



Child Enrollment Record

| Child's Information | | | |
|--|------------------------|----------------------------|------------------------|
| Child's Full Name: | | Child Resides With: | |
| Nickname: | | | |
| Date of Birth: | | Child's Age: | |
| Child's Home Address: (Include Number and Street Name) | | | |
| City, State, Zip: | | | |
| Parent(s)/Guardian(s) Information: | | | |
| | <i>Mother/Guardian</i> | | <i>Father/Guardian</i> |
| Home Address: | | Home Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Home Telephone: | | Home Telephone: | |
| Cell Phone: | | Cell Phone: | |
| Parent(s)/Guardian(s) Work Information: | | | |
| Employer: | | Employer: | |
| Work Telephone: | | Work Telephone: | |
| Work Address: | | Work Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Special Instructions to Contact Parents: | | | |
| Individuals Authorized to Pick Up Child from Little Alim's Academy: | | | |
| For your child's safety, we only allow children to leave the home with you (person enrolling the child) and the person(s) you have specified below. (One person should be listed that is not a parent/guardian.) Changes to this list must be made in writing. | | | |
| Name: | | Name: | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Relationship to Child: | | Relationship to Child: | |
| Relationship to Parent(s): | | Relationship to Parent(s): | |

Parent Agreement Form

1. I give permission for my child to be involved in the activities of Little Alim's Academy Preschool Program.
2. A registration fee for each child enrolling in the program will be due at the time of enrollment. This payment is nonrefundable. If you are registering 2 children, you will receive a 25% discount on the second child's tuition. There will be no discount on registration fees or Daily Drop Off programs.
3. The first tuition payment is due by August 1st, 2015. Tuition is divided into 10 monthly payments. Payment can be made in full by August 1st, 2015 or the remaining 9 payments are due on August 1st, 2015 with pre-dated checks. Accounts not paid by the 10th of the month will be charged a \$25.00 Late Fee.
4. I agree to give Little Alim's Academy a 30 day notice before removing my child from the school or making a change to their registered program. If a child is withdrawn from the school, they must repay a prorated registration fee if they wish to re-enroll in the same school year.
5. I agree to fulfill my financial responsibilities to Little Alim's Academy as outlined in this agreement.
6. In the event a child misses a day of school due to illness, vacation or some other reason, the day will count as an absence and cannot be made up. I also agree to inform the school of any illness or contagious disease my child has that may affect the other children in the school
7. I agree to provide bottles, a clean change of clothes, healthy lunch, and snacks in accordance with school policy unless otherwise noted.
8. I agree to respect the school's business hours of 9:00am-1:00pm. I agree to pay \$5 if I am more than 5 minutes late, plus one dollar for each additional minute I am late. (i.e. - pickup at 1:08, you agree to pay \$8)
9. Little Alim's Academy will be closed when the Cobb County schools are closed. In addition, Little Alim's Academy will close for any Islamic related holidays. Other days may be added as needed. We will start 1 week after Cobb County Schools begin and end 1 week before Cobb County Schools end for the year.
10. Little Alim's Academy is a private program. Our primary goal is to provide a loving and positive preschool experience for all children. Little Alim's Academy reserves the right to withdraw a student at any time for reasons regarding inappropriate behavior, emotional disturbances, or health, should we determine it to be in the best overall interest of the program and the other children in our care. Should a child be dismissed from the program, the prorated remainder of that month's tuition will be refunded.
11. I give permission to include my child's name, address, and phone number in the preschool directory, which is only provided to registered students' parents.
12. I release Little Alim's Academy and its representatives from responsibility for any accidents, damage, or injury that may occur on school property or when my child is participating in any school activity.
13. I authorize its representatives to seek medical attention for my child if I cannot be reached in the event of an emergency.

I have read and understand the above information.

Parent Name and Signature: _____ **Date:** _____



Medical Care and Emergency Contact Information Form

Child's Name: _____ Birth Date: _____

Address: _____

Mother's Name: _____ Phone (H): _____ Phone (C): _____

Father's Name: _____ Phone (H): _____ Phone (C): _____

Alternate Emergency Contact (1): _____ Phone: _____

Alternate Emergency Contact (2): _____ Phone: _____

Child's Physician: _____ Phone: _____

Family Physician: _____ Phone: _____

Known Allergies of Child (medicine, food, etc.) _____

Describe past serious illness or hospitalization with dates: _____

Medicines taken by child: _____

Immunization Form 3231 Completed by Your Doctor (circle one):

Attached

Not Attached

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.): _____

Health Insurance Company: _____ Policy Number: _____

Emergency Medical Treatment Consent Form

I hereby give Little Alim's Academy permission to provide first aid care for my child, _____ . In the event I cannot be reached, I hereby authorize Little Alim's Academy to transport my child to the emergency room of the hospital(s) listed below, and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). If I have not specified any hospital(s) below, my child may be taken to and cared for at the nearest hospital. I agree to not hold Little Alim's Academy or its representatives responsible for any medical expenses that may incur.

Hospital: _____ Nearest Hospital: _____

Parent Name and Signature: _____ Date: _____

Photo/Video Release Form

I hereby give permission for images of my child, captured during any Little Alim's Academy programs through video, photo and digital camera, to be used solely for the purposes of Little Alim's Academy promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (please print): _____ Age: _____

Parent Name and Signature: _____ Date: _____

Exemption Form

Little Alim's Academy is exempt from licensing by the state of Georgia, as a program that does not operate more than 4 hours per day. This exemption does not alter Little Alim's Academy's responsibility to maintain the requirements of a full-day licensed program. Little Alim's Academy to the best of its ability, maintains all established state standards.

I understand that Little Alim's Academy is not a licensed program.

Parent Name and Signature: _____ Date: _____



Child's Schedule and Interests Form

The following information will assist the provider to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.

Describe the play activities that your child likes, both indoors and outdoors: _____

What are some goals you have for your child for the coming year: _____

Describe your child's toilet and hygiene habits: _____

Please add any other special information that is important to your child's care here: _____
