



**PRECIOUS JEWELS LEARNING, INC.  
ENROLLMENT APPLICATION FORM**

School Year \_\_\_\_/\_\_\_\_

*Please Print Legibly*

<b>CHILD'S LEGAL NAME:</b> _____	<input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>F</b>
<b>NAME CHILD IS CALLED:</b> _____	DATE OF BIRTH: ____/____/____
<b>GRADE:</b> <input type="checkbox"/> <b>LANGUAGE SPOKEN AT HOME:</b> _____	FAVORITE SNACK: _____
<b>ADDRESS:</b> _____	FAVORITE COLOR: _____
	FAVORITE BOOK: _____

	Mother	Father
<b>NAME</b>		
<b>ADDRESS</b> (same as above) <input type="checkbox"/>		
<b>CITY</b>		
<b>PHONE NUMBER: HOME</b>		
<b>PHONE NUMBER: WORK</b>		
<b>PHONE NUMBER: CELL</b>		
<b>EMAIL ADDRESS:</b>		

Emergency Contact Information (other than parents)	
<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>PHONE NUMBER:</b>	<b>HOME: BUSINESS:</b>
<b>CELL PHONE:</b>	<b>CHILD'S HEALTH CARD # (optional)</b>
<b>FAMILY PHYSICIAN:</b>	<b>PHONE NUMBER:</b>
<b>SIBLINGS NAMES AGE BIRTHDATE</b>	

**WHICH PROGRAM WILL YOUR CHILD BE ATTENDING? Please check each applicable box.**

<b>MOTHER'S DAY OUT PROGRAM</b> (ages 2 – 4 years old) 9:00 a.m. - 12:30 p.m. <input type="checkbox"/>	<b>PRESCHOOL PROGRAM</b> (ages 3 – 5 years old) 9:00 a.m. – 2:30 p.m. <input type="checkbox"/>
<b>BEFORE &amp; AFTER SCHOOL CARE PROGRAMS</b> 7:00 – 9:00 a.m. 3:30 – 7:00 p.m. <input type="checkbox"/>	<b>SUMMER BREAK PROGRAM</b> 9:00 a.m. – 3:30 p.m. <input type="checkbox"/>

**Who Is Permitted to Pick Up Your Child? (other than parents)**

Name	Relationship



# Precious Jewels Learning, Inc.

## Enrollment Agreement

### Medical Information

SCHOOL YEAR: \_\_\_ / \_\_\_

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

#### CHILD'S MEDICAL HISTORY

Height	Weight	Hair color	Eye color	Distinguishing marks	Date of Birth
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- Special medical conditions \_\_\_\_\_
- Chronic illnesses \_\_\_\_\_
- History of serious injuries or hospitalizations of which we should be aware \_\_\_\_\_
- Diabetes  Yes  No  
If your child has diabetes, please notify the Center Director. An Authorization Form for Children with Diabetes must be completed at enrollment.
- Medication that will be administered regularly at the center \_\_\_\_\_
- Special dietary needs \_\_\_\_\_
- Physical restrictions \_\_\_\_\_
- Is your child able to fully participate in all of the activities offered by PJLI?  Yes  No Explain: \_\_\_\_\_
- Does your child function at the level of other children in his or her age group?  Yes  No Explain: \_\_\_\_\_
- Is your child able to walk?  Yes  No Explain: \_\_\_\_\_
- Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_
- Does your child require any assistance at mealtime?  Yes  No Explain: \_\_\_\_\_
- Does your child rest in the middle of the day?  Yes  No Explain: \_\_\_\_\_
- Is your child toilet trained?  Yes  No If so, does he or she needs assistance? \_\_\_\_\_
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.? Yes No Explain: \_\_\_\_\_
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  Yes  No
- Does your child require and/or desire any accommodations or modifications to equally enjoy and participate in PJLI's group care setting?  
 Yes  No Explain: \_\_\_\_\_

#### Please note if your child had any of the diseases listed below?

- |  |       |      |       |
|--|-------|------|-------|
| <input type="checkbox"/> Bronchiolitis/pneumonia.....    | _____ | Date | _____ |
| <input type="checkbox"/> Chicken Pox (Varicella) .....   | _____ |      | _____ |
| <input type="checkbox"/> Hepatitis.....                  | _____ |      | _____ |
| <input type="checkbox"/> Scarlet Fever .....             | _____ |      | _____ |
| <input type="checkbox"/> Measles Rubeola.....            | _____ |      | _____ |
| <input type="checkbox"/> Rubella (German Measles).....   | _____ |      | _____ |
| <input type="checkbox"/> Mumps.....                      | _____ |      | _____ |
| <input type="checkbox"/> Pertussis (Whooping Cough)..... | _____ |      | _____ |
| <input type="checkbox"/> Other Serious Illnesses .....   | _____ |      | _____ |

#### Please note screening tests performed

- |   |       |      |       |
|---|-------|------|-------|
| <input type="checkbox"/> Vision.....                        | _____ | Date | _____ |
| <input type="checkbox"/> Hearing .....                      | _____ |      | _____ |
| <input type="checkbox"/> Speech.....                        | _____ |      | _____ |
| <input type="checkbox"/> PPD Test .....                     | _____ |      | _____ |
| <input type="checkbox"/> Sickle Cell Anemia.....            | _____ |      | _____ |
| <input type="checkbox"/> Developmental Screening .....      | _____ |      | _____ |
| <input type="checkbox"/> Educational Screening/Testing..... | _____ |      | _____ |
| <input type="checkbox"/> Other .....                        | _____ |      | _____ |

#### Please note your child's illness history (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Frequent colds/upper respiratory infections | <input type="checkbox"/> Fainting spells                   |
| <input type="checkbox"/> Frequent sore throats                       | <input type="checkbox"/> Asthma/breathing problems         |
| <input type="checkbox"/> Frequent ear infections                     | <input type="checkbox"/> Abdominal (stomach) pain          |
| <input type="checkbox"/> Frequent skin rashes                        | <input type="checkbox"/> Urinary tract infections/problems |
| <input type="checkbox"/> Heart disease                               | <input type="checkbox"/> Persistent diarrhea               |
| <input type="checkbox"/> Lung disease/shortness of breath            | <input type="checkbox"/> Persistent constipation           |
| <input type="checkbox"/> Seizures/convulsions                        | <input type="checkbox"/> Vision/hearing/convulsions        |
| <input type="checkbox"/> Frequent nosebleeds                         | <input type="checkbox"/> Other: _____                      |

Please provide special instructions concerning any of these illnesses, as necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### ALLERGIES Please list

- |  |                |
|--|----------------|
| <input type="checkbox"/> Medications _____ | Reaction _____ |
| <input type="checkbox"/> Food _____        | Reaction _____ |
| _____                                      | _____          |
| _____                                      | _____          |
| <input type="checkbox"/> Respiratory _____ | Reaction _____ |
| <input type="checkbox"/> Bee sting _____   | Reaction _____ |
| <input type="checkbox"/> Other _____       | Reaction _____ |

Are any of the allergies severe or life-threatening?  Yes  No

If yes, please provide special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Precious Jewels Learning, Inc.

## Enrollment Agreement

### Medical Information (continued)

Child's Name

CHILD'S MEDICAL CARE PROVIDER / FACILITY	
Primary Care Physician ("PCP") name	Practice/Clinic name
PCP address	Phone
Preferred hospital/clinic for acute care and emergency care	
Dentist name	Practice/Clinic name
Address	Phone
Health Insurance Provider and policy number	Secondary Health Insurance Provider and policy number

IMMUNIZATION HISTORY					
Required	1st	2nd	3rd	4th	5th
DTP/DtaP					
Td/DT					
Polio					
MMR					
TB Skin Test Neg/Pos (if required)					
Hib (State specific)					
HBV (State specific)					
Varicella (State specific)					
Pneumococcal (State specific)					
Influenza vaccine (State specific)					
Typhoid (State specific)					
Hepatitis A vaccine (HAV)					
Hepatitis B vaccine					
Lead Test (Annually from age 1-4)					
Date of last Tetanus (if applicable)					
Other					

### PHYSICIAN'S STATEMENT

1. Does the child have any health/medical condition that could result in an emergency at the child care location? ? Yes No Explain: \_\_\_\_\_

2. Date of last physical examination. \_\_\_\_\_

3. is the child free of any infectious or communicable diseases? Yes No

4. If not, are there any infectious or communicable diseases that would preclude enrollment into the child care program? Yes No

5. Are this child's immunizations complete and up to date? Yes No If no, please explain: \_\_\_\_\_

6. Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in the PJLI group child care setting as described below? Yes No

PJLI is not a medical treatment facility. Medical services are not provided; and the PJLI teachers are not medically trained. PJLI provide one-to-one care. PJLI operates group care. Parents will provide meals and two snacks, PJLI will provide rest times, out-door play times, and follows an established curriculum. In addition, PJLI provides periodic field trips to nearby parks and places of interest.

In accordance with individual state child care licensing regulations, the ratio in the classrooms is one teacher for every six children, and there will be a maximum of six children in this classroom. PJLI's policy is to enroll children in compliance with the Americans With Disabilities Act (ADA), its implementing regulations and any other applicable federal, state or local laws that apply to the provision of child care services to those with disabilities. We review each child's situation on a case-by-case basis to determine how we can best meet the needs of each child within the PJLI setting.

7. If the answer to number six is yes, please indicate below what modifications are required. If necessary please use additional sheets of paper.

Physician Name	Name of Practice or Clinic	Phone
Address	Physician Signature	

PJLI does not discriminate on the basis of a person's religion, color, race, gender, sexual orientation, age, national origin, disability, status, or any other factors protected by law.

Date: \_\_/\_\_/\_\_

Parent Signature: \_\_\_\_\_



## PRECIOUS JEWELS LEARNING, INC. ENROLLMENT AGREEMENT

This agreement is between Precious Jewels Learning, Inc. ( Before School,  Preschool,  After-school,  Camp) program/s, and \_\_\_\_\_ (the “Parents or Guardians”) of \_\_\_\_\_ (the “Child”). Enrollment will continue until terminated in accordance with Section “D” of this agreement. This agreement becomes effective upon the child’s commencement in the program.

### **A. SCHEDULE**

Regular operating hours will be:

- Mother’s Day Out Program 9:00 a.m. - 12:30 p.m., M-W-F
- Preschool Program 9:00 a.m. - 2:30 p.m., Mon-Fri
- Before and After School Care Program 7:00 a.m. - 9:00 a.m. and -3:30 - 7:00 p.m. M-T, Fri 3:00 - 6:30 p.m.
- All aforementioned programs will operate Monday through Friday throughout the school year, except closings for holidays, and inclement weather as described in the Parent Handbook. Consult the current calendar for school year beginning and ending dates, and days closed
- PJLI will operate a recreational program on regularly scheduled P.A. Days, Spring Break, Holidays, and Summer Break.

### **B. PAYMENT PROVISIONS**

- Tuition is due and payable on the first day of each month, payable by postdated checks
- Tuition for the last month of the school year (June) is payable at the time of registration.
- A non-refundable registration fee in the amount of \$50.00 is charged for all registrations.
- The Tuition and Registration Fees are as shown on the Enrollment Record/Application form.
- No refunds will be made in case of school closures due to holidays or bad weather, or when the child is ill or does not attend. PJLI requests a two-week notice of an intended vacation.
- A \$50.00 fee will be charged in the event of a check returned due to insufficient funds. No Exceptions
- Late fees are assessed at the rate of 1.00 per minute for care beyond 7:00pm Mon-Thurs and 6:30 pm on Fri
- Chronic lateness at closing time may be grounds for termination of service.
- A child care receipt for income tax purposes will be provided at the end of the year.



### **C. OBLIGATIONS OF PARENTS**

The Parents will:

- Furnish required medical information prior to the Child's commencement in the program and regularly as needed thereafter.
- Bring the Child to a teacher each day, sign IN and upon pick-up, sign OUT on the attendance registry.
- Notify the School when a person not previously authorized in writing or not known to staff will pick up the Child.
- Provide the Child with a nutritious, well-balanced lunch and two snacks in a labeled bag or box if attending the full day program.
- Keep Enrollment Record information current.
- Abide by all rules and policies in the Parent Handbook.

### **D. TERMINATION OF ENROLLMENT**

Enrollment will be considered terminated if:

- The Parents give the PJLI one full month advance written notice of withdrawal, effective the last day of the month.
- Payment is delinquent beyond the 5<sup>th</sup> day of the month.
- The Parents fail to comply with this agreement, The Parent Handbook, or any other rules of PJLI.
- PJLI, in its sole discretion, determines it is unable to meet the needs of the Child, or that it is not in the best interest of PJLI or other children enrolled to have the Child continue in attendance.
- There is serious illness or death of the Child.
- PJLI and its staff retain the sole right and responsibility to determine any disputed factual matters regarding termination of enrollment.

### **E. MEDICAL TREATMENT AUTHORIZATION**

PJLI is authorized to secure such emergency medical treatment as may be required. PJLI will use its best efforts to immediately notify a parent or person designated to be called in case of emergency. The Parents authorize any licensed physician or medical facility to treat the Child in case of an emergency.

In case of a medical or other emergency while my child is under PJLI's supervision, I understand that PJLI staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize PJLI to act on my behalf and to take the emergency measures including those listed below if deemed necessary by PJLI staff or by medical authorities for the care and protection of my child. I authorize PJLI to:

Consult the primary care physician or dentist named on child's record if I cannot be reached to:

- Administer first aid and/or cardiopulmonary resuscitation.



- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- Administer syrup of ipecac if directed to do so by the Poison Control Center in case of accidental ingestion of a poisonous substance, except where prohibited by state child care licensing regulations.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of PJLI's facility.
- I must complete any state-specific medical authorization forms required by individual state child care licensing regulations to give written authorization for PJLI to administer non-prescription or prescription medication to my child.

#### **F. HEALTH CERTIFICATION**

- Prior to admission each child must be immunized as recommended by the local Medical Officer of Health. Precious Jewels Learning, Inc. also requires that an accurate and complete health record of each child be submitted prior to the Child's commencement in the program.
- I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed
- If the center staff notifies me that my child is ill; I must pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.

#### **G. FIELD TRIPS**

- Permission is granted for the Child to participate in supervised walking excursions within the vicinity of Mableton, GA.

#### **H. MODIFICATION OF THIS AGREEMENT**

- This agreement may be modified by Precious Jewels Learning, Inc. by written notice to the Parents, whenever any circumstances covered by the Agreement change.

#### **I. OTHER TERMS**

- The Parents will cooperate with the policies of Precious Jewels Learning, Inc., perform the obligations of parents set forth in this Agreement, and abide by the rules, regulations, and policies provided by PJLI.
- The Parent agrees to notify the center staff by 9:00 a.m. when my child is absent. I must notify PJLI staff if my school-age child will not arrive by scheduled school bus on a particular day.
- The parents release Precious Jewels Learning, Inc., its owners, officers, and staff from any liability arising from or out of any accident which may occur from any cause whatsoever or en route to or from the PJLI premises.
- PJLI does not discriminate on the basis of a person's religion, color, race, gender, sexual orientation, age, national origin, disability, Vietnam-era status, or any other factors protected by law.



**Parent(s)/Guardian(s) Signatures**

(both parents must sign when applicable)

**Mother/Guardian:**

\_\_\_\_\_

Date: \_\_/\_\_/\_\_

**Father/Guardian:**

\_\_\_\_\_

Date: \_\_/\_\_/\_\_

**Payment Information**

Mastercard  Visa  Personal  Check Cash

Card Number: \_\_\_\_\_ Card Exp. Date: \_\_/\_\_/\_\_

Card I.D. # \_\_\_\_\_ The 3 or 4 digit security code may be found on the back of the card.

Amount to be Charged \$ \_\_\_\_\_ Current Date: \_\_/\_\_/\_\_

Name as it appears on Card:  
\_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**My signature below authorizes Precious Jewels Learning, Inc. to charge my credit card for provide services.**

Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Check Amount: \_\_\_\_ Check # \_\_\_\_\_ Cash Amount: \_\_\_\_

**For Office Use Only:**

Completed By: \_\_\_\_\_ Date: \_\_/\_\_/\_\_