

Little Tikes Academy  
2960 Albion Farm Road  
Duluth, GA 30097  
(770) 476-4221  
(770) 418-9948 (fax)

ENTRANCE DATE: \_\_\_\_\_ WITHDRAWAL DATE: \_\_\_\_\_

## CHILD'S INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

SCHOOL CHILD ATTENDS: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

MOTHER'S NAME: \_\_\_\_\_ Driver's License # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

(IF DIFFERENT FROM ABOVE)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Driver's License # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHILD'S LIVING ARRANGEMENTS: \_\_\_\_\_

CHILD'S LEGAL GUARDIAN: \_\_\_\_\_

## RELEASE

THE CHILD MAY BE RELEASED TO THE PERSON (S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ DL# \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
Cell phone \_\_\_\_\_

## EMERGENCY CONTACTS

Persons to contact in case of an emergency (when parents cannot be reached):

Name \_\_\_\_\_ Address: \_\_\_\_\_  
Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_  
Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone# \_\_\_\_\_

## MEDICAL INFORMATION

CHILD'S PHYSICIAN OR CLINIC NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

My child has the following special needs and requires the following special accommodations:

\_\_\_\_\_

My child has the following allergies yes \_\_\_\_\_ no \_\_\_\_\_  
(If yes, please list allergies) \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term use and/or  
has the following pre-existing illness or health concerns:

\_\_\_\_\_

\_\_\_\_\_

### Medicine Policy

Before any medication is dispensed to my child, I will provide a written authorization which includes: date, child's name, name of medication, prescription number, dosage, dates and times to be given. I understand that I must provide a doctor's note if my child needs Motrin, Tylenol, or any other over the counter medication. I also understand that medication will only be dispensed at 11:00 a.m. and 3:00 p.m. Medication will be in the original container with my child's name marked clearly on the package. All medication will be kept in a locked container in the center's kitchen. Please notify the front desk personnel if medication must be refrigerated. All medication will be sent home daily.

Medication forms may be filled out for up to two-weeks at a time.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Assistant Director: \_\_\_\_\_ Date: \_\_\_\_\_

# CONCERNING MY CHILD

1. My child will not be allowed to enter or leave the facility without being escorted by the parent; person authorized by parents, or facility personnel.
2. I acknowledge that it is my responsibility to keep my child's records up to date and 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.)
3. Little Tikes Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reaction to medication, or exposure to communicable diseases, which include my child.
4. Little Tikes 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.
5. I understand that my weekly childcare rate is \$\_\_\_\_\_.
6. I have received a copy of this agreement and agree to abide by the policies and procedures of Little Tikes Academy, Inc.

I have completely read and understand the above policies of Little Tikes Academy. By signing the policies and procedures, I agree to abide by all policies stated above. I also agree by signing these policies that I have been given a copy of the policies and a copy has been placed in my child's file.

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

Director/Asst. Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Infant Care

For the health and safety of all of our infants, we ask that only parents of infants and the staff at Little Tikes Academy enter the infant rooms. Please do not allow siblings to go into the infant rooms for any reason.

Parents must provide Little Tikes Academy with enough prepared bottles to feed for the entire day. We will not mix or prepare formula for bottles. All bottles must be labeled with child's first and last name and date. All bottles must have covers for nipples. Parents are responsible for providing diapers. Little Tikes will provide baby wipes. Once your child reaches 15 months of age and / or moves to the toddler room, it is the parent's responsibility to provide baby wipes for their child.

# Breakfast

Breakfast will be served at 6:30am until 8:00 a.m. There will be no more Breakfast served after 8:00 a.m. unless approved by the director at the time the child arrives.

## Little Tikes Academy Policies and Procedures

### General Information

Little Tikes Academy serves children ages six (6) weeks to twelve (12) years. Our hours of operation are 6:00 a.m. to 6:30 p.m. Monday through Friday. Little Tikes Academy will be closed on the following holidays:

1. New Year's Eve and Day (center discretion)
2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Christmas Eve and Christmas Day (center discretion)

As a general rule, Little Tikes Academy will follow Gwinnett County Schools winter closings. However, if the weather permits, we will open regardless of whether the schools are closed. Please watch WSB TV for our closings or call the center for a recorded message.

### Enrollment

All enrollment forms must be completed and on file before any child is admitted to Little Tikes Academy. Your child's immunization record (form #3231) must be on file within 30 days of enrollment

Little Tikes Academy requires a registration fee of \$50.00 per child with the presentation of the application. If your child withdraws for any period of time, you will have to pay a registration fee to re-enroll. The registration fee is a non-refundable fee.

All children must be escorted to and from the building by the parent(s), person authorized by parent, or facility personnel. All children must be signed in at the front desk and then escorted to their appropriate rooms. All children must be signed out at the front desk at the end of the day. If someone else will be picking your child up, please inform the front desk as to who the person will be. Your child will not be released without proper notification. If we are not familiar with the person picking up your child, they will have to present proper identification before your child will be released.

# Tuition

Tuition rules are as follows:

1. If your child attends one (1) to five (5) days, full tuition is due.
2. If your child is absent for an entire week, 1/2 price tuition is due.
3. Tuition is due on Friday for the upcoming week.
4. If your tuition is not paid by Monday, a late fee of \$15.00 will be charged.
5. If your tuition is not paid by Wednesday, a late fee of \$20.00 will be charged.
6. There is a \$10.00 fee for returned checks.
7. We require two (2) weeks notice if you plan to withdraw your child from our program. If we do not receive a 2 weeks notice, you will continue to be charged. The weekly tuition for your child and required to pay your tuition until your notice has been given.
8. We close at 6:30 p.m. If you are 5 minutes late, you will be assessed a fee of \$15.00 per child and \$1.00 additional per minute, per child, until your child is picked up. These fees will be charged to your account and must be paid at the time of your next daycare tuition payment.
9. Vacation -- 1 free week after 6 months of enrollment will be awarded on an annual basis.

# Discipline Procedures

Little Tikes will use a positive discipline policy. The following procedures will be followed:

1. Verbal Warning to child (by teacher)
2. Individual counseling with child from teacher or director (Directors discretion)
3. Removal from activity (time out) in classroom.
4. Child sent to front desk and parents notified immediately (Directors discretion)
5. Parent/Teacher/Director conference
6. Removal of child from program

All children are expected to follow the rules established by Little Tikes Academy. We reserve the right to dismiss your child from our program at any time for unacceptable behavior.

## Emergency Medical Plan

The staff of Little Tikes Academy will administer first aid for minor injuries. If we feel your child has received a serious injury or illness, the following emergency plan will be followed:

1. Contact Parent
2. Contact Emergency Contact if parent cannot be reached
3. Call local Emergency Medical Service (EMS)
4. Transport to nearest hospital by EMS

The emergency medical facility used by Little Tikes Academy is:

Egleston Children's Health Care Center  
2660 Satellite Blvd.  
Duluth, Ga. 30096  
770-497-1040

## Sick Child Policy

It is the policy of Little Tikes Academy in the case of fever of 101 or higher, vomiting, unexplained rash, a recognizable contagious rash or more than three diarrhea diapers in a short period of time for the parents to be notified. The child must be picked up from the center as soon as possible to reduce the risk of infection to other children. If your child is sent home from the center for any of the above-mentioned reasons it is our policy that they cannot return until they have been symptom free without the aid of a fever reducer for 24 hours or are accompanied by a doctor's note. By signing this I agree to abide by these policies.

## Evacuation Plan

In the event of severe weather, fire or physical plant problems, children will be evacuated from the building and parents notified immediately. Emergency plans are located in every room and the front desk. If you have any questions regarding these plans, please see the Director, Assistant Director or your child's teacher. Fire and tornado drills will be held on a regular basis.

# DIET

If your child requires a modified diet for medical reasons, or religious reasons, a written statement from a medical Doctor must be on file. When a child's diet must be modified for religious reasons, a written statement to that effect from the child's parents must be on file. Only food that complies with the prescribed dietary regiment but still meets the food and nutrition requirements shall be served to the child. If your child requires a special diet, you will be responsible for providing the necessary food.

I have completely read and understand the above policies of Little Tikes Academy.  
By signing the policies and procedures, I agree to abide by all policies stated above.  
I also agree by signing these policies that I have been given a copy of the policies and a copy has been place in my child's file.

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

Director/Asst.Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LITTLE TIKES ACADEMY  
EMERGENCY MEDICAL / VEHICLE EMERGENCY  
MEDICAL INFORMATION**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IN AN EMERGENCY AND PARENTS CANNOT BE REACHED:**

CONTACT NAME: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

CHILD'S PRIMARY CARE PHYSICIAN  
DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S ALLERGIES: \_\_\_\_\_  
CURRENT PRESCRIBED MEDICATION: \_\_\_\_\_  
CHILD'S SPECIAL NEEDS: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD, AND IF LITTLE TIKES ACADEMY CANNOT REACH ME, I HEREBY AUTHORIZE ANY NEEDED EMERGENCY MEDICAL CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENCES INCURRED DURING THE TREATMENT OF MY CHILD.

**Little Tikes Academy**  
**2960 Albion Farm Rd.**  
**Duluth, GA. 30097**

Hours of operation: 6:00 a.m. to 6:30 p.m.

Prices: Little Tikes Academy accepts cash, check, and most major credit cards.

Tuition is due on the Friday proceeding the week of enrollment.

You must provide an immunization record at the time of enrollment.

Registration Fee	\$50.00		
	Full Week	MWF	T/TH
6 weeks to 15 months	\$190.00		
15 months to 24 months	\$181.00	\$140.00	\$125.00
2 years old	\$173.00	\$135.00	\$120.00
3 and 4 years old	\$158.00	\$130.00	\$115.00

Part time rates only apply if two children need part time care on opposite days.

Pre-K lunch fee	\$30.00 (Applies to all Pre-K children)
Pre-K Before & After	\$85.00 (Does not include the lunch fee) (\$110.00 w/ lunch)
Pre-K Before Only	\$50.00 (Does not include the lunch fee) (\$75.00 w/ lunch)
Pre-K After Only	\$70.00 (Does not include the lunch fee) (\$95.00 w/ lunch)

**SCHOOL AGE:**

Before and After School	\$85.00
Before School	\$50.00
After School	\$70.00
School Holiday	\$15.00 additional per day if in Before and After Program \$20.00 additional per day if in Before OR After Program \$40.00 per day if child is not enrolled in Before or After Program
Early Release (B&A)	\$10.00 additional per day
Early Release (B or A)	\$12.00 additional per day
Early Release Pre-K	\$20.00 per day for children not enrolled in Before & After Program

**SUMMER CAMP**

Pre-k through 5 <sup>th</sup> grades	\$150.00 \$125.00 (3 days a week) \$90.00 (2days a week)
Forgotten Lunch Fee	\$3.50 (Field Trip days only)

**MISC. FEES:**

Drop-ins:	\$45.00 per day
Returned check fee	\$30.00
Late Fee	\$15.00

Little Tikes Academy offers a 10% discount on the oldest child's tuition. This discount does not apply if one of your children is enrolled in the Georgia Pre-K program. Full tuition will be charged if your child attends one or more days. If your child is absent for the entire week, only  $\frac{1}{2}$  tuition will be due. Tuition is not prorated for holidays or partial weeks. Little Tikes Academy closes at 6:30 pm, if you pick up your child after that time, a late fee of \$15.00 will be charged for the first 5 minutes and an additional \$1.00 per minute after.