



Walton Creative Learning Center
"For Those Who Care Enough For The Finest"



Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex ____ Age ____ Date of Birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____

Father's Name _____ Home Phone Number _____

Father's Home Address _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Number _____

Employer Street Address _____ City _____ State ____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Number _____

Employer Street Address _____ City _____ State ____ Zip _____

Child's Living Arrangement: (check one) () Both Parents () Mother () Father
() Other Child's Legal Guardian

This 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) _____

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

Person to contact in the case of emergency when parents or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any _____

Child's Doctor or Clinic name _____

Doctor/Clinic Phone Number _____

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 **Walton Creative Learning Center** 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 _____
Signature

Date _____

Facility Administrator/Person-In-Charge _____
Signature

Date _____

Authorization to Dispense External Preparation

Parental Authorization: Except for first aid, personal shall not dispense prescription or non-prescription medication 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 medication: prescription number, if any; dosage; the date to be given; the time of day to be dispensed; and signature of parent.

I give **Walton Creative Learning** permission to apply one or more of the following topical ointments/preparation to my child in accordance with the direction on the label of the container.

Baby Wipe ____, Band-aid ____, Sunscreen ____, Insect Repellent ____, Baby Powder _____,

Neosporin or similar ointment _____, Bactine or similar first aid spray _____,

Non-Prescription ointment (such as A & D, Destine, Vaseline) _____

Other (please specify) _____

Parent/ Guardian Signature _____ Date _____

Will remain in child's file

Parental Agreement with Child Care Facility

Walton Creative Learning Center agrees to provide child care for _____
(Name of child)

On _____ a.m. _____ to p.m. _____ From _____ to _____
(Days of Week) (Month) (Month)

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

Breakfast, Lunch, Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medication 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 parent(s), person authorized by parent(s), or the facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant change as they occur, e.g., telephone numbers, work location, emergency contacts, 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.

I acknowledge that payment is due on Monday for the current week and late fees will be added to my balance if payment is made after 6:00pm. _____

The weekly fee is due regardless of absences due to sickness, holidays, etc. _____

Walton Creative Learning Center 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 (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for
Walton Creative Learning Center
(Name of Facility)

I understand that the facility 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.

Signed:
(Parent/Guardian) _____ Date _____

Signed:
(Facility Administrator/Person in charge) _____ Date _____



Walton Creative Learning Center
"For Those Who Care Enough For The Finest"



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 **PIEDMONT MEDICAL CENTER**

Address **2151 WEST SPRING STREET, MONROE GA 30655** PHONE **770-267-8461**

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if **Walton Creative Learning Center** 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) _____

Witness by _____ Date _____

Walton Creative Learning Center

Transportation Agreement

This is to certify that I give Walton Creative Learning Center

Name of Facility

Permission to transport my child _____

Name of child

From _____ at _____ (am/pm)

Pickup Location

to Walton Creative Learning Center at _____ (am/pm).

Delivery Location

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

to Walton Creative Learning Center at _____ (am/pm)

on the

Delivery Location

following days:

_____ **Monday**

_____ **Tuesday**

_____ **Wednesday**

_____ **Thursday**

_____ **Friday**

_____ 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

Location

center. In the event that my child is not to be transported as outline above, I agree to notify Walton Creative learning Center.

Facility

Signature (Parent/Guardian) _____ Date _____

Safe Sleep Practices Policy

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____



Walton Creative Learning Center
"For Those Who Care Enough For The Finest"



Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Walton Creative Learning Center to use the image of my child, _____ . Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the **Walton Creative Learning Center** website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image

Parent/Guardian signature _____ Date _____

Walton Creative Learning Center
793 Ridge Road
Monroe, GA 30655
770-267-9390

Walton Creative Learning Center



Infant Affidavit



Name of Sponsor (if applicable) Walton Creative Learning Center

Name of Provider/Center Walton Creative Learning Center

Name of Infant: _____

Infant Date of Birth: _____

Name of Parent/Guardian: _____

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program must provide meals to all infants enrolled for care in the center/facility.

Center/provider will provide the following milk-based iron-fortified formula: Parent Choice Gentle

Center/provider will provide the following Iron-fortified infant cereal: Gerber Oatmeal Cereal

Center/provider will provide the following brand of infant foods: Gerber

Parents/Guardians,

Please check one of the following options below and sign this form:

 I would like the provider/center to provide ALL meal components to my infant and I will provide clean, sanitized, and labeled bottles daily.

 I will provide the following meal component to my infant and the center will provide all other meal components:

Formula*

Meat/Fish/Poultry/Eggs/Beans/Peas

Cereal

Cheese/Cottage Cheese/Yogurt

Fruit

Bread/Crackers/Breakfast Cereal

Vegetable

Parent/Guardian Signature

Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian. The center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.

Walton Creative Learning Center



793 Ridge Road, Monroe, Georgia 30655
(770) 267-9390
FAX (770) 207-7755

HEALTH RECORD

Health Record to be completed by doctor and returned to school as soon as possible
(please print)

Child's Name _____

Birthdate _____; Height _____ Weight _____

Growth _____
(normal) (other)

Eyes - With Glasses _____ Without Glasses _____

Ears - Hearing Loss _____ Other Defects _____

Heart _____ Lungs _____ Tonsils _____

Nose _____ Nutrition _____

Skin _____ Speech _____

Glands _____
(cervical) (thyroid) Other (specify) _____

Orthopedic - Structural Defects _____ Posture _____

Scoliosis _____ Feet _____ Hernia _____ Blood Pressure _____

Systems of Nervous Disorder _____

Operations _____

Serious Injuries _____

Allergies _____

Is there any condition which would limit participation in regular physical activities?

Is the child free of communicable disease? _____

Additional Remarks That May Be of Value to The School _____

Name and Address of Physician (Please Print) _____

Telephone _____

Signature of Physician _____

Date _____



Walton Creative Learning Center
"For Those Who Care Enough For The Finest"



Dear Parents:

“Every child has the right to learn” is a slogan adopted for all children in Georgia. In order for children to learn, an atmosphere free of distractions and disturbances must be made available. Students must respect the right of teachers to teach and respect the right of fellow students to learn.

We find it necessary to address the issue of disruptive behavior and what our policy is in dealing with disruptive behavior. We do not expect children to be perfect; however, we do expect children to adjust to limits set forth in our school, as well as respect the right of teachers and fellow students.

In order for us to give your child the very best in preschool education, we seek your support in dealing with disruptive behavior. We will not tolerate classes being disrupted without limits. We will continue our “Redirection Method” which has worked for the majority of our students. Usually it just takes a minute or two for the child to calm himself/herself. If we see that “Redirection” is not working for your child you will be called for a conference. You and your child’s teacher will work toward a possible solution.

In extreme cases where the child does not respond to “Redirection” and the child is extremely disruptive, you will be called and you must come for your child. In some cases, you may be asked to keep your child out for a day to calm himself/herself. In other cases, we will offer suggestions for additional help. If we are unable to get a workable solution it may become necessary for a child to be dismissed from our program.

We want to give the very best we possibly can to EVERY CHILD and we need the support of you, the parents. Our teachers deserve respect from students in order to teach them.

Sincerely,

Cindy Harp, Director

793 Ridge Road Monroe Georgia
(770) 267-9390 - Fax (770) 207-7755



Walton Creative Learning Center
"For Those Who Care Enough For The Finest"



DISRUPTIVE BEHAVIOR

I, _____, have received and read the policies set forth by

Walton Creative Learning Center in dealing with "Disruptive Behavior". If my child does not respond to the "Redirection Method" I am aware that I will be called for a conference. In extreme cases I may be called to pick my child up and keep him/her out for the day. If a workable solution cannot be reached I may have to remove my child from enrollment.

My child's name is _____

My name is _____

Witness _____

Date _____



Walton Creative Learning

“Where Playing is Learning & Learning is Playing”

Dear Parents,

We are excited about our new Monthly Newsletter by email! In the monthly email, you will receive a copy of the menu, information about what is currently going on in the classrooms, information on upcoming events in the center and even upcoming events within our community. You will still receive a weekly newsletter from your child’s teacher that will have more details about his/her individual class. We will also use email as a way to let parents know about closing due to bad weather. Emails will be sent blindly and all personal information will be kept private.

*Walton Creative Learning will not share your information with anyone.

If you would like to receive a Monthly Newsletter by email, please fill out the information below & return to the front office.

(Please print clearly)

Parents name: _____

Child’s name: _____

Please indicate class: Infants Tots K2 K3 Pre-K Afterschool

Email address: _____

Parents signature: _____

Walton Creative Learning

RN Statement

Walton Creative Learning does not have a medically trained Licensed RN on staff. All injuries and/or illness will be treated to the best of our abilities. 911 will be called if the need is present and parents will be notified. All staff members are required to participate in annual training of First Aid, CPR and Fire Safety.

If your child requires special medical attention, please notify the director to see if your child's needs can be met while at Walton Creative Learning.

I have received and read the above statement.

I understand that Walton Creative Learning does not employ a Licensed RN.

Child's Name: _____

Parent's Name (print): _____

Parent's Signature: _____

Date: _____

Witness: _____

Walton Creative Learning Center

793 Ridge Road, Monroe, Georgia 30655

(770) 267-9390

KINDERGARTEN/PRESCHOOL AND CHILD CARE ENROLLMENT FORM NON-REFUNDABLE REGISTRATION FEE OF \$75.00 IS DUE UPON ENROLLMENT REGISTRATION FORMS.

Child's Name _____ Birthday _____ Age _____

Home Address _____ Phone _____

Parent's Name _____ Bus. Phone _____

Enroll my child in the following: (Please check below.)

- | | |
|--|--|
| _____ 3-Year Kindergarten and Child Care | \$145.00 - Weekly |
| _____ 2-Year Kindergarten and Child Care | \$150.00 - Weekly |
| _____ Toddler Program and Child Care | \$150.00 - Weekly |
| _____ Infant Program and Child Care | \$150.00 - Weekly |
| _____ Pre-K After School Program
<i>(Additional Charge when attending full-day)</i> | \$ 75.00 - Weekly
<i>(\$ 15.00 - Extra per day)</i> |
| _____ Pre-K Before and After School
<i>(Additional Charge when attending full-day)</i> | \$ 85.00 - Weekly
<i>(\$ 15.00 - Extra per day)</i> |
| _____ Morning Transportation to the county school
<i>(Payments are due regardless of absence or school break)</i> | \$ 50.00- Weekly |
| _____ School Age After School Program
<i>(Additional Charge when attending full-day)</i> | \$ 80.00 - Weekly
<i>(\$ 15.00 - Extra per day)</i> |
| _____ School Age Before & After School Program
<i>(Additional Charge when attending full-day)</i> | \$ 85.00 - Weekly
<i>(\$ 15.00 - Extra per day)</i> |
| _____ Pre-K Summer Program and
School Age Summer Program | \$150.00 - Weekly |
| _____ Daily Drop-in Rate | \$50.00 - Per Day |

Weekly Family Discount \$ 5.00 - 2nd Child, \$ 5.00 - 3rd Child

We are licensed by Bright from the Start Georgia Department of Early Care and Learning to provide services for children 6 weeks to 12 years of age. A child must be 2 or 3 years of age by September 1 to enroll in our Kindergarten/Preschool Program. There is limited enrollment for each class. Payment is due on Monday for the current week. A \$15 late fee will be added to all payments made after 6:00 pm on Monday. The weekly fee is due regardless of absences due to sickness, holidays, etc. All rates are subject to change. Please be prompt for departure. Children leaving after 6:00 PM will be charged \$ 2.00 per minute per child.

I have read the above and the rate sheet and thoroughly understand all terms and agree to abide by all of Walton Creative Learning, Inc. policies and procedures pertaining to programs, operations, and financial agreements.

Parent's Signature _____ Date _____