



Connection Pointe
Christian Academy

Enrollment Application

Child's Information

<u>Child's Name:</u>	<u>Date to Begin Childcare:</u>
<u>Home Address:</u>	<u>Date of Birth:</u>
<u>City, State, Zip Code:</u>	<u>Sex:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Child Resides with:</u> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<u>Child's Social Security Number:</u>
<u>I am enrolling my child in (check all that apply):</u> <input type="checkbox"/> Infants <input type="checkbox"/> PreToddler <input type="checkbox"/> Toddler <input type="checkbox"/> 2 yr Class <input type="checkbox"/> 3 yr Class	<u>Private Academy:</u> <input type="checkbox"/> PreK <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st grade <input type="checkbox"/> 2 nd grade <input type="checkbox"/> 3 rd grade <input type="checkbox"/> 4 th grade <input type="checkbox"/> 5 th grade <input type="checkbox"/> 6 th grade <input type="checkbox"/> ASP <input type="checkbox"/> CAMP

Parent's Information

	<i>Mother (or Custodian)</i>	<i>Father (or Custodian)</i>
<i>Full Name:</i>		
<i>Social Security Number:</i>		
<i>Relationship to Child: (if custodian)</i>		
<i>Home Address: (if different from child's)</i>		
<i>Home Phone Number:</i>		
<i>Work Phone Number:</i>		
<i>Employer:</i>		
<i>Work Address:</i>		

Email Address: _____

Release Information

Name of person who will be picking up your child most days:

This child may be released ONLY to the following persons:

(ALWAYS call the center if anyone other than the person listed above will be picking up your child)

<i>Name</i>	<i>Address</i>	Daytime Phone Number

Emergency Contacts

In an emergency, if a parent cannot be reached, who should we contact

<i>Name</i>	<i>Address</i>	Daytime Phone Number

Medical Information

Name of child's physician:

Phone Number:

Describe any allergies (drugs, insects, foods, etc.) or other physical or mental disorders, disabilities, etc. of which we should be aware. Describe any special care or procedures we should provide:

Certification

I certify that all of the preceding information is true and correct:

Signature: _____

Date: _____

Authorization for Emergency Medical Treatment

If my child _____, should become ill or injured at Connection Pointe Christian Academy, I understand that the facility will contact me immediately and/or contact the person(s) I have designated if I cannot be reached.

Should Connection Pointe Christian Academy be unable to reach me and/or the persons I have designated, CPCA is authorized to contact my child's primary physician and/or arrange for immediate treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept the responsibility for payment of any medical services rendered.

Signature

Relationship to child

Date

Medical Alert Information (ex. Medicine allergies, handicap conditions, etc.)

The hospital facility Connection Pointe Christian Academy Center uses: **Wellstar Cobb Hospital on Austell Road**

By signing this statement, you further agree to keep all telephone numbers and emergency information current with the Center at all times.

Vehicle Emergency Medical Form

This form will remain in the van or bus for each child that is transported by the Center.
The form must be completed & must contain the following information:

Child's Name: _____ **Date of Birth:** _____

Address: _____

Father's Name: _____ **Mother's Name:** _____

Father's Phone Numbers: _____

Mother's Phone Numbers: _____

List (1) alternate person if parents cannot be reached:

Name: _____ **Phone Numbers:** _____

Child's Doctor: _____ **Phone Number:** _____

Medical facility the Center uses is: Wellstar Cobb Hospital 3950 Austell Road, Austell GA 30106

List child's allergies: _____

Current prescribed medications: _____

Special medical alert needs or conditions:

In the event of an emergency during transportation involving my child and if Connection Pointe Christian Academy cannot get in touch with me or authorized persons, 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.

Parent Signature

Date

Director Signature

Date

Transportation Agreement

(To be completed by parents of children who will be transported on daily basis to/from school)

Parents: If we pick up & drop off your child, please note both times on form

This is to certify that I give Connection Pointe Christian Academy authorization to transport my child, _____, from his/her school

at _____ am/pm to arrive at the CPCA or my child's school
at approximately _____ am/pm Monday-Friday during the _____ school year.

My child's school, _____ is approximately _____ miles away from Connection Pointe Christian Academy.

Parent Signature

Date

Director Signature

Date

For Children Attending After School Program Only!

Parental Agreements with Connection Pointe Christian Academy

1. The Connection Pointe Christian Academy agrees to provide day care for:

_____ on _____
(name of child) (days of week)

From the hours of _____ a.m. and _____ p.m.

This agreement is from _____ until I give my two weeks written notice to the Center.
(today's date)

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

Breakfast Lunch Afternoon Snack

3. I will provide written authorization prior to requesting any medication being dispensed to my child. This will include the date, my child's name, name of medication, prescription # (if any), dosage and the date and time the medication is to be given. Medicine will be in the original container with my child's name clearly marked. If medicine is over the counter, there must be a doctor's letter stating dosage, date and time medicine should be dispensed.
4. 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 location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The Center agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases, which include my child.
6. The Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips or special activities occurring in water that is more than two (2) feet deep.
7. Parent agrees to escort their child in and out of the building each day and to sign in and out each day of attendance.
8. I agree that I will keep my tuition current at all times at risk of having my child released from the Center. Tuition is due every Friday afternoon. Tuition received after this time is considered late & will be assessed a \$35.00 late fee after Friday evening. If my account is over 1 week late, my child will be released from the Center and I will be assessed a \$50.00 deposit plus one week's tuition.
9. I have read and agree to abide by these policies and procedures.

Signature (Parent/Guardian) _____ Date: _____

Director Signature: _____ Date: _____

Connection Pointe Christian Academy

"Where children are a blessing"

888 East West Connector SW • Austell, GA 30106 • 770-803-6475

Teresa Sigman - Director

Payment Guidelines

- Tuition is due every Friday for the following week. If payment is not received on Friday, a \$35.00 late fee will be charged to your account. If payment has still not been received by Monday afternoon, your child will not be permitted to stay on Tuesday morning.
- Tuition is for *places reserved* for your child, not periods of *attendance*
- Tuition received after 6:30pm on Friday is considered late
- All registration fees and matriculation fees are non-refundable
- **Infant thru 3-year-old only** refunds of unused tuition will be given only if 2-week notice of withdrawal has been given
- A \$30.00 fee will be charged for returned checks and if the account has 2 returned checks, we will only accept cash from that point forward.
- Any child not picked up by 6:30pm will be charged a late fee of \$5.00 per minute. Children left at the Center longer than thirty minutes will be placed in the care of the police department as a deserted child. Late pick-up payments must be paid in cash or check at time of pick-up.
- **Infant thru 3-year-old ONLY**. Each family is awarded 2 weeks of absent credit at the rate of ½ of your tuition. These 2 weeks of credit can be used at your discretion for vacation or illness. Each week after these 2 weeks have been used will be full rate.

By signing this statement you are stating that you agree to the payment guideline terms and conditions and will abide by them.

Parent Signature

Date

Director

Date