

Springfield Christian Academy
1873 Iris Drive SE, Conyers, GA 30013
(770)929-1813

Required

DL# _____

Email address: _____ SSN _____

Entrance Date _____ **Withdrawal Date** _____

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

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____ Email Address _____

Father's Name _____ Home Phone Number _____

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 _____

Mother's Name _____ Home Phone Number _____

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 _____

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 _____

Telephone Number _____ (Street-City-State-Zip)
Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Springfield Christian Academy

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*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

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

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

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

Name _____ Telephone Number _____
Name _____ Telephone Number _____
Name _____ Telephone Number _____

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

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of **Springfield Christian Academy** 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: _____ Date: _____

Facility Administrator/Person-In-Charge: _____ Date: _____

Springfield Christian Academy
The following information is required by Springfield Christian Academy annually.

Vehicle Emergency Medical Information

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:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses Rockdale Medical Center

Address 1412 Milstead Ave NE Conyers, GA 30013

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child and if **Springfield Christian Academy** cannot get in touch with me, I give **Springfield Christian Academy** permission to seek medical attention and/or transport my child. 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 _____

Parental Agreements with Springfield Christian Academy

Springfield Christian Academy agrees to provide day care for _____ from Monday-Friday 6:00 AM-6:30 PM. from January-December. (Name of Child)

My child will participate in the following meal plan (circle all that apply):

Breakfast

Lunch

Afternoon Snack

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; dosages; 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, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Springfield Christian Academy 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 **Springfield Christian Academy** to obtain emergency medical care for my child when I am not available.

I agree to pay \$_____ dollars per () weekly, () bi-weekly, () monthly. I understand these fees are due **IN ADVANCE**, for the upcoming week. Should I fail to pay my child care fees on Monday, I will agree to pay a late charge of \$10. An additional \$10 will be added to my balance if not paid by Wednesday. I also understand that failure to keep my childcare fees paid in advance could result in the termination of childcare provided for my child. All costs i.e. attorney fees, collection fees, etc. associated with the collection of any outstanding balance due upon withdrawing your child will be the parent's responsibility. **I understand these fees are due in advance of the upcoming week. Child care fees are paid whether the child attends or not and will continue until a two week notice is given by parent.**

I understand that the school 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.

I have received a copy and agree to abide by the policies and procedures **Springfield Christian Academy**.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

Springfield Christian Academy

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. 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 **Springfield Christian Academy**, 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

Other (please specify)

Parent/Guardian Signature & Date

*center should maintain in child's file

Permission for Emergency Transport Agreement

This is to certify that I,
_____ **give Springfield**

**Christian Academy permission to
transport my child,
_____, from
Springfield Christian Academy to Peeks
Chapel Elementary in the event of an
emergency evacuation.**

**Peeks Chapel Elementary is
approximately 2 minutes from the
center.**

Parent Signature _____

Date _____

**Springfield Christian Academy
Discipline Policy**

We encourage positive redirection. Positive redirection teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of the conflict.

1. Firm voice control. (no harsh tones will be used)
2. We use the time out method as a last resort. (1 minute per age of child)
3. Removal of child from classroom environment.
4. Excessive behavioral issues will result in a conference with the teacher and Director.
5. Severe biting, your child will be sent home. A conference with the Director, teacher, and parents will be set up.
6. When all other options have been exhausted, the child will be removed from the Academy.

Any severe biting, scratching, pinching, kicking, sassing, or cursing will not be tolerated. Please understand that we will maintain an atmosphere of Christian Love and caring for all children. We cannot risk the safety of our teachers, staff, and other children. By signing this statement, you acknowledge and agree to the above disciplinary policies of **Springfield Christian Academy**.

Name of child _____

Parent signature _____

Date _____

