

I, _____ authorized _____
MOTHER/GUARDIAN FATHER/GUARDIAN FULL NAME RELATIONSHIP

Street Address _____

City _____ State: _____ Zip Code _____ Subdivision _____

Day Time phone _____ Cell # _____ To pick up my child from Center.

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I understand that center will advice me with my child's progress and issues relating to my child's care 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 Administration/Authorized Person

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

*Emergency Contact Name _____ Relationship _____

Address _____
STREET CITY STATE ZIP CODE

Cell # _____ Home Phone # _____

*Emergency Contact Name _____ Relationship _____

Address _____
STREET CITY STATE
ZIP CODE

Cell # _____ Home Phone # _____

Name of Public or Private school child attended, if any: _____

Pediatrician Name: _____ Telephone # _____

Address: _____

Insurance Name: _____ ID # _____

Allergies/Medications: _____

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 center: _____

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

Notes: _____

Select Day Care Program (Operation Hours: Extended Day- 7:00am-6:00pm)

(Please circle)

Half Day 9:00-12:00/ Full Day 9:00-4:00/Extended Day 7:00-6:00 or 9:00-6:00

Regular School Year/ Extended School Year (including summer camp)

Fridays After Care/Holiday Camp are provided at additional cost

A Non-Refundable Application Fee of \$ _____ is required to complete the registration for your child enrollment. We will deposit the checks/credit payment only if your child was accepted to our program. You are required to pay one (1) week of \$ _____ deposit that would be used as the last week tuition fee of the school year. You agree to pay \$ _____ a month and \$ _____ for the Food Program

NO waived tuition fees on missed/lost/vacation/other school days

There is NO Tuition/Deposit refund for dropping/leaving school or any other yearly program.

_____ (parents initial)

Parents will notify JAC in written letter 60 days before leaving school on termination of signed agreement. Parents are responsible paying school one, (1) monthly tuition payments to JAC until the last day of attending. You understand and agree that your deposit will be a Non-Refundable for not notify JAC on time and that you are fully responsible financially for the child care provided.

Kosher Food Service provided by a private caterer for the Javits Academy for children at the ages of 12 months to 5 years old. At the East Cobb location, we do not serve any meals on Passover or Holiday Camps. We do not serve lunch on short dismissal days, 12:00pm dismissal at all locations. Parents will pay separately yearly fee of \$1000 for Kosher Food Program in Brookhaven and Jones Creek locations.

For the Johns Creek, and Brookhaven locations only: I understand, for my child to be able to participate in a holiday camp in East Cobb location I would have to sign in and pay a Holiday Camp fee for \$45.00 a day. (9:00am -4:00pm) _____ (parents initial/ as needed)

Parents will submit 10 checks dated for each month of 2016 school year (optional), or would give their credit card information to make monthly payments (there is a 2.75% to 3% charge using any credit)

\$50.00 late fee payment, made after the 1st of each month by 4:00pm. JAC would charge \$45, 00 for returned check.

Signature of Parent/guardian _____ Date _____
MOTHER/GUARDIAN FATHER/GUARDIAN

Release

I, _____ hereby give my permission for my child to participate in all programs, activities and field trips as part of the 2016-17 School Year at Javits Academy Center. I understand and fully recognize that risks are involved. I hereby give my permission for Javits Academy Center, known as JAC to take and publish pictures, videos taken of my child. JAC publishes with NO security system on pictures and videos with parents' permission authorization signature only.

Signature of Parent/Guardian _____ Date _____
MOTHER/GUARDIAN FATHER/GUARDIAN

For office Use Only

Date Received _____ Entrance Date: _____
Medical Form: _____

School Enrollment: Fall Winter Spring Summer Camp
Weekly from: _____ To: _____

School Tuition of 20 _____ Application Fee \$ _____ Tuition Fee \$ _____

Food Service \$ _____ Music \$ _____ Other \$ _____

Bank _____ Check # _____

Emergency Medical Authorization

Should _____ Date of Birth _____
Suffer an injury or illness while in the care of Javits Academy Center, known as JAC and the facility is unable to contact me (us) or emergency contact (s) 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 service.

My child will be transported to Children's Healthcare of Atlanta at Scottish Rite.

Parent's Signature _____ Date: _____
MOTHER/GUARDIAN FATHER/GUARDIAN

Facility Administrator/Person-in Charge _____ Date: _____
SIGNATURE

What would you like us to know about your child? (Please Print)

Parents Checklist of Application Requirements

A COMPLETED APPLICATION TO THE JAVITS ACADEMY CENTER INCLUDES:
(No Child is register without providing Application Requirements)

- 1. Application form
- 2. Signed Parental Agreement with Javits Academy Center, Known as JAC
- 3. Parent policy verification form
- 4. Application fee \$ _____
- 5. Deposit of 1 ~~month~~/week \$ _____ (The Deposit will be applied toward your last payment of your child's School Year)
- 6. Current small photograph of your child (Not Mandatory)
- 7. Copy of birth certificate
- 8. Current immunization certificate (Georgia Immunization Certificate #3231)
- 9. Kosher Food Service fee (Brookhaven and Johns Creek locations)
- 10. School Supply (Ask for School Supply List)
- * Others

The above material must be received before your child start school.

Registration will be based on first come first serve.

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