

Leaping Learners  
37 Patillo Rd  
Stockbridge, GA 30281



**Enrollment Application**

**Entrance Date**

**Withdrawal Date**

**Please Indicate:**

Infant     12mths-23mths     Toddler/ 2 yr old     Pre-school/ 3&4 yr olds     Pre-K

Child's Name :    First \_\_\_\_\_ Last \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

What are the child's Living Arrangements  Both Parents     Mother     Father

Who is the child's Legal Guardian     Both Parents     Mother     Father     other

Child's Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Mother's Name    First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency / Work Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Father's Name    First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency / Work Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Child's Legal Guardian First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency / Work Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

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

First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Public or Private School child attends, if any

\_\_\_\_\_

Child's Physician or Clinic's Name ( Child's Primary Health Source)

\_\_\_\_\_ Address \_\_\_\_\_

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

My Child has the following Special need(s)

\_\_\_\_\_

My Child is on the following Medication (s) prescribed for long-term continuous use and/ or has the following pre-existing illness, allergies or health concerns:

**PARENTAL AGREEMENTS WITH LEAPING LEARNERS CHILD CARE CENTER**

We Leaping Learners agree to provide child care service for the following child:

\_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ am to \_\_\_\_\_ pm  
Child's Name (Days of the week )

My child will participate / be enrolled in the center from \_\_\_\_\_ to \_\_\_\_\_  
( Months of the year )

and will participate in the following meal plan ( **Circle applicable meals and snacks** )

Breakfast      Morning Snack      Lunch      Afternoon Snack      Evening Snack

I understand that my child will not be allowed to enter the facility without being escorted by the parent(s) and/ or authorized persons by the parents.

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

I understand that this agreement contains the financial terms for childcare for my child, which are agreed upon for the following care. I further understand that notification must be made, in writing if any changes are needed to these hours. Two weeks notice is required for permanent changes in schedule.

I agree to pay childcare according to pay schedule: Week of Care ( Monday, by 6:30pm ) for the rate of \$\_\_\_\_\_.00 (per each week). Payments may be made in money order or check. I am advised that there is a \$25.00 charge for all returned checks. I understand that I am also responsible for all late fees.

**Leaping Learners** agrees to keep parents informed of all incidents, illnesses, injuries, adverse reactions to medications, exposure to communicable diseases. I further understand that this facility will not dispense medications to my child without a written authorization.

**Leaping Learners** agrees to obtain written authorization from parents before any child may participate in field trips, special activities away from facility, and water-related activities in water that is more than 2 feet deep. **I agree to abide by all policies and procedures as stated in this parental agreement**

Parents/ Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Childcare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_