 11 Alive News
- Church recorded message - Call (678) 413-3603

Father/Guardian _____

Signature _____

Mother/Guardian _____

Signature _____

Date _____

LATE PICK-UP POLICY

Emmanuel's Kids Academy operates Monday through Friday from 6:30am to 6:30pm.

In the case that your child is not picked up by 6:30pm, a late fee of \$1.00 per minute will apply. After 6:35pm \$5 per minute will apply

If you are going to be late, please notify Emmanuel's Kids Academy as soon as possible. Payment of the late fee will be due in full upon arrival at the center on the evening of your late pick-up.

Father/Guardian _____

Signature _____

Mother/Guardian _____

Signature _____

Date _____



EMMANUEL
COMMUNITY CHURCH

Child's Name _____

Date of Birth _____

SICK CHILD POLICY

Emmanuel's Kids Academy does not allow nor under any circumstances permit parents to bring their sick child to day care. It is NOT our policy at any time to provide sick childcare, as we are a "well-child care facility".

If the child is unable to participate in day care programs that are routine and normal and if the child is not able to play outside and/or shows any signs of illness; the parent will not be permitted to leave the child. Taking these precautions will help avoid exposing whomever your child comes in contact with, whether staff members or their peers, from whatever illness the child may have or is coming down with.

The well-being, safety and health of everyone in this facility is of utmost importance to us so there are symptoms that require children to be removed from childcare and you will be provided a copy of a list of those symptoms so they can be adhered to, as Emmanuel's Kids Academy reserves the right to and will strictly enforce our illness policies.

Children will be visually screened when they arrive each morning. In the event a child becomes ill and needs to be picked up, the parent(s) will be called and are expected to come pick the child up within one hour (60 minutes). If the parent(s) cannot be reached, or have not arrived within one hour, the emergency contact person will be called and asked to come pick the child up.

For the benefit of our staff and other children in our care, a sick child will not be permitted to return to care for 24 hours after the condition has returned to normal. The child may return 24 to 48 hours (depending upon the illness) after they have received the first dose of an antibiotic. If a child receives an antibiotic for an ear infection, he/she may return to school immediately if he/she has been free of all symptoms for at least 24 hours. Allergy related symptoms, and non-communicable illnesses do not require exclusion if you have a note from a doctor.

It is our belief that sick children desire their parents to care for them at home where they can be comfortable. Other children and staff can become ill if exposed to a sick child who may not have been picked up promptly after their parent was called or if the parent returns a sick child to school too soon before the child has had a chance to fully recover.

Your cooperation in this matter is important because a sick child can expose the entire staff and their peers and an entire facility of sick teachers and children will unnecessarily disrupt and inconvenience all if not other families. If you are unsure whether or not is appropriate to bring your child to school, please call us to discuss.

SYMPTOMS THAT REQUIRE CHILDREN TO BE REMOVED FROM DAY CARE

- **Fever:** Fever is defined as having a temperature of 101 or higher if taken under the arm or 101 or higher if taken orally.
*A child must be fever free (without the aid of Tylenol or any other fever reducing substance) for at least 24 hours before returning to daycare.
- **Fever AND Sore Throat,** rash, vomiting, diarrhea, earache, irritability, or confusion.
- **Diarrhea:** runny, watery, bloody stools, or 2 or more loose stools within last 4 hours.
- **Vomiting:** 2 or more times in a 24 hour period. *Note: please do not bring your child if they have vomited during the night.*
- **Trouble breathing:** sore throat, swollen glands, loss of voice, hacking or continuous coughing.
- **Runny nose** (other than clear), draining eyes or ears.
- **Frequent scratching of body or scalp,** lice rash, or any other spots that resemble childhood diseases, including ringworm.
- **Child is irritable,** continuous crying, or requires more attention than we can provide without hurting the health, safety, or well-being of the other children in our care.



Child's Name _____

Date of Birth _____

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

Center Name: Emmanuel's Kids Academy

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

Name: (Last, First and Middle Initial)	SNAP, TANF, or FOPR 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 Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? \$ _____ / _____

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. 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. Welfare, 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 income is listed or completed in Part II, 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: SignatureI 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 reflects design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Check (✓) one or more racial identities: ☐ Asian ☐ White ☐ Black or African American ☐ Indian or Alaska Native ☐ Hawaiian or other Pacific Islander

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



EMMANUEL
COMMUNITY CHURCH

Child's Name _____

Date of Birth _____

BEHAVIOR/GUIDANCE POLICY

BEHAVIOR IMPROVEMENT PROCESS

The objective of this policy is to partner with the parent to improve the behavior of the student by teaching and modeling the following character and social skills within the classroom:

- ✓ Plays and works well with others
- ✓ Listens and follows directions
- ✓ Communicates effectively

It is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, biting, hostile verbal behavior, and other behaviors which may hurt another child are not permitted.

In response to unacceptable behavior, we **will not** use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic necessities
- Humiliation or isolation

In response to unacceptable behavior, we **will**:

- Establish clear rules and give clear choices
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Redirect your child to a new activity, if necessary

Therefore, to facilitate this process we shall use a communication tool called the "**Daily Behavior and Conduct Report**". This report will not only describe the observed areas of opportunity, but will also note the positive areas of behavior to reinforce progress and improvement.

BEHAVIOR PROGRESS COMMUNICATIONS PLAN

STEP 1: Daily Conduct Report

STEP 2: Teacher Parent Conference (if needed)

STEP 3: Suspension (by written notification)

STEP 4: Re-admittance (after Teacher Parent Conference)

STEP 5: Daily Conduct Report

STEP 6: Termination of childcare

If your child's behavior is very disruptive or harmful to themselves or other children, we will discuss our concerns with you privately and the aforementioned steps shall be taken. Depending on the severity of the case, steps may be skipped, combined, and/or altered at the center's discretion. **It is our goal to effectively communicate with you at all times and resolve all behavioral challenges so that your child may remain enrolled.**

Father/Guardian _____

Signature _____

Mother/Guardian _____

Signature _____

Date _____



Child's Name _____

Date of Birth _____

PARENT ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

By signing below, I/We acknowledge that I/we understand and agree to the policies and procedures as noted in this handbook. I/We agree to support the vision and mission of Emmanuel's Kids Academy by abiding by the policies and procedures outlined herein.

Father/Guardian _____

Signature _____

Date _____

Mother/Guardian _____

Signature _____

Date _____