



Jonesboro Elite Learning Academy

736 Jesters Lake Dr
Jonesboro, GA 30236

Enrollment Application

Entrance Date _____	Staff Approval _____
Tuition _____	Registration Fee _____

Child's Name: _____ **Birthday** _____ **Sex** _____
Home Address _____
City _____ State _____ Zip _____

Parents/Guardian Information: Child lives with: M ___ D ___ B ___

Mother's Name _____ Cell _____
Home Address _____
Email Address _____

Mother's Employer _____ Phone _____
Employer's Address _____
City _____ State _____ Zip _____

Father's Name _____ Cell _____
Home Address _____
Email Address _____

Father's Employer _____ Phone _____
Employer's Address _____
City _____ State _____ Zip _____

Emergency Contact:

List the person(s) other than parents authorized to pick up your child from *Jonesboro Elite Learning Academy*. Please Note: Written permission is necessary if you want someone other than one of the listed below to pick up your child.

Name _____ Phone _____
Relationship to Child: _____
Address _____

Name _____ Phone _____
Relationship to Child _____
Address _____

Name _____ Phone _____
Relationship to Child: _____
Address _____

Name _____ Phone _____
Relationship to Child: _____
Address _____

Update Information

I agree to update information as to the child/children's current residence and my own address, phone number, place of business/employment, and emergency contacts (address & phone for daytime & evening).

I further agree to keep my child's immunizations current and to provide the necessary records and updates from the County Health Department in the form of a certificate or immunization or computer printout.

Parent/Guardian Signature: _____
Date: _____

CONTRACT for Daycare Services

Jonesboro Elite Learning Academy hereby agrees to provide childcare services to _____, starting _____.
Child's Name Date

Monday-Friday from _____ am until _____ pm.
(Center hours 6:30 AM-6:30 PM)

Payment Options

Check One:

Option 1: I/We prefer to pay weekly (due on Friday of each week) _____

Option 2: I/We prefer to pay monthly (due on the 1st of each month) _____

Note: To calculate the monthly payment, you do the following:
(Weekly amount \times 52 weeks \div 12 months)

Payment for Services

I, _____ agree to the following:

- 1) One time (Registration fee) of \$_____, and my weekly tuition of \$_____.
- 2) **CAPS pays \$_____ weekly, I am responsible for \$_____ weekly.**
Please note that CAPS only pays for (9) hours of service.
- 3) **I will pay tuition in advance on or before Friday of each week.**
- 4) I understand that if my tuition is not paid by Sunday **midnight** a late fee of \$25.00 will be assessed and my child will not be able to attend classes until it has been paid in FULL.
- 5) **I agree to pay a non-refundable registration fee at the time of enrollment to be renewed each August/September.**
- 6) I am aware that tuition is still due weekly even if my child is not in attendance, as this will secure my weekly spot at the center. Again, full tuition is required if your child is absent.
- 7) I understand that my child must be picked up on time so that teachers may leave on time. There is **no grace period** for pickups time.

If my child is not picked up on time, I understand I will be charged a **\$25.00 late pickup** fee and an additional fee of **\$2.00 per minute** after the center's closing time **(6:30 PM)** NO exceptions!

- 8) I will give a two-week written advanced notice before I can withdraw my child or children from the Center. If notice is not given, I am responsible for two weeks of tuition at Jonesboro Elite Learning Academy.

Tuition Requirement Contract

Acknowledgment of Financial Responsibility

Absences* Vacations* Holidays* Inclement Weather *Sick

PLEASE NOTE:

If your child is absent for any number of days, or for ANY reason, you are STILL required to pay your regular weekly tuition.

By signing this agreement, I acknowledge and fully understand that tuition payments are required in full regardless of my child's attendance. This includes, but is not limited to, instances where my child is absent due to illness, vacation, or any other personal reasons, as well as days when the school is closed for holidays, inclement weather, or other unforeseen circumstances. I agree to remain financially responsible for tuition as outlined in this agreement. As tuition is based on the reserved slot or seat space, NOT your child's attendance.

Parent/Guardian Signature: _____

Director's Signature: _____

Date: _____

30 Day Trial

The first 30 days of your child's enrollment will be regarded as a trial period, in which case either party may terminate the contract without notice.

Each child responds differently to a new environment. We, however, will be sure to provide the best and quality care to make you and your child's transition to here at Jonesboro Elite Learning Academy be the best transition in any way possible.

However, there are rare times in which we must consider the well-being of the group (the other children in our care). If for whatever reason, either party may feel that the environment may not be the best fit, either party reserves the right to utilize this period as a trial and terminate the contract without any given notice. If this occurs, there will be no money refunded for your time spent on childcare.

Maintaining Health and Safety of Children

Children who are ill are not to remain at the center. I agree to work with the center to maintain the health and safety of ALL children by keeping my child out with contagious illnesses other than mild colds. I agree to promptly pick up (or arrange for someone to pick up) my child should she/he become ill during the day.

I agree to provide medications in the original container and to complete written medicine instructions if the center is to administer medication. I understand that the Center will **NOT administer medicine for contagious diseases or for fever control.**

I have received and I agree to abide by the Policies, Procedures & Rules as written in the Jonesboro Elite Learning Academy Parent Handbook.

Parent's Signature

Date

Waiver of Liability

Child's Name _____

In case of an emergency:

If emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act on my behalf in granting permission for my child to receive emergency treatment or surgery.

I agree not to hold Jonesboro Elite or the staff responsible for accidents.

Medical expenses will be the responsibility of the parents.

Parent's Signature

Parent's Signature: PRINT

Date

Special Information

Is there any special information we need to know about?

Are there any Allergies? Yes ____ No ____ If Yes, Please explain

Are there any dietary restrictions? Yes ____ No ____ If Yes, Please explain

Is there a learning need that we should be concerned about?

Yes ____ No ____ If Yes, Please explain

Are there any health/medical issues? Yes ____ No ____ If Yes, Please explain

Emergency Medical Authorization

- ❖ Should my child _____ suffers an injury or illness while he or she is in the care of Jonesboro Elite Learning Academy and its staff are unable to contact me immediately, it shall be authorized to secure any medical attention necessary for my child or children.

- ❖ Jonesboro Elite Learning Academy agrees to keep you informed of any incidents requiring professional medical attention involving my child.

- ❖ If a serious accident involving an ambulance is needed, Southern Regional, 11 Upper Riverdale Road, Riverdale, GA 30274, will be contacted to pick up the child by ambulance from this location.

The number to Southern Regional Hospital:
(770)-991-8000

Parent Signature

Date

Transportation Agreement

This is to certify that I give Jonesboro Elite Learning Academy permission to transport my child:

Child's Name _____

From: _____ at _____ (AM/PM)
Pick-up Location Time

To: _____ at _____ AM/PM
Delivery Location Time

From: _____ at _____ (AM/PM)
Delivery Location Time

To: _____ at _____ AM/PM
Delivery Location Time

My child will be transported by Jonesboro Elite Learning Academy on the following days:

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

Parent Signature Date

Attention Parents:

The State Department of Human Resources recently amended some of the rules and regulations for Day Care Centers. Among the new rulings is rule #290-2-2-10-(1)-7 which states we must have your acknowledgment and compliance with the following:

- (i) that when the parents, or persons authorized by the parents, pick up or drop off their child at the center, they will not allow their child to enter or leave the Center without being escorted also the center will not permit the child to enter or exit the Center without an escort.

We wholeheartedly support the fact that children should be escorted and/or supervised as they enter or leave the Center. Any parking lot is a dangerous place for children and the utmost care should be taken to maintain close physical contact with very young children to prevent they're unexpectedly darting into the path of a car. We believe that it is beneficial if parents and staff have the opportunity for a morning greeting to one another in the presence of the child. We believe it is essential that parents and staff share the responsibility for knowing that the child has been safely transferred into the care of another adult. This helps to prevent incidents that may result from a child not being escorted by an adult.

Also, please note that the Department does not identify any age at which the child becomes responsible enough to enter or leave the Center without an adult escort. Please be certain that your older children know and understand this rule. The fact that the child may feel somewhat insulted does not mean that we intend to bend this rule.

Thank you ever so much for your cooperation!

Child's Name

Parent/Guardian's Signature

Date

Parental Agreements with Jonesboro Elite Learning Academy

1. The **JONESBORO ELITE LEARNING ACADEMY** agrees to provide day care for _____, on _____, on _____ a.m. to _____ p.m.
(Child's Name)
(Days of the Week)
From _____ to _____.
Month Month

JELA participates in the CACFP

My child will participate in the following meal plan:

(_____ Breakfast _____ Lunch _____ Afternoon Snack)

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. The medication 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.
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, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. I received a copy of the parent handbook and agree to abide by the policies and procedures for **JONESBORO ELITE LEARNING ACADEMY**. The handbook can be found on the Procure Parent Engagement site. And is updated periodically.

Signature of Parent/Guardian

Date

Signature of Facility Administrator

Date

Jonesboro Elite Learning Academy, Inc.

736 Jesters Lake Drive Jonesboro, GA 30236

(770)-471-8974 (phone) (770)-471-2168 (fax)

Email: jonesboroelitelearning@gmail.com

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, if _____

Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature of Parent/Guardian _____

Witness By _____ Date _____