



## Schoolage Enrollment Packet

Thank you for your interest in Learning Hive Kid's Club. This packet contains all the paperwork needed to enroll your child in our program.

### Registration Checklist

Enrollment Application \_\_\_\_\_  
Parent Agreement with Learning Hive \_\_\_\_\_  
Emergency Medical Authorization \_\_\_\_\_  
External Preparations \_\_\_\_\_  
Disciplinary Policy \_\_\_\_\_  
Vehicle Emergency \_\_\_\_\_  
Transportation Agreement \_\_\_\_\_  
Parent Handbook Agreement \_\_\_\_\_  
Photography Release \_\_\_\_\_  
Immunizations \_\_\_\_\_  
Copies of Parent/Guardian ID \_\_\_\_\_

My child is enrolling in the following:

- Before School
- After School
- Before/After School
- Extracurricular Activities
- Spring Break Camp
- Summer Camp

How did you hear about us? \_\_\_\_\_

After your child's paperwork has been received and you have met with the director, your child is on his/her way to being a Future Leader!  
Looking forward to a great year!

Learning Hive

Learning Hive accepts qualified children without regard to race, color, religion, national origin, economic status or sex.

**Entrance Date****Withdrawal Date**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address(Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Father's Home Address (if different from Child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mother's Home Address (If different form child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

Name \_\_\_\_\_ Address(Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other Identifying information (if any) \_\_\_\_\_

Name \_\_\_\_\_ Address(Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other Identifying information (if any) \_\_\_\_\_

**Persons to contact in the case of an emergency when parents cannot be reached:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of public or private school child attends, if any \_\_\_\_\_

**PERSONS NOT AUTHORIZED TO PICK UP MY CHILD**

Name \_\_\_\_\_ Address \_\_\_\_\_

(If applicable I will provide a copy of a court order or injunction stating that the person(s) named above may not pick up this child).

Child's Physician or Clinic's Name \_\_\_\_\_

Doctor or Clinic's Telephone Number \_\_\_\_\_

My child has the following special need(s):

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

The following special accommodation(s) may be required to most effectively meet my child's need while at this center:

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

**Emergency Medical Authorization**

Should (Child's Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

suffer an injury or illness while in the care of **Learning Hive** and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment of services.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Does your child have current immunizations? Please provide a copy of their immunization record.

Yes  No

Immunization records attached

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parental Agreements with Child Care Facility

Learning Hive agrees to provide child care for \_\_\_\_\_  
 \_\_\_\_\_ (Name of Child)  
 on \_\_\_\_\_ from \_\_\_\_\_ AM \_\_\_\_\_ PM from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ (Days of Week) \_\_\_\_\_ (month) \_\_\_\_\_ (month)

My tuition rate is \$ \_\_\_\_\_ per \_\_\_\_\_

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

**Breakfast Morning Snack Lunch Afternoon snack Supper**

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 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, and immunization records, etc.

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.

**Learning Hive** 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 Learning Hive to obtain emergency medical care for my child when I am not available.

I have received a copy of the parent handbook and agree to abide by the policies and procedures for **Learning Hive**.

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.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Facility Administrator) \_\_\_\_\_ Date \_\_\_\_\_

**External Preparations Form**

Child \_\_\_\_\_ Date \_\_\_\_\_

I hereby give Learning Hive permission to apply one or more of the following external preparations, in accordance with directions for use on container:

**Baby wipes****Band-Aids****Neosporin****Bacitricin or similar ointment****Bactine or similar first aid spray****Non prescription ointment (such as A&D, Desitin, Vaseline)****And other items contained in First Aid Kit**I release **Learning Hive** from any liability for administering these preparations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disciplinary Policy**

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, Learning Hive will practice the following discipline and behavior management policy.

Conflict Resolution skills will be encouraged. Children will be through to think through and resolve daily challenges with the support and instruction of program personnel. Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right to, after meeting with the parents and documenting behavior problems and interventions, terminate child care services for that particular child.

The following procedures will be followed:

1. Verbal warning will be given.
2. Child will be removed from classroom if behavior is disruptive.
3. Child may be denied fun/special privileges (including off campus activities). A disciplinary notice of action will be sent home to the parent.
4. **Learning Hive** Director will request a meeting with the parent to discuss concern.
5. **Learning Hive** reserves the right to *suspend* or *expel* children from **Learning Hive Child Development Center** when it deems necessary.

\_\_\_\_\_  
Parent /Guardian\_\_\_\_\_  
Learning Hive Director

**MEDIA RELEASE**

Dear Parents,

We hope that your child enjoys Learning Hive. We are sure that they will have a lot to share with you over the course of the year. As we go through our fun filled days, we would like to make sure that we have your permission to include your child in the presentation and publications for the future. Please sign and date this form giving permission for your student(s) to be photographed by Learning Hive and its partners.

I hereby give my consent to all photographs, audio recordings, or video recordings taken of me or my minor child by Learning Hive, staff, partners, or their designee. I understand that any such photographs, audio recordings, or video recordings become the property of Learning Hive and may be used by Learning Hive or others with their consent, for educational, instructional, or promotional purposes determined by Learning Hive.

- Yes, I give permission.
- No, I do not give permission.

Child's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT HANDBOOK SIGN OFF**

I have received, read, fully understand and agree to abide by all statements contained in the Learning Hive Center Parent Handbook.  
Failure to do so may result in the termination of care of my child(ren)

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Learning Hive/Director / Date

## Vehicle Emergency Medical

**Rule 591-1-1-.36 (6)(b)** The transportation plan record shall require that an emergency medical information card for each child shall include a listing of the child's allergies, special medical needs and conditions, current prescribed medications that the child is required to take on daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the home uses in the area where the home is located and the telephone numbers where the parents can be reached.

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: (Alternate person if parent not home.)

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

Address \_\_\_\_\_

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

Medical facility the center uses Eastside Medical Center

Address: 1700 Medical Way, Snellville, GA 30078

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

Current prescribed medication \_\_\_\_\_

Child's special medical needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Learning Hive 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) \_\_\_\_\_ Witnessed  
by \_\_\_\_\_ Date \_\_\_\_\_

### Transportation Agreement

This is to certify that I give Learning Hive Permission to transport my child

(Name of Child) \_\_\_\_\_

from \_\_\_\_\_ at \_\_\_\_\_ (am/pm) Pickup Location

to \_\_\_\_\_ at \_\_\_\_\_ (am/pm). Delivery Location

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (am/pm)

to \_\_\_\_\_ at \_\_\_\_\_ (am/pm) Delivery Location

on the following days:

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

Learning Hive Staff is authorized to receive my child. In the event the authorized person is not present to receive my child, the following procedures are to be followed:

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

The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center location. In the event that my child is not to be transported as outlined above, I agree to notify Learning Hive.

Facility Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_