

Entrance Date _____ Withdrawal Date _____



Application & Contract

How did you hear about us?
 (Circle all that apply)
 Yellow Pages
 Drive By
 Referred by _____
 Saw our Buses
 Web Site

Child's Name _____, <div style="display: flex; justify-content: space-around; width: 100%;"> (Last name) (First Name) </div>
Account Name (Parent/Guardian 1) _____ SSN (Parent/Guardian 1) _____ - _____ - _____ E-mail Address _____ Relationship to Child _____ Address _____ Cell Number _____ Home Number _____ Employer _____ Work Number _____ Employer Address _____
Account Name (Parent/Guardian 2) _____ SSN (Parent/Guardian 2) _____ - _____ - _____ E-mail Address _____ Relationship to Child _____ Address (if different) _____ Cell Number _____ Home Number _____ Employer _____ Work Number _____ Employer Address _____
Child's Primary Residence: Both / Mother / Father / Guardian If divorced, who has legal custody? _____ May the non-custodial parent pick up the child? Yes No <small>(Color Us Kids must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons to pick up the child at such times, unless court papers state otherwise.)</small> Child's Name _____ DOB _____ Sex _____ Child's Social Security # (not required) _____ Home Address _____ City _____ State _____ Zip _____
Please list all siblings and other people living in the home: Name _____ Relationship to Child _____ Age _____ Name _____ Relationship to Child _____ Age _____ Name _____ Relationship to Child _____ Age _____ Name _____ Relationship to Child _____ Age _____



**RELEASE
AUTHORIZATION**

The child will be released only to the people on this application and the following persons:

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Enrolling Parent/Guardian Signature _____

Please Print _____ Date _____

**AUTHORIZATION FOR
TRANSPORTATION**

My Child has permission to ride the Color Us Kids bus to and / from (name of school): _____

Signature of Parent or Guardian _____ Date _____

**PROGRAM
ASSIGNMENT**

Color Us Kids will be open from _____ AM to _____ PM for children ages 6 weeks – 12 years old.

My child will attend the following day and times:

M T W Th F

From ___ am / pm - ___ am / pm.



ENROLLMENT & FINANCIAL POLICIES

I agree to pay an annual registration fee at the time of enrollment and again every August. This enrollment fee is non-refundable.

I agree to pay the weekly tuition fee in advance, on or before the close of business each Friday. To hold your child's spot, tuition must be paid weekly whether he/she attends or not.

I am aware that I will be charged a fee of \$35 for late tuition. Tuition is considered late if not received before closing on Monday evening.

I am aware that I will be charged a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures.

This institution is an equal opportunity provider.

I understand that current rates are subject to change.

I am aware that a two week notice is required for withdrawals and failure to properly notify the center will result in being charged for the period of time that notice was not given.

I am aware that the center is within its rights to collect any unpaid tuition, fees and collection or court costs associated with collection of these charges.

Parent / Guardian Name (please print) _____
Parent / Guardian Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I hereby authorize the staff and director representing the center to give consent for any and all necessary emergency medical and First Aid care to include transportation, if needed, for my child while he/she is in the center's custody.

Signature of Parent or Guardian _____ Date _____

AUTHORIZATION FOR PHOTOGRAPHY

Permission (is / is not) given for photography for publicity purposes to be used in print promotions, e-mail, or use on the company's web site including social media sites.

Signature of Parent or Guardian _____ Date _____

AGREEMENT TO PROVIDE ADDITIONAL FORMS

I agree to provide an up-to-date Immunization Record of my child within 30 days of enrollment in any of our programs.

I agree to provide a completed Income Eligibility Statement (provided) at the time of enrollment.

Signature of Parent or Guardian _____ Date _____



AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

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 give; the time of day to be dispensed; and signature of parent.

PARENT AUTHORIZATION FORM

I give the center 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.

- _____ Baby Wipes
- _____ Band-Aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar ointment
- _____ Sunscreen
- _____ Insect Repellent
- _____ Baby Powder
- _____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- Other (please specify) _____

Parent / Guardian Signature Date

HEALTH AND MEDICAL INFORMATION

Child's Name _____
 Child's Physician / Group Name _____
 Physician's Phone # _____
 Physician's Address _____
 City _____ State _____ Zip Code _____
 Hospital Preference & Address _____

Emergency Contact (other than parents) _____
 Address _____ Phone _____

Does your child have any allergies or special needs? _____

Is your child potty trained? Yes No

Insurance Provider _____

Name of Policy Holder _____ Member # _____

Description of Coverage _____

I acknowledge that this center cannot be held liable in any way for accidents that occur on or off premises while my child is under this center's care.

Signature of Parent or Guardian _____ Date _____

PARENTAL AGREEMENT



Please sign & date

<p>1. COLOR US KIDS LEARNING CENTER INC. agrees to provide day care for _____ on M T W Th F <small>(name of child)</small> _____ am/pm to _____ am/pm & from _____ to _____ <small>(month) (month)</small> My child will participate in the following meal plan: (circle all that apply)</p> <p style="text-align: center;">Breakfast Lunch Snack</p>
<p>2. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.</p>
<p>3. Georgia state law requires that upon entering school, my child will have age appropriate up to date immunization form 3231. And an Eye, Ear, Dental & Nutrition form 3300 for ages 4 and above.</p>
<p>4. If my child is absent for any complete week due to illness or vacation I will pay full fee for that week. If my child attends school 1 or more days a week I am to pay the full fee, including after school children.</p>
<p>5. ENROLLMENT POLICY AND AGREEMENT: Color Us Kids does not discriminate. Enrollment shall be without regard to race, creed, sex, national origin or special needs. Initial and continued enrollment will be at the discretion of COLOR US KIDS based upon the best interests of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children.</p>
<p>6. RE-ENROLLMENT FOLLOWING TEMPORARY ABSENCE DURING WHICH TUITION IS NOT PAID: If any situation in which the child is temporarily withdrawn from COLOR US KIDS, and regular payment of tuition has been temporarily suspended by the parent or guardian, the enrollment will be terminated. Re-enrollment will be based on availability of space, and an additional registration fee will be required.</p>
<p>7. COLOR US KIDS does not accept cash payment for tuition fees. If a check has been returned due to insufficient funds, COLOR US KIDS will only accept a money order to cover the returned check amount and the \$35.00 NSF charge. Tuition payments can be made by check, money order, Visa or MasterCard.</p>
<p>8. VACATION WEEK – you are granted one free week or (vacation week) after you have attended the center for one full year.</p>
<p>9. I have received a copy of the Handbook and I agree to abide by the policies and procedures for COLOR US KIDS LEARNING CENTER, INC.</p> <p>Signed: _____ Date: _____ <small>Parent/Guardian</small></p> <p>SS# _____</p> <p>Signed: _____ Date: _____ <small>Facility Administrator/Person-In-Charge</small></p>

VEHICLE EMERGENCY MEDICAL INFORMATION



Please sign & date

<p>Child's Name _____</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>Father's Name _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Mother's Name _____</p> <p>Home Phone _____ Work Phone _____</p>
<p>Person to notify in an emergency if parents cannot be reached:</p> <p>Name _____ Phone _____</p> <p>Child's Doctor _____ Phone _____</p> <p>Medical Facility the center uses _____</p> <p>Address _____</p> <p>Child's Allergies _____</p> <p>Current prescribed medication _____</p> <p>Child's special needs and conditions _____</p> <p>_____</p>
<p>In the event of an emergency involving my child, and if COLOR US KIDS 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.</p> <p>Child's Name _____</p> <p>Signature (Parent/Guardian) _____</p> <p>Witness By _____ Date _____</p>