



## ENROLLMENT APPLICATION

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

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

\_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

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

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

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





## AUTHORIZED PICK-UP LIST

My child may be released to the person(s) signing this agreement or to the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_





## EMERGENCY CONTACT

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/Clinic Telephone \_\_\_\_\_

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 preexisting 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 Top Notch Kids Care 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 \_\_\_\_\_





## **PARENTAL AGREEMENTS WITH TOP NOTCH KIDS CARE**

Top Notch Kids Care agrees to provide child care for

\_\_\_\_\_ on \_\_\_\_\_  
(Name of Child) (Days of Week)

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 child; name of medication; prescription number, if any; dosages; date and time of day medication is to be given. Medicine 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 the parent(s), person of at least 18 years of age authorized by parent(s), or facility personnel.

I acknowledge that it is my responsibility to keep my child's records current 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, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Top Notch Kids Care 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.

I authorize Top Notch Kids Care 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 of Top Notch Kids Care.

I understand that I must keep a credit card on file with Top Notch Kids Care. This card will only be charged when designated or when my account has become two weeks past due.

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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person in Charge)





## AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

590-1-1-.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 Top Notch Kids Care, 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 first aid spray

\_\_\_\_\_ Sunscreen

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

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

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

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

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

\_\_\_\_\_  
Date





## PHOTO RELEASE FORM

Child's Name: \_\_\_\_\_

Photographs and videos are taken on different occasions such as center-wide events, birthdays, holidays, outings and special occasions. We use these pictures/videos for teaching, art projects, albums, newsletters, advertising and for various other reasons including our web site and Facebook page.

Please mark the appropriate box:

- ☐ I give permission to Top Notch Kids Care to take photographs of the above named child should the occasion arise.
- ☐ I do not give permission to Top Notch Kids Care to take photographs of the above named child should the occasion arise.

Please mark the appropriate box:

- ☐ I give permission to Top Notch Kids Care to take videos of the above named child should the occasion arise.
- ☐ I do not give permission to Top Notch Kids Care to take videos of the above named child should the occasion arise.

I understand that these photographs and/or videos will not be sold. I understand that these photographs and/or videos will not be distributed or placed on the Top Notch Kids Care website or Facebook page without my consent given above.

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

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

Provider's Signature: \_\_\_\_\_

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





## 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 if parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Top Notch Kids Care 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 \_\_\_\_\_ Date \_\_\_\_\_





## **TOP NOTCH ALERTS!**

Sign up for **TOP NOTCH ALERTS** to get important information about Top Notch sent as text messages, emails or voice calls directly to your mobile phone, email address and/or home or office numbers.

### **EMERGENCY INFORMATION**

**SCHOOL CLOSINGS**

**EARLY DISMISSALS**

**SCHOOL EVENT REMINDERS**

Signing up is easy! Just complete the information below designating the method(s) from which you wish to receive your TOP NOTCH ALERTS.

\_\_\_\_\_  
Parent's/Guardian's Name(s)

\_\_\_\_\_  
Child's Name(s)

\_\_\_\_\_  
Primary Cell Number(s) to be contacted – You may indicate more than one.

\_\_\_\_\_  
Cell Phone Provider

\_\_\_\_\_  
Primary Email address(es) to be contacted – You may indicate more than one.





## GETTING READY FOR YOUR FIRST DAY

### Items to bring to school on your first day:

- Blanket for rest time
- Two extra sets of clothing with your child's name on them
- 3231 Form (shot records) within the first 30 days
- Enrollment paperwork completely filled out
- First weeks tuition

### Items you should NOT bring to school:

- Food (unless accompanied by a doctor's note due to allergies, or if it is for your child's birthday or for a special snack for the entire class)
- Individual cups (cups are provided that are washed after each meal per the state of Georgia's regulations for child care centers)
- Toys (exception – Show-and-Tell days per your teacher related to the theme or Letter of the Week)
- Glass bottles
- Fish, shell fish, peanut butter, honey (we have staff and children who have severe allergies to these foods)
- Grapes, hotdogs (these items are a choking hazard for children under three)
- Chemicals (including chap stick, please do NOT have items in your child's bag other than diapers and/or clothing)

Please help us keep our children safe! Following all of the outlined requirements is crucial in providing a hazard free atmosphere for all of the children at our school. The above lists are mandatory.

### Sick Policy

In accordance with state regulations, we have provided a list of illnesses which will warrant exclusion from our program. The Director(s) and teachers will use these guidelines, as well as their best judgment, in making the decision to send your child home. Please remember that there may be circumstances when your child does not present these specific symptoms, but may not be feeling well and is unable to participate fully in the day. Please keep your child home if they are showing signs of illness to protect the other children and to keep your child comfortable.

We will call you to pick up your child immediately if they are expressing any of the following symptoms:

- Fever - 100.4 or higher
- Diarrhea - three times in a day
- Vomiting - any one episode of vomiting
- Signs of Conjunctivitis - red, mucus filled eyes
- Skin Conditions - itching rashes that are exposed and contagious
- Head Lice - itching and present lice and or nits



# Food Allergy Action Plan

Student's

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

Place  
Child's  
Picture  
Here

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\* ☐ No ☐ \*Higher risk for severe reaction

## ◆ STEP 1: TREATMENT ◆

### Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give

The severity of symptoms can quickly change. †Potentially life-threatening.

### Give Checked Medication\*\*:

(To be determined by physician authorizing treatment)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg  
(see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

## ◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship

Phone Number(s)

a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

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

Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

(Required)

Date \_\_\_\_\_





## PARENT/CHILD ACKNOWLEDGEMENT FORM

Child's Name (please print) \_\_\_\_\_

Throughout this handbook, the importance of parental involvement in the development of your child/children has been stressed. An important function of parental involvement is helping children comply with the rules of the center. This detailed handbook has been written to help parents and children understand and adhere to the policies and procedures of Top Notch Kids Care.

These policies and procedures apply to all activities on center grounds, on buses and any center related activity. It is important for parents and children to be familiar with these expectations.

Top Notch Kids Care must have proof that every child and parent or guardian has read the Parent/Child Handbook or heard it read aloud. By signing below, you acknowledge that you have read and understood the policies and procedures and that you will follow the policies and procedures of Top Notch Kids Care.

**Please print this page, sign it, and return it to the center's office with the rest of the information needed in your child's Registration Packet.**

Thank you for reading this Parent/Child Handbook carefully. Best wishes for an enjoyable year!

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date