



Enrollment Application

Application Date _____

Class Applying For _____

Referred by _____

Applying for Admission to:

[] Candy Cane's Learning Center

[] Candy Cane's Day Care

Student's Information

Note: This application must be completely filled out. If information does not apply, the blank should be noted with N/A, otherwise, it should be completed. **591-1-1-.08(a)**

Student's Name: _____ Enrollment Date _____ Withdrawal Date _____

Preferred Name _____ First _____ Middle _____ Last _____

Home Address _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth date ____ / ____ / ____ Age: ____ Sex: ☐ Male ☐ Female Grade (if applicable) _____

Parent/Guardian Information

591-1-1-.08(b)

Student Lives With: ☐ Mother ☐ Father ☐ Mother & Father ☐ Guardian _____

Who is the custodial parent of the student? _____

Mother/Guardian: (First) _____ MI _____ (Last) _____

Home Address _____ City _____ GA Zip _____

Employer _____ Supervisor's Name _____

Work Address _____

Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

E-mail Address _____

☐ The mother of this child is not actively involved in this child's life and there is no information available. This parent may not visit or checkout the child without prior approval from the custodial parent.

☐ Copy of Court Ordered Custody Documents on File

☐ Instructions to be followed in the event that this parent should seek to:

A. Visit with the child during school _____

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Father/Guardian: (First) _____ MI _____ (Last) _____

Home Address _____ City _____ GA Zip _____

Father's Employer _____ Supervisor's Name _____

Work Address _____

Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

E-mail Address _____

☐ The father of this child is not actively involved in this child's life and no information is available. This parent may not visit or checkout the child without prior approval from the custodial parent.

☐ Copy of Court Ordered Custody Documents on File

☐ Instructions to be followed in the event that this parent should seek to:

Visit with the child during school _____

Authorized Contacts To Pickup/Drop Off My Child

As an authorized parent/guardian of the child enrolled in this Application, authorization is hereby granted for this child to be dropped off and/or released to the authorized and emergency contacts listed below. It is understood that legal authorities will be contacted to pickup my child if he/she is left at Candy Cane Learning Center one hour after the closing time or left when advised that he/she should be taken with the parent. 591-1-1-.08(c)(d); 591-1-1-.23(f)

Name First/MI/Last	Address& City/State/Zip	Home Phone	Work Phone	Relationship To Parent/Guardian	Relationship to Child

Medical

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591-1-1.08(e)(f)

Child's Primary Physician _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Medical Insurance Company _____ Member ID# _____ Group # _____

Authorization to Obtain Emergency Medical Care: 591-1-1.23(a). I/We agree that the staff of Candy Cane's Learning Center (CCLC) may authorize the physician of their choice to provide emergency treatment in the event that neither the family physician nor I can be contacted immediately. CCLC agrees to secure appropriate emergency transportation to Cook County Hospital in the event of an emergency. In an emergency situation, a responsible adult will accompany the child to Cook County Hospital while we will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian. The parent/guardian agrees to be responsible for all fees incurred to secure emergency medical care for their child.

Authorization to Administer Medication: 591-1-1.23(b). I understand that **NO** medication will be administered to any child without a Medication Form being completed and filed with the office. All medications administered will be documented along with any noticeable adverse reactions. If severe adverse reactions are noticed, the parent(s) will be notified. However, if mild adverse reactions are noticed, the parent(s) will be informed at the end of the day. All medication must be given to the Director or staff member in charge of the child with a completed Authorization to Administer Medication Form. Medication must be delivered in the original container with the instructions as prescribed by the doctor listed on the container. Each day the parent must document the date and time that medication was last administered at home. Candy Cane's Learning Center will not administer any medication more than once a day. No medication will be administered for longer than two (2) weeks without a written authorization from a physician.

Signature _____

591-1-1-.08(f)

<input type="checkbox"/> Y	<input type="checkbox"/> N	Existing Illness: Explain _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Previous Serious Illness Explain _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Hospitalized Last 12 Months? Explain _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Special Diet Explain _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Allergies: <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Known Allergies _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Physical Challenges, Mental Health Disorders, Mental Retardation, Developmental Disabilities Explain: _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	List services your child has received or is currently receiving outside of school _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Was there any difficulty at birth? Explain: _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does your child move up and down climbing equipment independently _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does your child speak in words Age your child began talking _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does your child speak in sentences? _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Has child ever been referred to Babies Can't Wait? Explain: _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does your child have any language difficulties? Explain: _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Can your child indicate his/her own bathroom needs? _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Has your child ever been evaluated for any developmental needs? If yes, what prompted you to seek an evaluation? When and where was the testing done? (Use back of sheet if needed or attach report) Explain: _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Completed Toilet Training _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Potty Training in Process <input type="checkbox"/> Not applicable at this time _____
<input type="checkbox"/> Y	<input type="checkbox"/> N	Has your child had any group play experience? Where? _____

What behavior do you correct most often? _____

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How do you correct your child's inappropriate behavior? _____
How well does your child respond to discipline? _____

Please add anything else you think we should know about your child _____

Development:

Child's previous preschool experience (if any): _____

☐ Left or ☐ Right-handed Does the child have any special problems—fears _____

Does child wear glasses? ☐ Yes ☐ No Does child wear a Hearing Aid? ☐ Yes ☐ No

Is Your Child Asthmatic? ☐ Yes ☐ No Does he/she take breathing treatments? ☐ Yes ☐ No

How often are breathing treatments given? _____

Will we need to give your child breathing treatments? If so, how often? _____

REQUIREMENT: Children receiving breathing treatments and/or medication on a regular basis must have written authorization from their physician. **Signature** _____ **Date** _____

Explain special procedures required to be followed in caring for your child, including any special services in that may be within the service parameters of Candy Cane's Learning Center's scope of services: **591-1-1-.08(h)**

Field Trips

Authorization for Student to Participate in Field Trip & Water Related Activities: 591-1-1-.23(c)(d)

(Please Initial below)

Candy Cane Learning Center does not provide transportation or participate in field trips at this time. However, in the event that our status should change, we are requesting your permission if the need arises.

I/We do ____ do not ____ give my permission for my child to participate in field trips away from the center, water related activities of 2 feet or more water and special activities away from the school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.

Authorization for Student to Take Pictures. I do ____ do not ____ give permission for my child to take pictures, participate in video recordings that all may be utilized in advertisements and website developments with no requirement for compensation.

Supply List

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I/We understand that I/we are responsible for providing all supplies listed on our child's supply list. Additionally, I/we understand that my/our child's enrollment is contingent upon us replenishing supplies as requested. I/We understand that there is a \$2 charge for every disposable diaper furnished by Candy Cane Learning Center. This fee is due when the child is picked up.

Parental Acknowledgment of Responsibility

I/We acknowledge it is my/our responsibility to keep my/our child's records current to reflect any significant changes as they may occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc. **591-1-1-.08(k)**

I/We acknowledge that all persons authorized to pick up or drop off my/our child at Candy Cane's Learning Center (including us), will not allow my/our child to enter or leave the center without being escorted and that the center will not permit the child to enter or exit the center without an escort. Failure to adhere to this regulation may result in **immediate termination**. **591-1-1-.08-(l)**

I/We acknowledge that I/we understand and agree that our account will be charged an early drop-off fee of \$20 if my/our child is not clocked/signed in daily and a \$20 late pickup fee if my/our child is not signed/clocked out daily. Daily Arrival and Departure records are required by the **Georgia Department of Early Care and Learning**. My/Our failure to properly document daily arrival and departure times will seriously impact the status of Candy Cane's Learning Center's compliance with state regulations. Therefore, I/we agree that my/our child can be terminated for this cause. Our responsibility for outstanding fees and fees for the two-week notification period will continue to be due and payable. I/We will assume all responsibility for legal fees incurred as a result of this termination.

Each family is assigned a **Personal Identification Code (PIN)** to electronically clock the student into and out of the center. This code should never be shared. All individuals authorized to drop off or pickup my/our child will be advised to stop at the front desk to be assigned a PIN. During the first visit, picture identification must be provided before a PIN may be assigned. I/We understand that my/our child **will** be terminated if it is determined that I/we have shared our PIN number for my/our child's drop-off or pickup.

I/We acknowledge receipt of a **Candy Cane's Learning Center Parent Handbook**. I/We accept responsibility for reading and adhering to the regulations that govern the operations of the center. Regulations may be changed from time to time. However, any change to the regulations of the Parent Handbook will be reduced to writing in the school's monthly newsletter. Each parent accepts responsibility for getting a copy of the monthly newsletter from the front office's Information Center. No regulation will be verbally altered.

Handling Confidential Information

591-1-1-.08(n)

Information pertaining to the children enrolled in Candy Cane's Learning Center is considered confidential and will not be released by the center's staff without first obtaining **written** permission signed by the parents or guardians, except in the following situations:

- (a) Relevant information relating to the children's family situations,
- (b) medical status and behavioral characteristics on the children enrolled at Candy Cane's Learning Center may be shared **at anytime** among **caregivers** of Candy Cane's Learning Center, members of DECAL and other persons authorized by these rules
- (c) the law to receive such information, or
- (d) with other persons in an emergency situation involving the child.

Infants & Toddlers

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Drinks Whole Milk ☐ Y ☐ N

Uses bottle ☐ Y ☐ N

Uses a cup ☐ Y ☐ N

Formula Currently Taking _____ Favorite foods _____

Does child take regular naps? ☐ Y ☐ N If so, what is the usual time that he/she takes a nap? _____ AM PM

What is your child's favorite toy? _____ What is your child's favorite past-time? _____

Names of Preschools Child Has Attended _____

591-1-1-.08(g)

☐ Attach a copy of Child's Insurance ☐ Attach a copy of Birth Certificate ☐ Attach a copy of Child's Shot Record

☐ Attach Signed Parent Handbook Acknowledgment ☐ Attach a CACFP Completed Packet

Candy Cane's Learning Center admits students of any race, color, sex, and national or ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

My/Our signature(s) confirm that we have read and discussed the terms of enrollment for our child at Candy Cane's Learning Center and/or Candy Cane's Day Care Center. We have received a Parent Handbook. We agree to abide by the guidelines that have been set forth, therein.

Mother/Guardian's Signature _____ Date Enrolled _____

Father/Guardian's Signature _____ Date Enrolled _____

Center's Contact Person
Mrs. Candace Horne, Director

Center's Address: 404 S. MLK, Jr., Drive
Center's Phone Number: (229) 375-0020
Center's Email address:
cclc20172@yahoo.com.com