





## Enrollment Form

(Please print and use a separate form for each child)

Enrollment Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex:  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name		SSN	
Home Address	City	State	Zip
Home Phone	Cell Phone		
Place of Employment			
Work Address	City	State	Zip
Work Phone	Work Hours		

Father's Name		SSN	
Home Address	City	State	Zip
Home Phone	Cell Phone		
Place of Employment			
Work Address	City	State	Zip
Work Phone	Work Hours		

**Child's Living Arrangements:**  Both Parents  Mother  Father  Other \_\_\_\_\_

**Child's Legal Guardian**  Both Parents  Mother  Father  Other \_\_\_\_\_

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

Name:	Complete Address (Required)	Relationship	Phone #

**Person(s) to contact by the case of an emergency when parents cannot be reached:**

Name:	Complete Address (Required)	Relationship	Phone #

**Child's Medical Information:**

Child's Physician	Physician's address	City	State	Zip	Phone #
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**Does your child have allergies (insects, medications, foods, etc.)?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Does your child have any physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the Center's program and activities?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Are there any special procedures required in caring for your child?**  Yes  No

If yes, please specify: \_\_\_\_\_

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

*Mother's Signature* *Father's Signature*



## EMERGENCY PARENTAL CONSENT

I, the parent or legal guardian of (child's name) \_\_\_\_\_  
understand in the event my child is too ill to remain at Great Beginnings of Sugar Hill, the following procedure(s)  
will be observed:

If immediate care is not required, I will be contacted to make arrangements for my child's care. If Great Beginnings is unable to contact me, they may, at their discretion, contact the individual designated by me to contact in case of an emergency. I understand that if my child requires care and I cannot be reached, Great Beginnings would transport him or her to Gwinnett Medical Center. I understand that if my child requires emergency care and his or her safety will be jeopardized by underskilled transportation, then Gwinnett County 911 will be called for emergency medical services.

I have read, received and understand the center's emergency medical plan. I also understand that any expense incurred will be accepted by me.

\_\_\_\_\_  
Parents Signature

Additional Comments: (Food and/or Drug Allergies, Reactions, Medications): \_\_\_\_\_

\_\_\_\_\_  
No known food or drug allergies \_\_\_\_\_


Initial \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Phone: \_\_\_\_\_



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## VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Person to contact in an emergency when parents cannot be reach

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Facility The Center Uses: Gwinnett Physicians Group - North Gwinnett  
4585 Nelson Brogdon Blvd., Sugar Hill, Phone: 770.932.0547  
Emergency Facility The Center uses: Gwinnett Medical Center  
1000 Medical Ctr. Blvd, Lawrenceville, Phone: 678.442.4382

Child's Allergies: \_\_\_\_\_

Current Prescribed Medication: \_\_\_\_\_

Child's Special Needs and Conditions: \_\_\_\_\_

In the event of an emergency involving my child, and if Great Beginnings cannot contact 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 \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_



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## PARENTAL AGREEMENT WITH GREAT BEGINNINGS OF SUGAR HILL

1. Great Beginnings of Sugar Hill agrees to provide child care for: \_\_\_\_\_  
(Child's name)

Monday through Friday, 6:30 AM to 6:30 PM, January through December, in accordance with the Policy and Procedures. The following meals will be served:

\*Breakfast –Lunch –A.M. Snack –P.M. Snack

\*There is an additional charge of \$2.00 per day for breakfast.

2. I agree to pay Great Beginnings for child care services according to their tuition guidelines.

3. 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), and Dosage. Medicine will be in the original container with my child's name on it.

Medication will only be given at 12:00 noon. When working with your physician please try to get medication that is given twice daily so it can be given at home.

4. 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. It will be the parent's responsibility to escort the child in and out of the building, and to sign the child in and out of the center each day. It is the parent's responsibility to take the child to the appropriate classroom before leaving each day.

5. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization records, etc.).

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

7. Great Beginnings of Sugar Hill 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.

8. I have received a copy and agree to abide by the Policies and Procedures for Great Beginnings of Sugar Hill.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Guardian*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Facility Administrator*





## **CENTER'S POLICIES AND PROCEDURES**

<b><u>AGES OF CHILDREN SERVED:</u></b>	SIX (6) WEEKS THRU FOURTEEN (14) YEARS
<b><u>MONTHS OF OPERATION:</u></b>	JANUARY THRU DECEMBER
<b><u>DAYS OF OPERATION:</u></b>	MONDAY THRU FRIDAY
<b><u>HOURS OF OPERATION:</u></b>	6:30 A.M. TO 6:30 P.M. <b>To avoid interruption of rest time, drop off between the hours of 11:30am – 2:30pm will not be allowed.</b>

**HOLIDAYS THE CENTER WILL BE CLOSED:** Memorial Day; Independence Day; Labor Day; Halloween Night, center closes at 5:30pm if Monday through Friday; Thanksgiving Day and the day after Thanksgiving; Christmas Eve and Christmas Day; New Years Eve and New Year's Day

**INCLEMENT WEATHER DAYS:** In the event of any inclement weather of any kind; ice/snow, floods, hurricane, tropical storms, any natural disaster, and/or acts of war, which would enable us to open for a day or even a week. We will make every possible effort to open. The major consideration will be the safety of your child and of our staff. If there is a power failure or lose of water at the center and the center needs to close, parents will be notified to make arrangements to pick up their children.

**Note: Your child's FULL Tuition fee will be due for the entire week, even though a holiday, natural disaster, inclement weather, or any other act of god may occur during the week.**

**ADMISSION REQUIREMENTS:** Great Beginnings accepts children 6 weeks through 14 years of age without regard to race, creed, color, sex, religion, or national origin. An immunization card will be required prior to the enrollment of your child. Additionally, all necessary forms for the enrollment of your child must be completely filled out and signed by the parent/guardian before the first day of the school. If at any time there are changes in your personal information on file, you are required to update the forms on file with this center. Each day that your child attends Great Beginnings of Sugar Hill, your child must be checked in and checked out on the computer.

**GEORGIA PRE-KINDERGARTEN ENROLLMENT:** Great Beginnings participates in the Georgia Pre-K Program which is funded through the State of Georgia Office of School Readiness. In order for your child to participate he or she must turn 4 years of age by September 1<sup>st</sup> of the new school year. Enrollment is based on a first come first served basis and any child who is currently attending our pre-school program and is eligible will automatically be considered as "enrolled" for the upcoming school year. Children will not be denied participation based on race, color, creed, or national origin, - only on lack of funded spaces which OSR regulates at our facility.

### **TUITION AND MISCELLANEOUS FEES:**

-Tuition payments are to be made weekly and are due on Monday of each week. If tuition is not paid in full by Tuesday, 6:30 P.M., a \$25.00 late fee will be added each week tuition is not paid for the week. If not paid by Thursday of that week, your child cannot attend Great Beginnings.

-You may also pay your tuition by the month ('month' is considered to be four consecutive weeks). This payment method will entitle you to a 5% discount for the month. If you choose this method of payment it must be four full consecutive weeks in order for discount to apply. (Reminder: Some months have 5 weeks) Once again tuition for the month is due on the first Monday of the week. Full tuition is charged regardless of attendance. Paying full tuition reserves your child's spot.

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-For any returned checks there will be a \$35 fee and will be due prior to beginning the next week. If fees are not paid when due, your child will not be able to attend until all fees are paid in full.

**-There will be no credits given for your child during absences or scheduled holidays. Your FULL weekly tuition means that you are reserving a space for your child.**

-Should your child be absent for more than one (1) week (and no tuition payment made), their name will be dropped from the registry. If you choose to re-enroll your child, they will have to be re-registered. We will not be able to hold space for your child without proper payment.

-If your child is not picked up by closing time then a late fee of \$1.00 per minute per child will apply. If your child remains at the center 45 minutes after closing without notification, legal authorities will be notified.

**STUDENT WITHDRAWAL/DISMISSAL: A two week written notice is required on the withdrawal of your child.** Any pre-paid tuition is NON-REFUNDABLE. Should it become necessary, Great Beginnings has the right to dismiss any student at our sole discretion at any time.

**REGISTRATION/EQUIPMENT FEES:** Upon enrollment, a \$85 registration fee will apply. This will cover equipment and supplies, and your child's Accident Insurance premium. Yearly, thereafter a new fee will be due in August. A registration fee of \$150 will apply for families with more than one child enrolling.

**GUIDANCE AND DISCIPLINE TECHNIQUES:** At Great Beginnings we want to offer your child the best. We want to make their learning a fun and challenging time. We will help our children to experience success and really feel good about themselves. Parental involvement is always important to us. Should a problem arise, the situation will always be handled in a positive manner. Physical or verbal discipline will never be permitted. Our discipline techniques will be redirection, positive reinforcement, and an occasional 'time out'. If your child is placed in 'time out' often, a member of our staff will notify you.

**ILLNESS/INJURY:** Should your child become ill or suffer from an injury during the time he/she is in the care of Great Beginnings, the school will take all necessary measures. The school will first try to contact the parent. If for some reason we are unable to contact you, the school will attempt to provide all the necessary medical attention for your child. **A child with vomiting, diarrhea, rash, or a temperature of 100.5 degrees f or higher, will not be allowed to attend school the following day.** If a child becomes ill during the day, the parent will be notified, and the child will be separated from the rest of their group until you pick them up. **In cases of serious communicable of infectious diseases, your child may NOT return to school the following day and until the disease is no longer contagious.** A doctor's certification may be required. A child will not be permitted in the school if they have any of the following:

- A Communicable disease
- Any Undiagnosed rash
- Profuse nasal discharge
- Sore or discharging eyes or ears
- Has had a fever within the past 24 hours
- Intestinal disturbance accompanied by diarrhea or vomiting

We will notify you when your child has been exposed to a confirmed case of a communicable disease while in school, and we must be notified when your child is exposed outside of school.

In the event of a medical emergency, your child will be taken to the nearest emergency medical facility. The method of transportation will depend upon the seriousness of the incident. The center's primary medical resource will be Gwinnett Medical Center and Gwinnett Physicians Group.

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**MEDICATION:** In order for any medication to be given to your child, the parent must complete and sign a medicine authorization form regarding administration and proper dosage procedures. The medicine must be labeled as a prescription with the child's name, doctor's name, prescription number and the dosage to be given outlined. There must be a medicine authorization form for each day that medication must be given to your child. Should there be any reactions to the medication, it will be noted on the form and the parent will be notified. **Medication will only be given at lunch time;** therefore, the parent will be responsible for giving any early morning medication. When you bring medication to school, **it must be checked in at the front desk or kitchen. Do not leave it in your child's bag.**

**MEALS AND SNACKS:** Great Beginnings will provide nutritional and well-balanced meals and snacks each day for your child. We will offer a mid-morning snack, lunch, and a mid-afternoon snack each day. These snacks and meals are included in your tuition, Breakfast is offered at an additional charge of \$10 for the week. This will be payable along with your weekly tuition. A copy of the weekly menu will be posted in the office for your information. **No outside foods, other than baby foods, will be permitted unless those special occasions that your child's class is having a class party.** The only exception will be special dietary program implemented by your child's doctor. In this case, food only in disposable containers will be accepted.

**PARENTAL AUTHORIZATION:** In the event of a field trip, only children age 4 years and up will be allowed to participate. You will be notified prior to the field trip, and we must have your written approval. A small fee may apply to the field trips with parent's authorization. Field Trip Authorization will need to be signed prior to transporting your child. For school transportation, if there are any changes (arriving late, leaving early, absences) it will be your full responsibility to notify our center in advance.

**HEALTH IMMUNIZATIONS:** By state law, all students must at all times have a current, up to date Certificate of Immunizations turned in no later than 30 days of their start date. If your child has an appointment, please make sure and updated 3231 form is requested and submitted to us. Your child may not start school without a current Certificate of Immunization, and the card must be kept on file at all times. Immunization cards may be obtained from your physician or the local Health Department. No child will be permitted to attend school with a communicable disease. Should your child have an illness or handicap that may be harmful to the other children, then your child may be denied.

**INFANT CARE:** For infants, you will need to complete a form regarding the feeding and napping of your child. At any time, if there are changes in the amount of formula to be given, it is your responsibility to keep this form updated. All formula bottles and baby food must be labeled with your child's full name and date. As long as your child remains in diapers, it will be your responsibility to furnish them. It will be the responsibility of the parent to provide wipes and ointments. The use of pacifiers will be permitted.

**CLOTHING:** We ask that you dress your child in the most comfortable clothing appropriate for the outdoor weather. In cold weather, please dress your child in layers to accommodate the warmth of inside the building as well as the cold outside. It will be necessary to always keep one change of clothing at school in case of any spills, etc. If your child has an accident and there are no changes of clothing you will be notified to make arrangements. Please label your child's coats, sweaters, extra clothing, etc.

**MISCELLANEOUS ITEMS:** You are responsible to supply diapers and wipes as long as they are needed. Also, formula and baby food is to be provided by the parent. As soon as your child is on regular milk and table food, then Great Beginnings will supply it. Parents, be sure to keep an eye on your child's supply so that they do not run out.

**TOYS:** Our center will provide all the necessary toys and equipment for your child. We ask that children do not bring any toys to school. We will have "show and tell" days. The teachers will let you know on which days to bring the toys. Should there be a special stuffed animal or blanket that your child needs to

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nap with, then they will be excluded. Great Beginnings, it's management and staff, **will not be responsible** for lost or stolen items such as clothing, hats, toys, video games, CD's, sports card, etc.

**FIRE DRILLS:** On a monthly basis, there will be drills held to familiarize your child and all staff with the emergency routine. Great Beginnings is equipped with 24 hour smoke and fire monitoring alarm systems. Also, fire extinguishers are placed throughout the building. Your child's safety is our first priority. Great Beginnings is a smoke-free environment. This will pertain to personnel, parents, and visitors.

**SUSPECTED CHILD ABUSE, NEGLECT, EXPLOITATION, OR DEPREVATION:** By law, Great Beginnings will report any suspected child abuse, neglect, exploitation, or deprivation of any child in our care to the Department of Family and Children's Services.

Great Beginnings will also report any cases of notifiable communicable diseases to the local County Health Department.

**OFFICE:** In the office area, there will be several posted notices. Among them: A copy of our State's License, copy of our Rules, a Communicable Disease Chart, names of the person's in charge, and a sign-in sheet for all visitors. Any visitor who enters the building must sign in at the office. No visitor will be allowed into the school without a person in charge accompanying them. There will also be a Parent's Bulletin Board. Here you will find the Weekly Menu, along with other information of interest to parents. Emergency plans for severe weather, fire and any physical plant problems will be noted.

**VISITATION TO THE SCHOOL:** Parents are permitted to visit and observe our classrooms at any time. It would be appreciated if you could be as inconspicuous as possible to avoid any disturbance of the normal flow of the class. Parents must also sign in at the front office upon entering the school.

Only authorized persons will be allowed to pick up your child at Great Beginnings. On your enrollment form you must list the people who can pick up your child. The person will be asked for photo identification. If your information does not match, your child will not be released from the school. If at any time there are changes in the authorized persons, please let us know.