ALL ABOUT KIDDS LEARNING CENTER

Enrollment & Registration Packet

Welcome! Thank you for choosing All About Kidds Learning Center. Please complete all forms in this packet. All information is kept confidential and used to provide safe, high-quality care for your child.

Child's Full Name:	_____
Parent/Guardian:	_____
Enrollment Date:	_____
Desired Start Date:	_____

Office Use Only

Date Received:	_____
Classroom:	_____
Teacher:	_____
Enrollment Approved By:	_____

Learn • Grow • Play • Succeed

Child Information Form

Please complete all information below.

Child's Full Name	_____
Preferred Name/Nickname	_____
Date of Birth	_____
Gender	■ Male ■ Female
Home Address	_____
City	_____
State	_____
ZIP Code	_____
Primary Language	_____
Enrollment Date	_____
Desired Start Date	_____
Days Attending	■ Mon ■ Tue ■ Wed ■ Thu ■ Fri
Arrival Time	_____
Departure Time	_____

For Office Use: Classroom: _____ Teacher: _____

Parent / Guardian Information

Please provide complete information for each parent or legal guardian.

Parent/Guardian #1 Name	_____
Relationship to Child	_____
Home Phone	_____
Cell Phone	_____
Work Phone	_____
Email Address	_____
Employer	_____
Employer Phone	_____
Parent/Guardian #2 Name	_____
Relationship to Child	_____
Home Phone	_____
Cell Phone	_____
Work Phone	_____
Email Address	_____
Employer	_____
Employer Phone	_____

Preferred Method of Contact: ■ Call ■ Text ■ Email

Best Time to Contact: _____

Emergency Contact Information

Please list individuals we may contact if a parent or guardian cannot be reached.

Emergency Contact #1	
Name	_____
Relationship	_____
Primary Phone	_____
Alternate Phone	_____
Authorized to Pick Up	■ Yes ■ No
Emergency Contact #2	
Name	_____
Relationship	_____
Primary Phone	_____
Alternate Phone	_____
Authorized to Pick Up	■ Yes ■ No
Emergency Contact #3	
Name	_____
Relationship	_____
Primary Phone	_____
Alternate Phone	_____
Authorized to Pick Up	■ Yes ■ No

Emergency Medical Authorization

This information will be used if a parent or guardian cannot be reached during an emergency.

Preferred Hospital	_____
Primary Physician	_____
Physician Phone	_____
Dental Provider	_____
Dentist Phone	_____
Medical Insurance (Optional)	_____
Policy Number (Optional)	_____
Known Medical Conditions	_____
Known Allergies	_____
Current Medications	_____

Authorization: I authorize All About Kidds Learning Center to obtain emergency medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: _____

Date: _____

Authorized Pick-Up Information

List the individuals authorized to pick up your child. A valid photo ID may be required at pick-up.

Name	Relationship	Phone
Authorized Person #1	_____	_____
	_____	_____
Authorized Person #2	_____	_____
	_____	_____
Authorized Person #3	_____	_____
	_____	_____
Authorized Person #4	_____	_____
	_____	_____
Authorized Person #5	_____	_____
	_____	_____
Authorized Person #6	_____	_____
	_____	_____

Individuals NOT Authorized to Pick Up My Child:

_____

_____

Parent/Guardian Signature: _____

Date: _____

Medical & Health History

Please provide your child's medical history to help us provide safe and appropriate care.

Question	Response
Does your child have any medical conditions?	_____
Does your child have any developmental concerns?	_____
Does your child have any physical limitations?	_____
Current Medications	_____
Special Medical Instructions	_____
Special Dietary Needs	_____
Does your child require an EpiPen or inhaler?	■ Yes ■ No
If yes, please explain	_____

Parent/Guardian Signature: _____

Date: _____

Allergy Information Form

Please list any known allergies and the actions staff should take if your child has an allergic reaction.

Item	Details
Food Allergies	_____
Medication Allergies	_____
Environmental Allergies	_____
Symptoms of Reaction	_____
Emergency Treatment	_____
EpiPen Required?	■ Yes ■ No
Inhaler Required?	■ Yes ■ No
Additional Instructions	_____
Physician Name	_____
Physician Phone	_____

Parent/Guardian Signature: _____

Date: _____

Medication Authorization Form

Complete this form if your child requires medication to be administered while in our care. Prescription medication should be in its original labeled container.

Field	Information
Child's Name	_____
Medication Name	_____
Prescription or Over-the-Counter	■ Prescription ■ Over-the-Counter
Reason for Medication	_____
Dosage	_____
Route (Oral, Topical, etc.)	_____
Time(s) to Administer	_____
Start Date	_____
End Date	_____
Special Instructions	_____
Physician Name (if applicable)	_____

Parent/Guardian Signature: _____

Date: _____

Staff Initials (when medication is accepted): _____

Immunization Record Form

Please provide a current Georgia Certificate of Immunization (Form 3231) as required. Complete the information below and attach the official record.

Field	Information
Child's Full Name	_____
Date of Birth	_____
Georgia Form 3231 Attached	■ Yes ■ No
Form Expiration Date	_____
Medical Exemption Provided	■ Yes ■ No
Religious Exemption (if applicable)	■ Yes ■ No
Date Record Received	_____
Verified By (Staff)	_____
Additional Notes	_____

Attach Georgia Form 3231 to this page before submitting the enrollment packet.

Field Trip Permission Form

This authorization allows your child to participate in supervised field trips and walking trips sponsored by All About Kidds Learning Center.

Field	Information
Child's Full Name	_____
Parent/Guardian Name	_____
Emergency Contact	_____
Emergency Phone	_____
Walking Trips	■ Yes ■ No
Transportation by Center Vehicle (if applicable)	■ Yes ■ No
Transportation by Chartered Bus (if applicable)	■ Yes ■ No
Special Medical Considerations	_____
Special Instructions	_____

Parent Authorization: I give permission for my child to participate in approved field trips and authorize emergency medical treatment if needed while away from the center.

Parent/Guardian Signature: _____

Date: _____

Photo & Media Release Form

Please indicate your permission for All About Kidds Learning Center to use photographs or videos of your child for the purposes listed below. Your decision will not affect your child's enrollment.

Permission Category	Approve
Classroom Photos	■ Yes ■ No
Printed Newsletters	■ Yes ■ No
Center Website	■ Yes ■ No
Facebook / Social Media	■ Yes ■ No
Marketing Materials & Brochures	■ Yes ■ No
Graduation & Special Events	■ Yes ■ No
Internal Training Purposes	■ Yes ■ No

I understand that photographs or videos will be used only for the purposes approved above and that I may update my preferences in writing at any time.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Tuition & Payment Agreement

Please review and acknowledge the tuition and payment policies below. Additional center policies may be outlined in the Parent Handbook.

Item	Information / Acknowledgment
Child's Name	_____
Enrollment Type	■ Private Pay ■ CAPS
Weekly Tuition	$_____
Payment Due	■ Weekly ■ Other: _____
Accepted Payment Method	_____
Late Payment Fee Acknowledged	■ Yes
Late Pick-Up Fee Acknowledged	■ Yes
Returned Payment Fee Acknowledged	■ Yes
I understand tuition is due regardless of attendance unless otherwise stated in writing.	■ I Agree

Parent/Guardian Signature: _____

Date: _____

Parent Agreement & Handbook Acknowledgment

Please read each statement below and acknowledge your understanding by initialing or signing where indicated.

Acknowledgment	Initial
I have received the Parent Handbook.	_____
I understand the center's hours of operation.	_____
I understand the tuition and payment policies.	_____
I understand the attendance and sign-in/sign-out procedures.	_____
I understand the illness and exclusion policies.	_____
I understand the medication administration policies.	_____
I understand the late pick-up policy and applicable fees.	_____
I agree to keep my contact and emergency information current.	_____
I understand that policies may be updated and I will be notified of changes.	_____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Director/Authorized Representative: _____

Date: _____