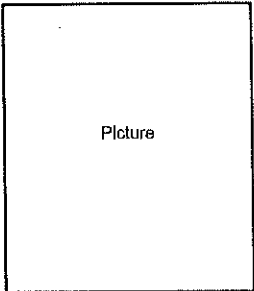




Enrollment Registration Information

www.princetonacademymarietta.com

ENROLLMENT REGISTRATION INFORMATION



Pages 1 and 2 must be updated every January and July.

| |
|------------------------------------------|
| Parent Updates _____ (Initial) (Date) |
| Parent Updates _____ (Initial) (Date) |
| Parent Updates _____ (Initial) (Date) |

Date of Registration: _____
 Date of Termination Status: _____

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____
 Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____
 Child's Primary Language: _____ Parent/Guardian's Primary Language: _____
 Home Email Address: _____ Home Phone: _____
 Child's Home Address: _____
 Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian _____
 List the family members your child lives with—include names and ages of siblings: _____

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____
 PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____
 Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

SCHOOL-AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade in School: _____
 School Address: _____ School Phone: _____
 School Start Time: _____ School End Time: _____
 School Transportation provided by: Elementary School Parent/Guardian Princeton Academy Other _____
 Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____
 PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____
 Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____ Home Email Address: _____
 Driver's License Number/State: _____
 Employer: _____ Employer's Address: _____
 Work Phone/Extension: _____ Work Hours: _____
 Parent/Guardian #2: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____ Home Email Address: _____
 Driver's License Number/State: _____
 Employer: _____ Employer's Address: _____
 Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian Signature: _____
X



ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Mandatory:

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a \$2.00 late fee per every 1 minute that you are late after 6:30 p.m. per child, until the child (ren) is/are picked up at the time of pick up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

MEDICAL INFORMATION & VEHICLE EMERGENCY

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____.

I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Georgia.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special needs/medications or pertinent information: _____

Parent/Guardian signature: _____

Appeared before me and produced _____ as identification. Date: _____

Director Signature: _____ Print name: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

VEHICLE EMERGENCY

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 _____

Medical facility the center uses WELLSTAR – COBB HOSPITAL Address 3950 AUSTELL ROAD, MARIETTA, GA 30008

Child's Allergies _____ Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if PRINCETON ACADEMY 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 (Parent/Guardian) _____

Witness By _____ Date _____



ENROLLMENT REGISTRATION INFORMATION

CHILD CARE PROVIDER AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please Initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

REGISTRATION FEE: I understand that an annual, non-refundable, Registration Fee of \$75.00 shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than _____ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. If Drop in care is utilized, I understand that my registration fee will be 1/2 the amount of the annual fee and the other half will be expected upon full enrollment.

TUITION and MODIFICATIONS CONDITIONS: \$ _____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): _____

Days: (check all that apply) M T W TH F From _____ am/pm to _____ am/pm

PAYMENT OF TUITION: I understand that tuition is due and payable, the first day of attendance/ on Monday for that week. Appropriate alternate Tuition Fees must be paid during school breaks.

LATE OR UNPAID TUITION: If payment in full is not received when due by Monday afternoon, I agree to pay a late payment fee of \$30 per week for that tuition that is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

CHARGES AND PROCEDURE FOR LATE PICK-UP: Princeton Academy is open from 6:30am to 6:30pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$2 per every 1 minutes/per child, until the child is picked up.

ADDITIONAL FEES: School age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate activity Fee for attendance. All other age groups may be subject to activity fees as well. In instances of agency reimbursement, activity fees may be my responsibility. Please consult the Director for details.

DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10 % discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

RETURNED CHECKS: I understand that a processing fee of \$30.00 will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I further understand that that if more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURE

DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

MODEL RELEASE: The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images or sound recordings of my child for advertising, facebook, publicity or any other lawful purpose.

PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

Original—Remains in Packet Copy—Parent

Name of Child: _____

Date: _____



ENROLLMENT REGISTRATION

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

HOLIDAYS: I understand that the school is closed on the following holidays: New Year's Day, Martin Luther King's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, as well as in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. The only exception being the weeks of Thanksgiving, Christmas, and New Years. I understand that I will not be charged for these three weeks if my child does not attend school at all during this time. I understand that if my child attends school at least one day during these weeks, that the full week's tuition will be due.

ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). A reservation fee of 50% of my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the Director, if possible. I agree to pay the reservation fee of \$_____ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster.

SECTION 4: STATE LICENSING AND OUR POLICIES

ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided there under, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: _____ Date: _____

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

 HOLIDAYS: I understand that the school is closed on the following holidays: New Year's Day, Martin Luther King's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, as well as in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. The only exception being the weeks of Thanksgiving, Christmas, and New Years. I understand that I will not be charged for these three weeks if my child does not attend school at all during this time. I understand that if my child attends school at least one day during these weeks, that the full week's tuition will be due.

 ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). A reservation fee of 50% of my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the Director, if possible. I agree to pay the reservation fee of \$_____ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.

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These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: _____ Date: _____

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE & DEVELOPMENT

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

5. Who also cares for your child(en)? _____

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best? _____
Least? _____

10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night? _____

12. Does your child need to be awakened in the morning to attend the school? _____

13. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

14. What are your child's bedtime rituals? _____

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps? Yes No How long? _____
16. Does your child need a favorite item (such as a blanket) for a nap? Yes No
If so, does your child have a special name for it? _____
17. What words are spoken in your house for toileting? _____
18. How does your child express anger or react to frustration? _____
19. Does your child have any particular fears? _____
20. How does your child react to change (such as being left by parents)? _____

21. How does your child comfort himself/herself? _____
22. What are your child's play interests (preference for creative, dramatic or construction play)? _____

23. How do you discipline your child? _____

24. When did your child begin to use language? _____
25. How would you describe your child (personality characteristics)? _____

26. What do you enjoy the most about your child? _____
27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

28. Has your child had previous preschool experiences? _____
29. Are you available to help us with field trips or other special events? _____
30. Do you have a special interest or hobby you would like to share with the children? _____

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____
 2. Special Dietary Needs: _____
 3. Is your child able to walk? Yes No Explain: _____
 4. Can your child effectively communicate his or her needs? Yes No Explain: _____
 5. Is your child toilet trained? Yes No
- Please provide special instructions concerning any other illnesses, as necessary: _____
- _____

Allergies (please check and list all that apply)

- Medications Reaction: _____
- Food Reaction: _____
- Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Per state regulations, a written statement is required for waiver of immunization requirements.

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

Dear Parents:

At Princeton Academy we take pride in providing a safe, fun and learning environment where children can learn and grow. Keeping your child healthy by providing nutritious meals is very important to us at our academy. This is why Princeton Academy participates in the USDA program called the Child and Adult Food Program (CACFP) which allows us to receive federal support for meals and snacks.

We are asking all parents to participate in this effort at our Academy by completing an application. The amount of federal funds we receive is based on information you provide on the application. All of the children in our care benefit from the reimbursements we receive with a nutritious meal.

Completing this form should only take a few minutes of your time. Please be assured that this information is strictly confidential and is only used to determine food program eligibility.

Princeton Academy is proud to be part of this program and we appreciate your cooperation. If you have any questions or need additional information please speak to someone in the front office.

Sincerely,
Management

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for the employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.D. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

INSTRUCTIONS : Households that receive Food Stamps, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant's name and a Food Stamp, TANF, or FDPIR case number. For adult day care, list participant's name and a Food Stamp, TANF, FDPIR, SSI or Medicaid case number. Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children.
Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form. A Social Security Number is not necessary.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following: **Part I:** For family day care home, child care center or adult day care, list participant's name. **Part II:** To report total household income from last month, complete the following: **Column A-Name:** List the first and last name of each person living in your household as an economic unit. You must indicate yourself and all children living with you (including foster and non-foster children). In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant. Attach another sheet if necessary. **Column B-Gross Income last month and how often it was received:** Next to each person's name, list each type of income received last month, and how often it was received. **Box 1:** List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). **Box 2:** List the amount each person got last month from welfare, child support, alimony. **Box 3:** List Social Security, pensions, and retirement. **Box 4:** List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. **Column C-Check if no income:** If the person does not have any income, check the box. **Part III:** Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care. **Part IV:** An adult household member must sign the form, and list the last four digits of his/her social security number. Or, mark the box if he/she does not have one. **Part V:** Answer this question if you choose to. **Privacy Act Statement:** This explains how we use the information you give us.

Name of Child: _____

Rev 8/2017



Date: _____

Parent/Guardian Initial _____

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 _____, 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

Parental Agreements with Child Care Facility

The _____ agrees to provide day care for
(Name of Facility)
_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____
Month Month

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack
Dinner
Bedtime Snack

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. Medicine will be in the original container with my child's name marked on it.

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.

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.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ 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 authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

(Name of Facility)

I understand that the center 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.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

**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"/> |

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? (i.e., weekly, monthly, etc.) income received by child household members listed in PART I here. \$ _____ / _____

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 along the frequency i.e., twice a month, weekly, etc. 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. Subsidies, 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 Part II B is completed and household members are listed (with or without income), 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: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only.

Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

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

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

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: Hayd Olivares Date: _____

Confirming Official's Signature: Offiong Ayayi Date: _____

Follow Up Official's Signature: _____ Date: _____



PRINCETON ACADEMY

1940 AUSTELL RD. MARIETTA, GA 30008
OFFICE: 770-432-0059 FAX: 770-432-1833
PRINCETONACADEMYMARIETTA@GMAIL.COM

Instructions-Please complete all 3 steps. If you would like to authorize Princeton Academy to deduct your weekly payments by automatic deduction please:

1. **Complete** the form below. If your account is a joint account both account holders must sign this form.
2. **Return** the original form with CC number and all information completed.
3. **Retain** a copy of this form for your files.

We will process your account for automatic deduction beginning June 2018. Payments will be processed by midnight, at the latest, each Monday for that week's tuition.

ACH Authorization Form

I (we) hereby authorize Princeton Academy to initiate debit entries to my (our) account in the entity below ("institution"), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. Each debit shall be made each week in an amount equal to the withdrawal amount indicated.

Check One: Debit () Credit Card ()

Check One: Visa () Mastercard () Amex ()

_____ _____ _____
Credit Card Number EXP Date CCV#

\$ _____ Start Date _____ mm/yy Weekly OR Bi-Weekly
Withdrawal Amount

_____ _____ _____
Address on file for this card State Zip Code

This authorization is to remain in full force and effect until all amounts payable to Princeton Academy for my child(rens) tuition is paid in full or until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until Princeton Academy has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give Princeton Academy a reasonable opportunity to act on it. I understand I will be notified of any payment changes debited to my account. Princeton Academy reserves the right to cancel a Parent's participation at any time.

_____ _____
Child's Name Parent Email (for receipts)

_____ _____
Parent's Name (please print) Parent's Signature

_____ _____
Date of Authorization Parent's Telephone Number