

Butner Learning Center

Entrance Date		Withdrawal Date		
Child's Name	Sex	Age	Birthday	
Home Address		City	State	Zip

Father's Information	
Name	Phone
Address (if different from child)	
Place of Employment	Business Number
Address of Employment	

Mother's Information	
Name	Phone
Address (if different from child)	
Place of Employment	Business Number
Address of Employment	

Child's Legal Guardian(s)	Mother	Father	Both	Other
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The child may be released to the person(s) signing this agreement or to the following:	
Name	Address

Butner Learning Center

Other Emergency Contacts	
Name	Address
Name	Address
Name	Address

Public or Private School Child Attends	
Name of School	
Child's Primary Health Source	
Physician/Clinic's name	Telephone Number
My child has the following special need(s)	
The following special accommodation(s) may be required to most effectively meet my child's needs while at this center	
My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns	

Signature (Parent/Guardian)

Date

Butner Learning 7YbM

Parental Agreements with Child Care Facility

The **Butner Learning Egpvt** agrees to provide day care for

_____ on _____ am to _____ pm
(Child's name) (Days of Week)

From _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snack)

- Breakfast
- Lunch
- Afternoon Snack
- Dinner
- Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes the following:

- Date/Childs name/ name of medication
- Prescription number/dosages (if any)
- 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 authorized by parent(s) or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, for example:

- Telephone numbers/emergency contacts/work location
- Childs physician/Childs health status/immunization records

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

The **Butner Learning'Egpvt** 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 the child care facility to obtain emergency medical care for my child when I am not available. I have received a copy and I agree to abide by the policies and procedures for **Butner Learning Center**.

Signed: _____
(Parent/Guardian)

Date: _____

Signed: _____
(Facility Administrator/Person in charge)

Date: _____

Butner Learning Center

Butner Learning Center 2011-2012 Contract and Agreement

_____ I agree to comply with Butner Learning Center fee policies and procedures. I understand that I am responsible for all **charges and fess** applied to my child care account.

_____ I understand that present or absent full tuition is due on Tuesday of each week by 10 a.m. or Friday in advance. A late fee will be applied to my weekly tuition if I fail to comply.

_____ I understand that if my child is picked up after 6:00 p.m., a late **pickup charge** will be required at point of service, unless enrolled in the night program.

_____ I agree to comply with Butner Learning Center **Policies and Procedures**. I understand that that I am responsible for maintaining accurate records, information, including phone numbers, work locations, emergency contacts and family physicians.

I, _____ have read and commit to abiding by the rules and regulations set forth by Butner Learning Center.

Signed: _____
(Parent/Guardian)

Date: _____

Signed: _____
(Director)

Date: _____

Butner Learning Center

Child and Adult Care Food Program Enrollment Statement

D.O.B.: _____

_____, age _____, is enrolled at
(Childs Name)

Butner Learning Center.

2700 Butner Road, Atlanta, GA 30331

(Address of Butner Learning Center)

Beginning on _____

Signed: _____
(Parent/Guardian)

Date: _____

Signed: _____
(Center Official)

Date: _____

In operation of USDA'S food service program, no one will be discriminated against because of race, color, national origin, sex or disability. If you believe you have been discriminated against, write to:
Administrator, Food Consumer Service, U.S. Department of Agriculture, 3101 Park Center Drive,
Alexandria, VA 22302

For Center Use Only

Child Withdrawn on: _____
(Date)