

**JLS Educational Childcare Team**

**Jacobs Ladder Ed Childcare Center 1 & 2  
and Sunshine Children's Academy**

**CHILD ENROLLMENT PACKAGE**

*PLEASE RETURN ALL PAGES OF THIS ENROLLMENT APPLICATION.  
WE WILL BE HAPPY TO PROVIDE YOU WITH A COPY FOR YOUR RECORDS.  
THIS IS DONE BY REQUEST ONLY.*

**PLEASE REVIEW THIS FORM AND MAKE SURE THAT ALL SPACES ARE COMPLETE. PLEASE  
REMEMBER TO ATTACH ANY LETTERS/STATEMENTS NECESSARY FOR YOUR CHILD CONCERNING  
ALLERGIES, SPECIAL NEEDS OR CUSTODY ORDERS. IF CHILD RESIDES WITH BOTH PARENTS,  
SIGNATURES FROM BOTH PARENTS MUST BE OBTAINED ON ALL FORMS. YOUR CHILD WILL NOT  
BE ALLOWED TO ATTEND JACOB'S LADDER UNTIL ALL INFORMATION HAS BEEN OBTAINED.  
THE SAFETY AND WELL BEING OF YOUR CHILD IS VERY IMPORTANT TO US.**

**THANK YOU FOR YOUR COOPERATION!**

# Jacobs Ladder Educational Childare Team

Jacobs Ladder Ed Childcare Center 1 & 2 and Sunshine Children's Academy

## CHILD ENROLLMENT APPLICATION

Child's Name:			Nickname:		
Current Age:	Birth date:	Sex of Child:	Home Phone Number:		
Address:		City:	State: GA	Zip:	
Circle Days to Attend: <b>MON TUE WED THUR FRI</b>		Arrival Time:	Departure Time:		
Enrollment Date:			Withdrawal Date:		

### PARENT'S / GUARDIAN'S INFORMATION

Circle Child's Living Arrangements: <b>BOTH PARENTS    MOTHER    FATHER    LEGAL GUARDIAN</b>					
Father's Name/Legal Guardian:			Employer:		
Employer's Address:			City:	State:	Zip:
Business Phone:	Cell phone /CARRIER:		Home Phone:		
Social Security Number:			Date of Birth:		
Home Address (if different from child):					
Mother's Name/Legal Guardian:			Employer:		
Employer's Address:			City:	State:	Zip:
Business Phone:	Cell phone / CARRIER:		Home Phone:		
Social Security Number:			Date of Birth:		
Home Address (if different from child):					
Legal Guardian (if different than above):				Phone:	
Address:			City:	State: GA	Zip:

### AUTHORIZED PERSONS FOR PICK UP (other than parent/legal guardian)

Name:		Relationship:		Phone:	
Address:		City:	State: GA	Zip:	
Name:		Relationship:		Phone:	
Address:		City:	State: GA	Zip:	
Name:		Relationship:		Phone:	
Address:		City:	State: GA	Zip:	

### EMERGENCY INFORMATION

Emergency Contact Name OTHER THAN PARENT/GUARDIAN:			Relationship:		
Address:			Phone:		
Child's Physician:	Address:		Phone:		
<b>Any Allergies or special needs?:</b> **If your child has an allergy, please provide a letter/statement of how the center shall care for the child should allergic reaction occur while child is in our care. If special need (ex. Hearing aids), please provide a letter/statement of how we should care for child in relation to the need. Any special instructions must be provided in writing and submitted with this enrollment from upon enrollment. If you child needs to use an inhaler or other breathing devices, pleas notify the office for further instructions.					
Child's Dentist:			Address:		Phone:
Hospital / Clinic Preference:					

\_\_\_\_\_  
PARENT(S) / GUARDIAN(S) SIGNATURE

\_\_\_\_\_  
DATE

**CHILD ENROLLMENT APPLICATION- PAGE 2**

**TEACHER INFORMATION**

Child's Name:	
Birthday:	
Name of Public or Private school child attends, if any:	
Is the Child Potty Trained?:	
What does your child say when he/she wishes to use the toilet?	
Does your child need help in : (CIRCLE ONE) DRESSING / UNDESSING EATING WASHING HANDS	
Does your child have any special fears or problems?:	
Has your child been cared for by other than parents?: If YES, then whom?:	
Child's Favorite Game:	
Child's Favorite Toy:	

Parent's / Guardian's Name:
COMMENTS:

<b>OFFICE USE</b>
Special Needs: _____
Special Hosipital / Emergency Needs: _____

# PARENT CONTRACT

PLEASE READ VERY CAREFULLY BEFORE SIGNING

The conditions of this agreement provide protection for our parents, as well as, for JLS Childcare Team. In order to assure that we can provide the services that you desire, on a continuing basis, it is essential that the financial status of the Center be stable. Salaries and overhead expenses cannot be reduced because of "Absentee Losses" in income. In essence, the Agreement is a parental contract with any JLS Educational Childcare Center that you will financially support the enrollment space guaranteed for your child.

## I understand and agree to the following:

A JLS Educational Childcare Center agrees to provide child care services for \_\_\_\_\_  
Child's Name

on \_\_\_\_\_, \_\_\_\_\_ am to \_\_\_\_\_ pm, from \_\_\_\_\_ to \_\_\_\_\_.  
days of week month month

1. Upon enrollment to the Center there will be a registration fee, due annually thereafter. Our Fees are for childcare of NO MORE than 10-10 1/2 hours per day. Annual price increases will occur.
2. **Weekly tuition fees will be paid on Monday of the current week** (or first day of attendance to the center in the week), no deductions for absences, including holidays. A **late fee of \$25.00 will be added to the account when the account is not paid by 12:00 noon Tuesday in the current week. If payment with late fees is not received by Friday current week will result in automatic disenrollment from the center.** I understand that if collection fees are incurred by Jacob's Ladder Education Childcare Center, Inc. to recover any debt from me, I will be held financially responsible for paying this amount to Jacob's Ladder Educational Childcare Center, Inc. There is a charge of \$35.00 assessed for any return checks. If the same check is returned twice, I will be required to pick up the check with cash. Three returned checks in a year from one family will require this account to be paid in cash thereafter. \*\* Having a Debit or Credit Card on file is required. When credit card is on file, account will be automatically charged in absence of payment. \*\* Weekly Tuition for children enrolled in the **Before and/or After School Program** is required even during School Holidays regardless of attendance.
3. A 2 week written notice must be given prior to withdrawing child. (See Parent handbook for additional facts)
4. If, in the opinion of the Center Director, a child is not adjusting to the routines of the center, a two-week notice to the parent will be given, after which the child will be withdrawn. However, at the discretion of the Center's Director, if the child's behavior is viewed as being a danger to his/herself or any child or staff member, the child will be withdrawn without notice.
5. In case of accident or illness, the Center will make every effort to contact the parent immediately. If I cannot be reached, authorization is given to the Center to secure such medical attention as appears necessary for the welfare of my child. I specially agree to assume full financial responsibility for payment to such medical services.
6. All enrollment forms properly signed by me, including Certificate of Immunization or signed affidavit against such immunizations, will be completed before my child is admitted to the Center. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur; ex. telephone numbers, work locations, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.
7. My child will participate in the following meal plan: (CIRCLE APPLICABLE) Breakfast, Lunch, Afternoon Snack

8. My child will not be allowed to leave the facility without prior authorization by the parent or legal guardian. No child will be allowed to leave the center without the authorized pick up person having a proper child restraint system, such as a car seat or
9. No Medications will be dispensed at any of the JLS Ed Childcare Team Centers.  
**PLEASE SEE MEDICATION RULES IN PARENT HANDBOOK.**
10. On occasion JLS Childcare Team may post pictures to the Centers website or Facebook page of events and activities around the center. If you do not want to ever have your child's picture posted, please let the center know in writing.
11. Where applicable I give permission for my child that turns 3 during the school year to remain with the 2 1/2 to 3 year old class until next school year starts. OR where applicable, I give permission for my child that turns 2 1/2 during a school year to be moved into the 3 year old class, agreeing that he/she is now developmentally appropriate to be in there.
12. This contract is subject to change by JLS Childcare Team if and when such a change becomes necessary.

Tuition is due regardless of the number of days in attendance, if no attendance for any reason, tuition is still due, non

13. payment will incur late fees. This is for all students enrolled as full time or in the Before and/or After Care Program.

14. **Only If Applicable:**

CENTERVILLE  
ONLY

**TRANSPORTATION AGREEMENT: I certify that I give Jacob's Ladder ECC my permission to transport (my child) \_\_\_\_\_ to and/or from Centerville, Byron, and Eagles Springs Elementry Schools, Monday through Friday. Children will leave the center at approx. 7:45 am. and return at approx. 4:10 pm.**

BONAIRE ONLY

**TRANSPORTATION AGREEMENT: I certify that I give Jacob's Ladder ECC my permission to transport (my child) \_\_\_\_\_ to and/or from Matt Arthur, Bonaire Elementary, Bonaire Primary, Perdue Elementary, Perdue Primary, and/or Hill Top Elementry Schools, Monday through Friday. Children will leave the center at approx. 7:45 am. and return at approx. 4:10 pm.**

SUNSHINE ONLY

**TRANSPORTATION AGREEMENT: I certify that I give Sunshine Children's Academy my permission to transport (my child) \_\_\_\_\_ to and/or from Quail Run, Lake Joy Primary and/or Lake Joy Elementary Schools Monday through Friday. Children will leave the center at approx. 7:45 am. and return at approx. 4:10 pm.**

**By signing below I fully understand the contract between myself and JLS Ed. Childcare Centers. I have received a copy of the Parents Handbook and agree to abide by the Policies and Procedures for any of the JLS Ed. Childcare Team Centers.**

Parent or guardian email address: \_\_\_\_\_

\_\_\_\_\_  
PARENT(S) / GUARDIAN(S) SIGNATURE

\_\_\_\_\_  
DATE

ACCEPTED BY:

\_\_\_\_\_  
FOR JACOB'S LADDER EDUCATIONAL CHILDCARE CENTER, INC.

\_\_\_\_\_  
DATE

# Jacobs Ladder Educational Childare Team

Jacobs Ladder Ed Childcare Center 1 & 2 and Sunshine Children's Academy

## EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_, \_\_\_\_\_ suffer an injury or illness  
*Child's Name* *Date Of Birth*

while in the care of (*circle one*) **Jacobs Ladder 1, Jacobs Ladder 2, Sunshine 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) shall assume responsibility for payment for services.

I (We) agree to keep the facility informed of changes in telephone numbers, etc. where I 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 insurance is (example; PeachCare, Blue Cross/Blue Shield, Tricare): \_\_\_\_\_

*If you do not have a primary physician at this time, please list Houston Medical Center, located at 1061 Watson Blvd., Warner Robins, GA 31093, phone number: 922-4281.*

\_\_\_\_\_  
*Physician / Clinic Name*

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

Known medical conditions (I.e. diabetic, asthmatic, drug allergies) Make sure it is listed on Child Enrollment Document:

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

SIGNED: \_\_\_\_\_  
*Parents / Legal Guardian*

\_\_\_\_\_  
*Date*

Telephone: \_\_\_\_\_  
*Home Number* *Work Number*

# Jacobs Ladder Educational Childare Team

Jacobs Ladder Ed Childcare Center 1 & 2 and Sunshine Children's Academy

## 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 parent.

I give **ANY JLS Educational Childcare Team Member** 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)

No baby powder due to chance of aspiration.

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parents please be aware that if you do not provide sunscreen or bug spray we will use what we have on hand to ensure they are protected so if you have concerns about an allergic reaction, please bring your own.

\*center should maintain in child's file



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE

#### SECTION A (Credit Card)

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number		Expiration Date	
Cardholder Signature		Date	

#### For Official Use Only

Date Received
Employee Signature

A service of



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

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

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDIPIR 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 Income<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in Part I here. \$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. 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: Signature**

*I 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 reflect 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 12

Total 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: \_\_\_\_\_