

Sweet Pea's Learning Center

STAFF USE ONLY
Entrance Date ____/____/____

210 5th Street
PO Box 643
Trenton, GA 30752
706-657-2865

STAFF USE ONLY
Withdrawal Date ____/____/____

Child Enrollment Form *PLEASE DO NOT LEAVE ANY BLANKS.*

Child's Name _____ **Sex** _____ **Date of Birth** _____

Home Address _____
Street City State Zip

Name of school child attends, if any: _____

Child's Living Arrangement: _____ Both Parents _____ Mother _____ Father _____ Other

Child's Legal Guardian(s): _____ Both Parents _____ Mother _____ Father _____ Other

Mother's Name: _____

Father's Name: _____

Mothers Address: _____

Father's Address: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Mother's Email: _____

Father's Email: _____

PARENT EMPLOYMENT/SCHOOL INFORMATION

Mother is unemployed _____

Father is unemployed _____

Mother is a student OR enrolled in training _____

Father is a student OR enrolled in training _____

Mother is employed: _____ Part Time _____ Full Time

Father is employed: _____ Part Time _____ Full Time

Place of Employment or School

Place of Employment or School

Street City State Zip

Street City State Zip

Work Phone / Other Phone

Work Phone / Other Phone

The child may be RELEASED to the person(s) signing this agreement or to the following (ID may be required):

Name	Address	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONS TO CONTACT IN THE EVENT OF EMERGENCY WHEN PARENTS CANNOT BE REACHED

NAME	PHONE NUMBER (AREA CODE INCLUDED)
_____	_____
_____	_____
_____	_____

Health Information

Child's Physician _____	Phone Number _____
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My child has the following special need(s)/allergy(ies): _____

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: _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer an injury or illness while in the care of _____
Child's Name Date of Birth

Sweet Pea's Learning Center 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 agree to keep the facility informed of any changes in telephone numbers, etc. where I can be reached. The faculty agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature Parent/Guardian

Date

PARENTAL AGREEMENT WITH SWEET PEA'S LEARNING CENTER

SWEET PEA'S LEARNING CENTER agrees to provide day care for _____

_____ Full Time (4-5 days)

_____ Half-Day Pre-K (8:30-12:00) Monday-Thursday

1. 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: dosage: 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. See the parent handbook for additional information.
2. 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.
3. I acknowledge 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.
4. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases.
5. I acknowledge it is my responsibility to keep my child's account balance current. Failure to do so may result in suspension or denial of services rendered until balance is current.
6. I give SP Learning Center, LLC permission to use my child's picture in advertisement including but not limited to websites, Facebook, or billboards.
7. I have received a copy of, and agree to abide by, the policies and procedures for **SWEET PEA'S LEARNING CENTER.**

Signature (Parent/Guardian)

Date

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706-657-2865
www.splearningcenter.com

EMERGENCY MEDICAL INFORMATION PLEASE DO NOT LEAVE ANY BLANK SPACES (use NA or None if applicable)

Child's Name _____ Date of Birth _____

Complete Address _____

Father's Name _____

Cell Phone _____ Work Phone _____

Mother's Name _____

Cell Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility used by the center: Erlanger-T.C. Thompson

Address: 910 Blackford Street, Chattanooga, TN 37402 **Phone:** (423) 778-6011

For minor injuries or illnesses, the facility will use: Primary Healthcare Care Center

Address: 13570 North Main Street, Trenton, GA 30752 **Phone:** (706) 657-7575

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and **Sweet Pea's Learning Center** 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) _____ Date _____

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Child's Name _____

Date _____

I hereby authorize Sweet Pea's Learning Center staff permission to apply one or more of the following products, in accordance with directions on the container. Check all that apply.

_____ Baby Wipes*

_____ Band-Aids

_____ Neosporin or similar ointment

_____ Sunscreen*

_____ Insect Repellant*

_____ Diaper Rash Ointment*

_____ Other* _____

*Not supplied by the center

Parent/Guardian Signature

Date