



Expected Enrollment Date: \_\_\_\_\_

How did you hear about us?  Website  Social Media  
 Walk-in  Parent Referral

Parent Referred By: \_\_\_\_\_

# Infant Enrollment Application

## Child Information

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Living Arrangement:  Both Parents  Mother  Father  Legal Guardian

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Allergy: \_\_\_\_\_

*(If child has any allergies, a current allergy action plan will be required to be on file)*

Current Medications *(list only those taken for an ongoing disorder/illness that last more than 1 month)*

Name of medication	How often taken	Reason for medication

Please list any physical/mental/developmental special needs that your child has.

We occasionally photograph / video the children to display throughout the center, use in craft activities, placed on our website and social media pages. Do we have your permission to photograph / video your child for these purposes?

<u>Photos</u>		<u>Videos</u>	
<b>Crafts</b>	___ Yes ___ No	<b>Crafts</b>	___ Yes ___ No
<b>Center Display:</b>	___ Yes ___ No	<b>Center Displays:</b>	___ Yes ___ No
<b>SBLC Website:</b>	___ Yes ___ No	<b>SBLC Website:</b>	___ Yes ___ No
<b>Facebook:</b>	___ Yes ___ No	<b>Facebook:</b>	___ Yes ___ No
<b>Instagram:</b>	___ Yes ___ No	<b>Instagram:</b>	___ Yes ___ No

Is there anything else that you would like for us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Parent Information

Mother/Legal Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*We utilize text messaging to notify parents of center updates, reminders & emergency situations.*

*Is it ok to text you?*     *Yes*     *No*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(to be used to notify parents of center events and reminders)*

Employed     Full-time Student     Unemployed

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Extension: \_\_\_\_\_

School Attending: \_\_\_\_\_ Is there a phone member at the school that we can call to get a message to you in the event of an emergency?     *Yes*     *No*    Phone Number: \_\_\_\_\_

Mother's Social Security #: \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*We utilize text messaging to notify parents of center updates, reminders & emergency situations.*

*Is it ok to text you?*     *Yes*     *No*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(to be used to notify parents of center events and reminders)*

Employed     Full-time Student     Unemployed

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Extension: \_\_\_\_\_

School Attending: \_\_\_\_\_ Is there a phone member at the school that we can call to get a message to you in the event of an emergency?     *Yes*     *No*    Phone Number: \_\_\_\_\_

Father's Social Security #: \_\_\_\_\_

# *Emergency Contact & Authorized Pick-up Information*

1. Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Is this person also an authorized pick-up? \_\_\_ Yes \_\_\_ No

2. Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Is this person also an authorized pick-up? \_\_\_ Yes \_\_\_ No

3. Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Is this person also an authorized pick-up? \_\_\_ Yes \_\_\_ No

4. Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Is this person also an authorized pick-up? \_\_\_ Yes \_\_\_ No

5. Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Is this person also an authorized pick-up? \_\_\_ Yes \_\_\_ No

## **Financial Information**

### Who will be responsible for payment of this account?

\_\_\_ Mother      Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Father      Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Legal Guardian      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### How do you prefer to pay for this account?

\_\_\_ Cash      \_\_\_ Money Order      \_\_\_ Check

\_\_\_ MyProcure (Center Preferred Method of Payment)

\_\_\_ Credit/Debit Card (Visa or Master Card Only)

## **Student Weekly Schedule Information**

Please choose a student schedule from the chart below. Student schedules are used by the center to track and schedule room ratios and drop-in care availability.

SBLC Student Schedule	Days Attending	Fee Information	Comments
2 Day Part time	Tuesday & Thursday	Fee must be paid every Tuesday	Space is guaranteed for 2 specified days only regardless of child's attendance. Withdrawal policy applies.
3 Day Part Time	Monday, Wednesday & Friday	Fee must be paid every Monday	Space is guaranteed for 3 specified days only regardless of child's attendance. Withdrawal policy applies.
Full-Time	Monday – Friday	Fee must be paid every Monday	Space is guaranteed for entire week regardless of child's attendance. Withdrawal policy applies.
Before School Only	Monday – Friday  Summer & Holidays	Fee must be paid every Monday	Space & transportation to school is guaranteed for entire week as well as summer & holiday care, regardless of child's attendance. Withdrawal policy applies.
After School Only	Monday – Friday  Summer & Holidays	Fee must be paid every Monday	Space & transportation to center from school is guaranteed for entire week as well as summer & holiday care, regardless of child's attendance. Withdrawal policy applies.
Before & After School	Monday – Friday  Summer & Holidays	Fee must be paid every Monday	Space & transportation to and from school is guaranteed for entire week as well as summer & holiday care, regardless of child's attendance. Withdrawal policy applies.
Summer & School Holidays Only	Summer & Houston County School Holidays	Fee is due annually on August 1	Space is guaranteed for summer and Houston County School holidays only with paid yearly activity/registration fee.

### Which schedule will you need for your child?

\_\_\_ 3 Day Part Time      \_\_\_ 2 Day Part Time      \_\_\_ Full Time      \_\_\_ Before School Only

\_\_\_ After School Only      \_\_\_ Before & After School      \_\_\_ Summer & School Holidays Only



## Vehicle Medical Emergency Information

Child's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

---

1. Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

---

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical facility center uses: **Perry Hospital, 1120 Morningside Drive, Perry, Ga 31069**

Child's Allergies / Disabilities: \_\_\_\_\_

Long term medications: \_\_\_\_\_

---

***In the event of an emergency involving my child, Special Blessings Learning Center, Inc. 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.***

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent / Legal Guardian Printed Name: \_\_\_\_\_ 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: **Infant sheets are washed daily.**
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 \_\_\_\_\_

Management Signature: \_\_\_\_\_

Date \_\_\_\_\_



# Infant Feeding Options & Agreement

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program, I must offer to provide meals to all infants enrolled for care in my center. I will provide iron fortified rice cereal, Nestle Good Start formula and stage 1, 2, and 3 organic fruits and vegetables to infants enrolled for care in my facility.

**Parents/Guardian, please check one of the following options and sign this form.**

\_\_\_\_\_ I would like the center to provide iron fortified cereal and strained foods listed above to my infant.

\_\_\_\_\_ I would like the center to provide iron fortified formula listed above to my infant. I understand that I must provide clean bottles daily and that each bottle and cap must be clearly labeled with my child's first and last name as well as the date at all times I also agree that nipples will not be altered in any way.

\_\_\_\_\_ I will provide the following for my child daily. I understand that I must provide clean bottles daily and that each bottle and cap must be clearly labeled with my child's first and last name as well as the date at all times I also agree that nipples will not be altered in any way.

\_\_\_\_\_ Iron fortified formula

Name of formula: \_\_\_\_\_

\_\_\_\_\_ Breast Milk

*\*Any parent requesting or providing any formula other than USDA approved milk-based or soy-based iron fortified formula for their infant, must provide a doctor's statement indicating the required use of the formula. If the parent elects to have the center provide 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 may claim reimbursement for no more than breakfast, lunch and snack.*

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

# Special Blessings Learning Center, Inc.

## Infant Feeding Plan

591-1-1-15 (2) Feeding of Children Under One (1) Year of Age

- A signed written feeding plan for children under (1) one year of age shall be obtained from parents.
- Instructions from the parent shall be updated regularly as new foods are added or other dietary changes are made.
- The feeding plan shall be posted in the child's assigned classroom.

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Does child take a bottle? \_\_\_\_\_ Yes \_\_\_\_\_ No      Is the bottle warmed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child hold their own bottle? \_\_\_\_\_ Yes \_\_\_\_\_ No      Can your child feed themselves? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child eat: (*check all that apply*)?

\_\_\_\_\_ Formula      \_\_\_\_\_ Baby Foods      \_\_\_\_\_ Table Foods      \_\_\_\_\_ Whole Milk (*must have Dr. statement on file*)

What type of formula is use? \_\_\_\_\_

*\*\*Center cannot mix powered baby formula. Formula must be provided already mixed\*\**

Amount of formula to be given at each feeding: \_\_\_\_\_      How often? \_\_\_\_\_

Check here if your child is to be fed on demand. \_\_\_\_\_

### Updated Amounts of Formula

Amount Increased to: \_\_\_\_\_ oz.      Frequency: \_\_\_\_\_      Date: \_\_\_\_\_      Parent Initials: \_\_\_\_\_

Amount Increased to: \_\_\_\_\_ oz.      Frequency: \_\_\_\_\_      Date: \_\_\_\_\_      Parent Initials: \_\_\_\_\_

Amount Increased to: \_\_\_\_\_ oz.      Frequency: \_\_\_\_\_      Date: \_\_\_\_\_      Parent Initials: \_\_\_\_\_

---

### Instructions for the Introduction of Solid Foods

\_\_\_\_\_ Parent will specify when ready      \_\_\_\_\_ Fruits First      \_\_\_\_\_ Vegetables First      \_\_\_\_\_ Other

If "other", please explain: \_\_\_\_\_

Food likes: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Does your child have any allergies? (*Include any premixed formula*) \_\_\_\_\_ Yes (*Must have medical documentation*)      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



# Infant Feeding Plan Cont.

Is there anything else you want us to know about your child? \_\_\_\_\_

## Child's Table Foods Schedule

*Whole milk cannot be served to a child under one year of age without a doctor's statement.*

### Breakfast

\_\_\_\_\_ Follow Center's Meal Schedule  
Approximate Time \_\_\_\_\_ Type and approximate amount of food

### Lunch

\_\_\_\_\_ Follow Center's Meal Schedule  
Approximate Time \_\_\_\_\_ Type and approximate amount of food

### Snack

\_\_\_\_\_ Follow Center's Meal Schedule  
Approximate Time \_\_\_\_\_ Type and approximate amount of food

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

Management Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

---

### UPDATED INSTRUCTIONS REGARDING ADDING NEW FOOD OR OTHER DIETARY CHANGES

#### Please list as needed.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Changes: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Changes: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Changes: \_\_\_\_\_



## Notice of Non-Pricing Child Care Program

Dear Parent of Guardian:

Our center participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), which is administered at the state level by Bright From the Start Georgia: Department of Early Care and Learning. Please assist us in our participation in this program by completing and returning the attached Income Eligibility Statement Form with this application. This information is necessary so that Special Blessings Learning Center, Inc. may receive reimbursement for meals served to your child(ren). This form will be placed in our files and treated as confidential information.

If your household size/income is at or below the income limits on the attached document, the participant's meals are eligible for either free or reduced price reimbursement. In order for the center to receive reimbursement at the free or reduced price meal rate, the documentation in either Part 2A or 2B of the form is needed:

**2A) FOOD STAMP / TANF / FOOD DISTRIBUTION PROGRAM ON INDIAN**

**RESERVATIONS (FDPIR) HOUSEHOLDS:** If your household currently receives food stamps, TANF, or FDPIR benefits, your child's meals are automatically eligible for free reimbursement. Therefore, you only have to list the child's name and food stamp case number, TANF, or FDPIR identification number and sign the statement. The EBT card number is not an acceptable number. Please include the case number on your paperwork.

**2B) HOUSEHOLD MEMBERS:** List the name of the enrolled child(ren), and the child's parents or guardian, and any other dependent children who live in the household.

**CURRENT INCOME:** List the amount of income each person earned last month (before deductions for taxes, social security, etc.) the frequency of the income, and the source of the income, such as wages or retirement. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

At a minimum please complete Part 1, Part 3A and 3B of the statement as the center is required to annually update these days and hours in which your child will be in care and the meals your child will receive.

**3A) PARENTAL AGREEMENT:** Indicate the hours and days that your child will normally be in the child care center. Circle the meals that the child will normally receive in care.

**3B) SIGNATURE:** An adult household member must sign the income eligibility statement.

**SOCIAL SECURITY NUMBER:** List the social security number of the adult who signs the income eligibility statement in order to qualify the child's meals for free or reduced meals. If the adult doesn't have a social security number, write "none".

If the enrolled child for whom the income eligibility state is being completed is a foster child, the household income should not be included on the statement, nor the per diem paid to the foster family for care of the child. Section 2C should be completed and only the actual income to the foster child should be listed.

Participants with family members who become unemployed are eligible for free or reduced price meals during the period of unemployment, to be within the eligibility standards for those meals.

Our center participated in the Child and Adult Care Food Program under the sponsorship of our legal corporation, Special Blessings Learning Center, Inc., approved by Bright from the Start Georgia to sponsor the day care centers

owned by the corporation. As such staff from the corporate office may contact you to verify the information listed on the Income Eligibility Statement or the enrollment and attendance of your child at the center. This contact may occur in the form of a letter or via phone. Household contacts are required by the federal regulations under various situations.

In the operation of USDA's food service programs, no one will be discriminated against because of race, color, national origin, sex, age or disability. If you believe that you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382.

Sincerely,  
John & Sabrina Pitzer

# WIC

## A Special Food and Nutrition Education Program for Women, Infants and Children

**WHO IS ELIGIBLE?**

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

**SERVICES PROVIDED:**

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

**TO BE ELIGIBLE, YOU MUST ALSO:**

- Have a low or moderate income AND
- Have a special need that can be helped by WIC foods and nutrition counseling

**APPROVED WIC FOODS:**

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

**INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2017 to June 30, 2018)**

Household size	Reduced Meal Income Limits				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
<b>For each additional family member add</b>	<b>+ 7,696</b>	<b>+ 642</b>	<b>+ 321</b>	<b>+ 296</b>	<b>+ 148</b>

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

Management Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization to Dispense External Preparations

**\*\*Center will maintain in child's file\*\***

**591-1-1-.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 Special Blessings Learning Center, Inc., 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.**

**\*\* Parent must provide**

\_\_\_\_\_ Baby Wipes \*\*

\_\_\_\_\_ Band-Aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent \*\*

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Destin, Vaseline) \*\*

\_\_\_\_\_ Baby Powder \*\*

Other (please specify) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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

Management Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



# SBLC Parental Policy Agreement

Please initial on the line provided before each statement

- \_\_\_ 1. **Weekly child care fees are due each Monday morning for the current week, regardless of the child's attendance that day. Fees that are not paid by the due date will be charged an additional late fee of \$40.00 and the child will not be allowed to return to the center Tuesday morning without the payment made in full. Accounts not paid in full by Wednesday of the current week will be terminated. SBLC utilizes Houston County Magistrate Court as well as Collection Bureau of Houston County to collect outstanding balances.**
- \_\_\_ 2. **I understand that the weekly childcare fee is not pro-rated based on my child's attendance each week and will be due in full unless my child is eligible for vacation time or is withdrawn from SBLC.**
- \_\_\_ 3. Understand that a yearly activity fee in the amount of **\$100.00** per family is due every Aug. 1<sup>st</sup>. This fee is due regardless of when my child was enrolled at SBLC.
- \_\_\_ 4. I understand that SBLC closes promptly at 6:00 pm. Late pick-up fees are charged beginning at 6:05 pm at a rate of **\$7.00** per minute per child. This fee must be paid in full before my child will be allowed to return to SBLC.
- \_\_\_ 5. I understand the State of Georgia mandates that the center keeps accurate attendance records at all times. I understand that I am to clock my child in and out daily via the computer located by the reception counter. If I do not clock my child in or out, I understand that I will be charged **\$2.00** for every occurrence.
- \_\_\_ 6. I understand that it is my responsibility to provide at least **two** week's written notice to the center of my intent to withdraw my child. If I fail to provide this notice, I understand that I will still be responsible for my child's fee those weeks.
- \_\_\_ 7. I understand that SBLC will only dispense medication that is considered to be "lifesaving" (Ex. Epipen, Asthma Inhaler). Before any medication is dispensed to my child, I will provide a written authorization which includes the date, name of child, name of medication, prescription number, if any, dosage and date and time of day medication is to be dispensed. Medicine will be brought in its original packaging with the prescription information clearly visible.
- \_\_\_ 8. I understand that my child will not be accepted nor allowed to remain at the center if he/she has a temperature of 101 degrees and/or higher and/or another potentially contagious illness such as, but not limited to, rash, diarrhea, sore throat, eye discharge or lice.
- \_\_\_ 9. I understand that if I am contacted and required to pick my child up from the center wither due to illness or disciplinary action, I must do so with one hour. If I do not arrive within the allotted time, the contacts that I provided will be called to pick up my child.
- \_\_\_ 10. I acknowledge that if my child is sent home due to illness, he/she may not return to SBLC until he/she has been symptom free without the aid of medication for no less than 24 hours. I also acknowledge that if my child returns to SBLC and still shows signs of illness, I will be asked to take my child home & I will have to furnish a doctor's statement stating that my child is well enough to return to SBLC
- \_\_\_ 11. My child will not be allowed to enter or leave the center without being escorted by the parent, persons authorized by the parent/guardian (over the age of 16) or center staff.

# SBLC Parental Policy Agreement (Cont.)

**Please initial on the line provided before each statement**

- \_\_\_ 12. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes such as contact numbers, addresses, authorized pick-up persons, as they occur. Per state and health regulations, I understand that I must have a current immunization certificate for my child on file at all times.
- \_\_\_ 13. The center agrees to keep me informed of any incidents, including illnesses, injuries and adverse reactions to medications, which involve my child.
- \_\_\_ 14. SBLC agrees to obtain written permission from me before my child participates in field trips, transportation, special activities away from the center and water activities that occur in more than 2 feet of water.
- \_\_\_ 15. Per USDA & CACFP guidelines, I will not allow my child to bring any outside food or drink into the center without permission from the center director first.
- \_\_\_ 16. Necessary supplies, including a **COMPLETE** change of clothing (regardless of age) are to be kept at the center at all times. If they are not, I understand that SBLC will contact me and will need to furnish them immediately. I also understand that if I do not provide diapers or wipes and the center has to use their own, a **\$2.00** fee will be charged for each diaper change until the supplies are provided.
- \_\_\_ 17. I understand that if I have a school age child that is transported from school to the center in the afternoon, it is my responsibility to notify the center by speaking with a member of management (not leaving a voice message) if my child will not be riding the van that afternoon, no later than 3:00pm. I also understand that failure to give this notice will result in a **\$5.00** "No Notice" fee being placed on my account.

***I acknowledge that I have received the SBLC Policy Handbook and agree to abide by all of the policies of Special Blessings Learning Center, Inc. I also acknowledge that violation of SBLC policies may result in the termination of my childcare services.***

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

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

SBLC Authorized  
Representative's Signature: \_\_\_\_\_

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



# Receipt of Parent Handbook

## Agreement to abide by Policies and Procedures

*Please initial on each line after reading*

- |   |                                    |
|---|------------------------------------|
| _____ Introduction                              | _____ Potty Training               |
| _____ Hours & Days of Operation                 | _____ SIDS                         |
| _____ Emergency Closures                        | _____ What to Bring From Home      |
| _____ Weekly Fee Policy                         | _____ Naps                         |
| _____ Weekly Rates                              | _____ Discipline/Biting            |
| _____ Child Schedules                           | _____ Parent/Teacher Conferences   |
| _____ Enrollment Forms                          | _____ Meals & Snacks               |
| _____ Withdrawal Notification                   | _____ Parent Conduct               |
| _____ Center Termination of Services            | _____ Parental Access              |
| _____ Singing In/Out - Late Check In            | _____ Child Abuse / Neg. Reporting |
| _____ Vacation Policy                           | _____ Religious Activities         |
| _____ School Transportation                     | _____ Emergency Plans              |
| _____ Staff: Child Supervision & Qualifications | _____ Student Curriculum           |
| _____ Parent Volunteers                         | _____ SBLC Closure Dates           |
| _____ Classroom Sanitation/Student Hygiene      | _____ Houston County School        |
| _____ Center Pets                               | _____ Calendar                     |
| _____ Confidentiality                           | _____ No Alcohol, Smoking, Illegal |
| _____ Field Trips                               | _____ Substances or Firearms       |
| _____ Illness                                   | _____ Notice to Parents & Visitors |
| _____ Medicine                                  | _____ Parents: You Have the Right  |
| _____ Outside Play                              | _____ Immunization Update          |
| _____ Toys/Candy/Gum/Movies                     | _____ MyProcare Info               |
| _____ Birthdays                                 | _____ Babies Can't Wait Info       |
| _____ Appropriate Dress                         | _____ WIC Information              |
| _____ Diapering Procedures                      |                                    |

I have received a copy of Special Blessings Learning Center's Parent Handbook in which all of SBLC's policies and procedures are outlined. By initialing each policy line and signing below, I agree to abide by all of SBLC policies and procedures. I understand that failure to follow these policies may result in the termination of my child's care.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_