



Child Registration Form

Entrance Date _____ Withdrawal Date _____

INFORMATION ON CHILD

Child's First Name _____ Middle _____ Last _____

Home Phone _____ Age _____ Date of Birth _____

Male _____ Female _____ SS# _____ Primary Language Spoken _____

Home Address _____

City _____ State _____ Zip Code _____

Does your child attend public school? Yes _____ No _____

Elementary School Attending _____ Grade _____

Will your child need transportation to & from Meliora School to their school? Yes _____ No _____

If yes, please mark which: before school _____ after school _____ both _____

(Parents must sign a vehicle transportation form.)

Has your child attended an early learning center in the past? No _____ Yes _____ Where? _____

INFORMATION ON MOTHER

Mother or Guardian _____ SS# _____

Address if different _____

Home phone _____ Cell phone _____

Employer _____ Work phone _____

Address of employer _____

Work hours _____ Drivers License # _____

Email address _____ Emergency phone _____

INFORMATION ON FATHER

Father or Guardian _____ SS# _____

Address if different _____

Home phone _____ Cell phone _____

Employer _____ Work phone _____

Address of employer _____

Work hours _____ Drivers License # _____

Email address _____ Emergency phone _____

Please keep Meliora School advised of any changes that may occur that are listed on this form, including emergency contact information and family physician changes.

Family Status

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

Guardian with legal custody _____

Are there any limitations on either parents right to pick up or visit child at the school? Yes____ No____

If yes, please attach a copy of the court order to keep on file.

Are there any other circumstances of which Meliora School should be aware?

Yes _____ No _____ If yes, please explain _____

Other household children:

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____

Additional Emergency Contacts (other than parent or legal guardian)

Emergency contact name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____

Employer _____ Work phone _____

Email address _____ Drivers License # _____

Is this emergency contact allowed to pick up your child from Meliora School? Yes___ No___

Emergency contact name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____

Employer _____ Work phone _____

Email address _____ Drivers License # _____

Is this emergency contact allowed to pick up your child from Meliora School? Yes___ No___

Child Pick Up Information

Additional authorized people that have permission to pick up your child, other than already mentioned above. Identification is required.

Name _____ Phone _____ Relationship _____

Address _____

Drivers License # _____

Name _____ Phone _____ Relationship _____

Address _____

Drivers License # _____

Name _____ Phone _____ Relationship _____

Address _____

Drivers License # _____

Is there anyone that does not have permission to pick up your child? List below:

Name _____ Phone _____ Relationship _____

Reason _____

Name _____ Phone _____ Relationship _____

Reason _____

Health Information

Child's physician _____ Phone _____

Preferred Hospital _____ Phone _____

Child's Dentist _____ Phone _____

Primary Insurance Company _____

Policy/Group # _____ Name of Insured _____

Secondary insurance Company _____

Policy/Group # _____ Name of Insured _____

Regular medications: _____

Medicine Allergies: (if none please enter none) _____

Food Allergies: (if none please enter none) _____

Any other Allergies: (if none please enter none) _____

Special situations

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while 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: _____

Parental Agreement Program Acknowledgement

Meliora School agrees to provide childcare for my child _____
on _____ from _____ am to _____ pm. My
(days of week)
child will be served breakfast, lunch and pm snack when present.

I have received a copy of the following below:

1. Policies and Procedures
2. Fee Schedule

I will complete and return the following:

1. Certificate of Health and
Immunization Record (Form 3231)
2. Transportation agreement

Initials _____ I hereby give permission and authorization for Meliora School to use still photographs and video tapes in which my child, _____ may appear for purpose of advertising, employee training and publicity.

Initials _____ Person responsible for payments: _____

Initials _____ Parents are required to complete a Medicine authorization form before any medication is dispensed to your child. No medicine will be give including over the counter medication without prior consent from your child's doctor. All prescribed medication must be in its original container stating the child's name, dosage, date and physician name. We do not administer Over The Counter medication.

Initials _____ My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by the parent(s), or facility personnel.

Initials _____ I acknowledge it is my responsibility to keep my child's records current to reflect any changes as they occur, for example, phone numbers, child's physician, work locations, emergency contacts, infant feeding plans, immunization records, etc.

Initials _____ The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases that include my child.

Initials _____ Meliora School 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 feet deep.

Initials _____ I authorize Meliora School to obtain emergency medical care for my child when I am not available. In the event of an emergency involving my child, and if Meliora School 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.

I have read and understand the above information and I agree to abide by the policies and procedures of Meliora School.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Authorization to Dispense External Preparations
NON ORAL MEDICATION
590-1-1-.20(1)

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 Meliora School 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
- ALL OF THE ABOVE**
- Other (please specify) _____

Parent/Guardian Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ date of birth _____
suffer an injury or illness while in the care of Meliora School 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.

Parent/Guardian Signature

Date:

TUITION AGREEMENT

Your child's tuition fee is a weekly amount as defined on the Meliora School's rate sheet. You will be informed of any changes in the tuition amount in advance.

Tuition Payment Procedures

Your child's tuition is to be paid in full on the Friday before the week your child is to attend the classroom. If tuition is not paid in full by **6:30 P.M. on Monday** of the week your child is attending and there is a balance due to Meliora School, a **late fee of \$20.00** will be added to the tuition account Monday evening. We will not be providing care for your child from Tuesday morning unless the tuition account is brought current. **Please note, there are no adjustments of tuition rates based on attendance.** You may disenroll for 2 weeks up to 3 months without having to pay the registration fee again, but please note we must have 2 weeks notice for you to be able to disenroll during these time periods. Parents may pay their child's tuition on a monthly basis, if paid in the beginning of the month. The monthly tuition amount will be four or five times the weekly amount depending on the number of weeks in that month.

Return Check Charges

There will be a \$30 charge for each check that is returned by the bank. After one returned check we can only accept payment by cash, credit card, money order or cashier's check for 30 days.

Vacation and Sickness Procedures

In case of vacation, the tuition payment must be given before departure to avoid a late fee and to hold the child's place in their classroom. Meliora School allows a maximum of one full week of vacation each 12 month period after 6 months of continuous enrollment for students enrolled full time. **The vacation discount does not apply to part time students.** In case of illness, the payment must be dropped off before Tuesday to avoid a late fee. In case of serious illness or an emergency, please contact us concerning your payment.

If you fall behind in your tuition payment, your child will not be permitted to come to the school unless the tuition account is brought current.

Termination Notice

A written notice must be turned in two weeks prior to withdrawing of your child. If we do not receive a written notification, you are required to pay the full two week fee. This fee is not the absentee fee, but the full two week fee.

I have read the regulations regarding the tuition payment procedures and the tuition agreement and agree to abide by them.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Transportation Agreement

Transportation Rules

1. Children must stay seated and buckled at all times
2. Children will never cross the street to board the bus
3. Children will never be left unattended on the bus
4. Proper attendance will be performed when checking children on or off the bus
5. Children will not be on the bus at the time of fueling
6. All items must remain in the children's book bags while on the bus
7. Children will keep their voices down/no yelling
8. Children will keep their hands to themselves
9. Children will keep hands, arms, head, feet, and legs inside the bus at all times
10. No food or drink will be allowed on the bus

This is to certify that I give the Meliora School permission to transport my child _____
Name of Child
from _____ Elementary at _____ (am/pm)
to Meliora School , 154 Johnson Road at _____ (am/pm) on the following days:

_____ Monday- Friday

_____ Only on the following days: _____

_____ Melissa Waters, Gloria Benton or approved Meliora School driver _____ is authorized to receive my child.

In the event that my child is not transported as outlined above, I agree to notify Meliora School at least 1 hour before scheduled transportation time. This is very important for our transportation schedule and accounting for all children, additional fees will apply if notification is not given to Meliora School.

I have received a copy of the transportation rules and I have reviewed these rules with my child.

Parent/Guardian Signature

Date

Enrollment accepted by _____ Date _____

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____
Street Number & Name City State Zip Code

Mother's Name _____

Home # _____ Work # _____ Mobile # _____

Father's Name _____

Home # _____ Work # _____ Mobile # _____

Person to notify in case of an **EMERGENCY** and parents cannot be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Pediatrician _____ Phone # _____

Dentist _____ Phone # _____

Insurance _____
Company Policy Number

Medical Facility the Center Uses Gwinnett Medical Center
Address 1000 Medical Center Blvd Lawrenceville GA 30046 678-312-1000

Child's Allergies _____

Current prescribed medication _____

Child's special needs/conditions _____

In the event of an emergency involving my child and if the Meliora School 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 treatment of my child.

Signature of Parent/Legal Guardian Date

The Meliora School

154 Johnson Road
Lawrenceville, GA 30046
770-995-9400

2016-2017 Weekly Tuition Schedule

	Individual	Family
Annual Registration Fee	\$80	\$100

<u>Preschool Program</u>	<u>Full Time</u>
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Infants (6 weeks -15 months)	\$165.00
Toddlers (16 months-23 months)	\$150.00
Two year olds	\$150.00
Three Year Olds	\$140.00
Four Year Olds	\$140.00
Daily Drop-In	\$ 45.00

<u>School Age Program</u>	<u>Full Time</u>
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Before and After School Care	\$80
Before School Care	\$35
After School Care	\$65
Summer Camp & Full Week	\$140
EARLY RELEASE	\$10.00/day will be charged to before and after school age accounts
TEACHER WORK DAY	\$25.00/day will be charged to before and after school age accounts

Miscellaneous Charges

Late Payment*	\$20	Returned Check:	\$30
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*Weekly tuition is due in full each Friday for all programs, **prior to and regardless of attendance.** Late payment fees will be charged to an account if not paid in full on Monday by 6:30pm. Accounts must be kept current. Failure to comply may result in suspension of attendance until balance is paid in full.

Food Service Fee

There will be a food service fee for a family whose income does not qualify for free or reduced rates. You will be notified after you complete the CACFP form if you are required to pay the food service fee of \$20.00 per week. All parents are required to fill out the CACFP form every year, to enable us to remain a part of the program.

10% DISCOUNT
FOR FAMILIES WITH TWO OR MORE CHILDREN

5% DISCOUNT
FOR ACCOUNTS PAID ON A MONTHLY OR QUARTERLY