

HARMONY ACADEMY LEARNING CENTER, LLC

583 Harmony School Road * Jasper, GA 30143

Phone * 706-253-5437 Fax * 706-253-5445

www.harmony-academy.com

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____ Race/Ethnicity _____

Father's Name _____ Father's SSN# _____

Home Phone _____ Cell Phone _____ Cell Carrier _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Email address _____

In case of injury or illness, what is the best way to reach you?^(circle one) **text** **phone call** **email**

Mother's Name _____ Mother's SSN# _____

Home Phone _____ Cell Phone _____ Cell Carrier _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Email address _____

In case of injury or illness, what is the best way to reach you?^(circle one) **text** **phone call** **email**

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

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

IF YOU HAVE A COURT ORDER THAT SHOULD PERTAIN TO VISITATION DURING HARMONY ACADEMY BUSINESS

HOURS, PLEASE FURNISH A COPY ALONG WITH THESE ENROLLMENT FORMS.

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

1) Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

2) Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

3) Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

(1) Name _____ Telephone Number _____
(2) Name _____ Telephone Number _____
(3) Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____ Doctor/clinic phone _____

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: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event that (child's name) _____, with a birthday of _____ suffer an injury or illness while in the care of Harmony Academy Learning Center, LLC; 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 of payment for services.

Father's signature: _____

Father's printed name: _____

Date: _____

Mother's signature: _____

Mother's printed name: _____

Date: _____

Facility Administrator signature: _____

Facility Administrator printed name: _____

Date: _____

PARENTAL AGREEMENT

PLEASE READ TERMS CAREFULLY AND INITIAL BESIDE EACH

1. _____ Harmony Academy Learning Center, LLC agrees to provide child care for _____ on Monday (), Tuesday (), Wednesday (), Thursday (), Friday () from _____ a.m. to _____ p.m.
2. _____ My child will arrive to the facility by no later than 9 a.m. and will participate in the following meal plan(s):

 breakfast () lunch () afternoon snack ()
3. _____ Medications will only be given if absolutely necessary. Medications requiring dispensing only once a day must be done at home. Allergy medicines will not be given unless required by a doctor. 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; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name clearly marked.
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. Once I have possession of my child at time of pick-up, I understand it is my responsibility to supervise them to the parking area and place them in a restrained car seat pursuant of Georgia law.
5. _____ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, ex. telephone numbers, mailing address, work location, emergency contacts, child's physician, child's health status including allergies and immunizations, infant feeding plans, etc.
6. _____ The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
7. _____ In the event my child becomes ill or feverish while in the care of Harmony Academy, I understand that I will be contacted; and that I will have one (1) hour from the time of notification to have my child picked up from the center.

8. _____ I agree **NOT** to bring my child if they have a fever within any twenty-four (24) hour period, any signs of unexplainable rash, vomiting, diarrhea, or any other illness that can harm other children or staff in the center. I will not give my child a fever reducer and bring them to the center unless authorized by a physician.
9. _____ Harmony Academy agrees to obtain written authorization before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water more than two (2) feet deep.
10. _____ I agree to provide all necessary items for my child(ren) such as diapers, baby wipes, extra clothes, formula, baby food, etc. and understand that I will be assessed a fee if such is not provided .
11. _____ Due to storage space and hygiene policies, I understand that Harmony Academy does not allow any diaper bags or book bags to be brought into the center and that all items must be brought in a disposable bag that can be thrown away. School age students attending the afterschool program will be required to leave book bags in the main hallway.
12. _____ I understand that children are not allowed to bring toys, food, or meals from home unless authorization has been given due to medical necessity. A doctor's note must be required if special foods are needed. Special blankets or security items are allowed for naptime if necessary, but must be small enough to fit into the child's cubby and must be taken home at least once a week to be washed & disinfected.
13. _____ I understand each parent will be fingerprinted in order to access the center. This is used as an attendance tracker and will be kept on file for a minimum of one year. Any person trying to use any unauthorized information to gain access will be removed from Harmony Academy property. Anyone having difficulty using a fingerprint, may be registered using a 4 digit passcode. This cannot be shared with anyone else that could alter accurate attendance logs.
14. _____ I understand that I will be given one (1) week of free tuition if my child is not present, after the first six (6) months of consecutive enrollment. I agree to give a two (2) week notice of my intent to use my vacation. Only one (1) week is allowed in any twelve (12) month

period. I also understand that there is no reduction in tuition if my child is absent due to illness, appointments, etc. with exception of the vacation period.

15. _____ I agree to notify the center two (2) weeks prior to withdrawing my child from Harmony Academy. If a two (2) week notice is not given, I will be responsible for two (2) weeks tuition even if my child has not attended. I also understand that if outstanding balances are not paid in full, they will be turned over to Pickens County Magistrate Court and a theft of services warrant will be applied for. I further understand and agree that any services rendered shall be paid promptly in accordance with the terms and agreements; and that Harmony Academy may add one and one half percent (1 ½%) per month to any balance owed and in the event of default to pay reasonable collection charges and/or attorney fees.
16. _____ I understand that payments are due on Friday; and past due after Monday for the upcoming week my child is in Harmony Academy's care. I further understand that if a payment is not received by Monday at 6:00 pm, my account will be billed a late fee of \$5 per day until paid. If any account owes for two weeks, childcare services will be suspended until account is brought current including all late fees.
17. _____ I understand that Harmony Academy operates from 6 a.m. to 6 p.m. Monday thru Friday and agree to abide by these hours. I further understand that a late fee of \$10 for the first 15 minutes and \$1 per minute thereafter will be assessed and payable at time of late pickup.
18. _____ I have received and read the Harmony Academy Parent Handbook containing all of the policies and procedures. I agree to follow the rules and policies contained therein.
19. _____ I understand and agree that my child's enrollment with Harmony Academy Learning Center, LLC may be terminated at any time if a failure to comply is determined. Harmony Academy Learning Center, LLC reserves the right to terminate child care services for any of the reasons listed, but not limited to, an unruly child, failure to pay, not providing child's supplies, disrespect of Harmony Academy property or staff, or failure to abide by any of Harmony Academy Learning Center, LLC policies.

RECEIPT OF HARMONY ACADEMY LEARNING CENTER, LLC POLICIES & PROCEDURES

By signing below, I agree that I have received a copy and agree to abide by the policies and procedures of Harmony Academy Learning Center, LLC. I also understand that by signing below, this becomes a legal and binding contract.

Father's signature: _____

Father's printed name: _____

Date: _____

Mother's signature: _____

Mother's printed name: _____

Date: _____

Facility Administrator signature: _____

Facility Administrator printed name: _____

Date: _____

CHILDS NAME: _____ CHILD'S DOB: _____

ALLERGY INFORMATION

Substances				Type of reaction
	<i>IS</i> allergic	Not Sure	Comments	examples such as: swelling, diff breathing, rash, hives, etc
Peanuts				
Other nuts & seeds				
Citrus fruits				
Other fruits				
Cow's milk				
Yogurt				
Cheese				
Corn				
Oats				
Wheat				
Other grains				
Yeast				
Egg yolks				
Egg whites				
Soy foods				
Fish				
Shell fish				
Dust				
Mold spores				
Cats				
Dogs				
Grass				
Pollen				
Bee stings				
Penicillin				
Latex				
Other(please list in comments)				
Other(please list in comments)				
Other(please list in comments)				

Does child have a prescribed Epipen? _____

PERMISSION TO PHOTOGRAPH

I, _____
 (Parent or guardian's name)

give permission for **HARMONY ACADEMY LEARNING CENTER, LLC** to photograph my child,

 (Child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in child's room		
Display on social network feeds		
Display in centers scrapbook/bulletin boards shown to current and prospective clients		
Display still photos on facilities website *		
Use still photos in promotional materials		
Display in local newspaper w/special events		

* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

 PARENT SIGNATURE

 DATE

CONTRACT/RATE AGREEMENT

This contract is between Harmony Academy Learning Center, LLC and:

Parent/Guardian's printed name

To provide childcare for:

Child's Name

Beginning on: _____
Date childcare services will begin

Please select one of the following rates:

Full Time

Based on age of child

Tuition is due and payable on Friday **before** the week of care regardless of the child's attendance. By enrolling full time, your child will have a guaranteed spot in the center. The weekly full-time tuition rate for the above listed child will be \$ _____ per week.

OR

Drop-In 35.00 per day

Drop-in childcare is defined to be less than 5 days a week. Drop-ins are required to call in advance to check availability and are not guaranteed a spot in the center. The daily drop-in tuition rate for the above listed child will be \$35.00 per day.

OR

BEFORE SCHOOL 20.00

AFTERSCHOOL 40.00

Childcare fees will not be adjusted for late arrival, early pick-ups or missed days.

You are required to notify Harmony Academy at least two weeks in advance of any changes in the contract.

By signing this contract, you agree to and have read the business policies and expectations as outlined in the Parent Handbook. You also agree to the terms set forth above with respect to the start date for childcare services, the weekly rate or the drop-in rate you have chosen.

Date _____
Signature of parent or guardian

Date _____
Signature of Provider