



IVYWOOD ACADEMY in Snellville Ga

Address:	2931 Main Street Snellville, GA 30078
Phone:	(678) 825-2979
Email:	snellville@ivywoodacademy.com
Website:	https://www.ivywoodacademy.com

Student Enrollment Form

STATEMENT OF ACCEPTANCE AND CHILDCARE CONTRACT

We accept children without regard to race, color, or national origin.

This agreement is made by and between Ivywood Academy, a licensed childcare facility, and the parents/guardians of the child/(ren) listed on the pages of this contract. I acknowledge receiving, reading, and understanding the Student’s Policies and Procedures along with this application and I agree to abide by them, I certify the information provided in this application to be accurate and complete and hereby authorize the disclosure and release of any credit-related information about Ivywood Academy as required until further notice.

I UNDERSTAND THAT IVYWOOD ACADEMY IS NOT A FINANCIAL INSTITUTION AND SHOULD I BECOME NEGLIGENT IN PAYING MY CHILD’S TUITION, I WILL BE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THE COLLECTION OF THE DEBT.

Parent/Legal Guardian Signature: _____ Date: _____ Date of Enrollment: _____

Section 1 Student Details		Photo
Last Name:		
First Name:		
Date of Birth:		
Sex:		
Home Street Address:		
City, State, Zip:		
Phone Number:		
Child resides with (circle one)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____	
Is this student currently in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My Child(ren) will normally be at the facility between:	From: _____ To: _____	
My child(ren) will participate in the following meals:	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack	
Name of public or private school child attends, if any:		

Section 2 Parent/Guardian Information

****ALL FIELDS MUST BE FILLED OUT COMPLETELY****

Marital Status of Parents: Married Divorced Single Separated Widowed

	Parent/Guardian 1	Parent/Guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Last name:		
First name:		
Relationship to student:		
Is authorized to pick up child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthday:		
Social Security:		
Phone:		
Email:		
Home address: (Street address, City, State, Zip)		
Place of Employment:		
Business address: (Street address, City, State, Zip)		
Work phone:		

Section 3 Additional Contacts

For an **emergency** when the parent/guardian cannot be contacted, or additional persons that are authorized to pick up child(ren) when parent/guardian is absent.

	Person 1	Person 2	Person 3
Title: (Mr/Ms/Mrs/Miss)			
Name:			
Relationship to student:			
Phone:			
Address: (Street address, City, State, Zip)			
Is authorized to pick up child(ren):			

Section 4 Medical Information and Consent

Physician's Name:

Physician's Address:

(Street address, City, State, Zip)

Physician's/Clinic Phone:

List of all allergies:

My child has the following special needs:

The following special accommodation(s) may be required to meet my child's need most effectively at the center:

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

In the event should (child's name) _____ Date of birth _____ suffer an injury or illness while in the care of Ivywood 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 services.

Vehicle Emergency Medical Information

I(parent/guardian's name) _____ give permission for Ivywood Academy to seek medical attention and/or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Ivywood Academy from all liability. I further agree to keep the facility informed of any changes in the information above.

Medical facility the center uses:

Children's Healthcare of Atlanta – Arthur M. Blank Hospital

Address: 2220 North Druid Hills Road NE Atlanta, GA 30329

Phone:(404) 785-5437

Section 5 Transportation Agreement

This is to certify that I, _____ give IVYWOOD ACADEMY permission to transport my child(ren) listed below.

The child(ren) are known as:

From: IVYWOOD ACADEMY at(time) _____

To: (name of place) _____ at(time) _____

From: (name of place) _____ at(time) _____

To: IVYWOOD ACADEMY at(time) _____

My child(ren) will be transported on the following days:

Monday Tuesday Wednesday Thursday Friday

(Name of person) _____ is authorized to receive my child(ren). In the event the authorized person is not present to receive my child(ren), the following procedures are to be followed:

(Name of place) _____ is approximately _____ miles from IVYWOOD ACADEMY. If my child(ren) are not to be transported as outlined above, I agree to notify IVYWOOD ACADEMY.

Section 6 Media Release Consent

I, _____ the parent/guardian of a child/children at IVYWOOD ACADEMY, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the childcare facility during normal childcare hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet.

The child(ren) are known as: _____

With my consent below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the childcare services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

I give consent for media release:

Yes No

Section 7 School Policies and Procedures Agreement

- (Initial)_____ I understand that tuition charges are due each Friday for the following week of childcare. All tuition is considered late on Monday at 10:00AM. Childcare services will not be provided beginning on Tuesday if tuition is not paid in full by this day.
- (Initial)_____ 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; dosages; date and time of day medication is to be given. The medicine will be in the original container with my child's name marked on it. Ivywood Academy only administers medication at 11:00 am and 3:00 p.m. The form must be completed and provided to the school Director or Assistant Director.
- (Initial)_____ My child will not be allowed to enter or leave Ivywood Academy without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
- (Initial)_____ I acknowledge it is my responsibility to keep my child's records current to reflect any 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.
- (Initial)_____ Ivywood Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
- (Initial)_____ Ivywood Academy agrees to obtain written authorization from me before my child participates in routine transportation.
- (Initial)_____ I understand that Ivywood Academy will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.
- (Initial)_____ I understand that any time, Ivywood Academy reserves the right to request the withdrawn of a child if it seems that the child is not adapting to our program appropriately.
- (Initial)_____ I understand it is my responsibility to be familiar with and abide by all policies and procedures outlined in the Family Handbook.

I have received a copy of the Family Handbook and agree to abide by the policies and procedures for Ivywood Academy:

Parent/Guardian Signature:

Section 8 Financial Contract/Agreement

This is an agreement between (name of person) _____ later referred to as the Parent/Guardian and Ivywood Academy.

The parent/guardian agrees to enroll (name of student) _____ at Ivywood Academy for full-time childcare in the _____ classroom/program at a weekly tuition fee of \$ _____ and a Registration Fee of \$ _____.

Parent/Guardian Signature:

The parent/guardian agrees to enroll (name of student) _____ at Ivywood Academy for before and/or aftercare services at a weekly tuition fee of \$ _____.

Parent/Guardian Signature:

The parent/guardian agrees to enroll _____ at Ivywood Academy for Summer Camp services at a weekly tuition fee of \$ _____ and a Summer Camp Registration fee of \$ _____.

Parent/Guardian Signature:

The parent/guardian further agrees to the following terms and conditions:

- (Initial)_____ I understand that a registration fee of \$125.00 (or \$200/family with enrollment of more than 1 child) is due at the time of enrollment. An additional summer camp registration fee is due each May if the child will be enrolled in summer camp (Rising Kindergarten and above). Please note that the registration fee is non-fundable.
- (Initial)_____ I understand that my weekly tuition is non-refundable and is due on **Friday** in advance for the upcoming week. For any tuition payments not received by 10:00am on Monday, a late fee of **\$ 25** will be automatically charged to your account. **(This includes those on Child and Parent Services (CAPS) as well).**
- (Initial)_____ If a child remains absent from the Ivywood Academy facility due to sickness, vacation, or otherwise for an entire week (M-F), half of the weekly tuition is due. 1-week advanced notification of the child's absence is required if they will not be in attendance the following week or full tuition will be charged. If the absence is due to an unexpected illness, a doctor's note is due upon return for half tuition to be charged. If your child has been enrolled in the center for one calendar full year, you are entitled to one week free to be used as vacation. **A child must not be in attendance the week this benefit is being used. This benefit may not be used if the family's account does not reflect a zero balance.** When your child attends at least one day during the week, full tuition is due.
- (Initial)_____ Occasionally, due to severe inclement weather, it may become necessary to keep the Ivywood Academy facility temporarily closed. This action is taken only in the best interest of the safety of the children, parents/guardians, and staff of Ivywood Academy. Tuition is not prorated for such closings and full tuition is due. **This applies to all rates and ages.**
- (Initial)_____ I understand that should my child be in attendance after the center closing time, **a late fee of \$10.00 for the first five minutes and \$1.00 for each additional minute** thereafter will be assessed to my account. If a parent, guardian, or emergency contact cannot be contacted within 45 minutes of closing, the authorities will be notified.
- (Initial)_____ I understand that a **\$35** processing fee will be charged to my account should a check be returned to the center by my financial institution. If my tuition payment is returned, a late fee of **\$ 25** will be charged to my account in addition to the processing fee.

- (Initial)_____ If the child is to be withdrawn from the center, parents/guardians are required to give a **two-week notice** written to Ivywood Academy. If the child is withdrawn without notice, tuition for the next two weeks will remain due and payable. If the unpaid balance is not received, the account will be sent to collections for payment.
- (Initial)_____ An “Ivywood Academy” handbook will be provided to the parent/guardian. It is understood that the parent/guardian has read and understood the handbook and agrees with its contents.
- (Initial)_____ I understand that if my account must go to court or collections for past due tuition, I will be responsible for all collection fees.

Section 9 Declaration

Attachment Checklist

IES Form required for the Child & Adult Care Food Program (CACFP)	<input type="checkbox"/> Attached
If the student is enrolling in the infant class, please complete the Authorization to Dispense External Preparations form attachment.	<input type="checkbox"/> Attached <input type="checkbox"/> Not applicable
If you wish to make online payments to IVYWOOD ACADEMY, please complete the Tuition Express® Payment Processing form attachment.	<input type="checkbox"/> Attached <input type="checkbox"/> Not applicable

Signatures

It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.

Name of parent/guardian enrolling the student and providing consents:

(Please print)

Relationship to student: _____

Signature: _____ Date: _____

Name of school administrator: _____

(Please print)

Signature: _____ Date: _____