

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: BOTH PARENTS MOTHER FATHER OTHER

CHILD'S LEGAL GUARDIAN: BOTH PARENTS MOTHER FATHER OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____

DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: ()

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 ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child,

_____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

I acknowledge my electronic signature is a binding agreement to the terms of this application

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____
Child's Name Date of Birth

Suffer an injury or illness while in the care of **Harvest Rain Academy**, 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. (We) shall assume responsibility for payment for services.

- I (we) agree to keep the facility informed of changes in telephone numbers, etc. Where I (we) can be reached.
- The facility agrees to keep me informed of changes in telephone numbers, etc. Where I (we) can be reached.
- The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.
- Child's primary source of health care is:

Physician/Clinic Name Telephone

Known medical conditions (i.e., diabetic, asthmatic, drug allergies):

Parent/Legal Guardian Date

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PARENT CONTACT INFORMATION:

Work Telephone: _____

Home Telephone: _____ Cell Phone: _____

CELL PHONE
CARRIER

LIABILITY RELEASE FORM

In consideration for _____ being accepted, for
(Child's Name)

participation in field trips, special events, daily activities, I do hereby release, forever discharge and agree to hold harmless **Harvest Rain Academy** and the Directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The aforementioned liability statement also releases HRA and all employees/board members from any liability in the event that parents/staff violates HRC policy which prohibits the following conflict of interest actions where: 1) Parents/staff provides childcare services (on the side) for children enrolled in any of the academy's program; 2) Dating relationship between Harvest Rain Academy staff/parents develops; and 3) Staff signing out or transporting any students enrolled in the academy (per parent permission).

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its Directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Parent/Legal Guardian

Signed this _____ day of _____, 20_____

Insurance Company: _____

Policy Number: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Management Personnel or Director's Signature: _____

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name: _____ Date Of Birth: _____

Address: _____
City/State/Zip

Parent's Name: **(Father)** _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Cell phone carrier

Parent's Name: **(Mother)** _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

In an emergency and parents cannot be reached, please contact:

Name: _____ Telephone: _____

Child's Doctor: _____ Telephone: _____

Medical Facility the center uses: Fayette Community Hospital

Address: 1255 Highway 54 West Fayetteville

City/State/Zip: Fayetteville, Georgia 30214

Child's Allergies: _____

Current Prescribed Medication: _____

Child's Special Medical Needs and Conditions: _____

In the event of an emergency involving my child, and if **Harvest Rain Academy** 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: _____

Parent/Legal Guardian: _____ Date: _____

Witnessed By: _____ Date: _____

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TRANSPORTATION AGREEMENT

This is to certify that I give Harvest Rain Academy permission to transport my child,

_____ Child's Name

Field Trips

PICK-UP LOCATION (CHECK ONE):

PICK- UP HOME ADDRESS <input type="checkbox"/>	DROP OFF SCHOOL ADDRESS <input type="checkbox"/>
	Harvest Rain Academy 51 Senoia Road, Fairburn, GA 30213 770 - 969-2040
PICK- UP SCHOOL ADDRESS <input type="checkbox"/>	DROP OFF AT HOME ADDRESS <input type="checkbox"/>
Harvest Rain Academy 51 Senoia Road, Fairburn, GA 30213 770 - 969-2040	
<input type="checkbox"/> Other	<input type="checkbox"/> Other
PICK-UP	DELIVERY TIMES
Before Care Pick-up: 6:30AM	Before Care Drop-off: 8:00am
After School Pick-up: 2:30AM	Aftercare Drop-off: 3:30 -4:30PM

DAYS OF PICK-UP (CHECK ONE)

Option 1: Daily (Monday - Friday)

Option 2: Drop-In Check applicable boxes: **MON** **TUE** **WED** **THUR** **FRI**

PARENTAL AGREEMENT

HRA Transportation Staff is authorized to receive my child. In the event that the authorized person/center is not present to receive my child, the following procedures are to be followed: **Contact HRA Main Office at (770) 969-2040 extension 103.**

My child's **School** is approximately **2-3 miles radius** from the Academy.

In the event that my child is not to be transported as outlined above, I agree to notify the HRA. Failure to notify the academy could result in future transportation complications and delays for all children in the After School or Leadership Program.

Parent/Legal Guardian: _____

Date: _____

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STUDENT PROFILE FORM

Child's Name: _____ Start Date: _____ Birth Date: _____ Age: _____

Please take a moment to complete this profile for your child. This information will help us know your child better and to structure a program to meet his or her individual needs.

1. Has your child had previous After School experience? _____

2. What would you like most for your child to experience with us?

3. What does your child enjoy doing most? _____

4. Do you consider your child shy or outgoing? _____

5. What are your child's favorite toys? _____

6. Does your child play with other children? _____ Yes _____ No

If no, please explain: _____

7. List the names and ages of other children in your family:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

8. What is your approximate family household income? _____

9. What is the marital status of the child's parents? _____

10. Who, besides the immediate family, resides in the home? _____

11. What language is spoken in your home? _____

12. Does your child need a favorite item (such as a blanket) for nap? _____ Yes _____ No

13. How many hours of sleep do your child usually receive a night? _____

14. Does your child take naps? _____ Yes _____ No If yes, how long? _____

15. Does your child need a favorite item (such as a blanket) for nap? _____ Yes _____ No If so, does your child have a special name for it? _____

16. Does your child have any special medical or physical needs? _____ Yes _____ No
If yes, please explain: _____

17. Does your child have any allergies? _____

18. Do you have a special interest or hobby you would like to share with the children?
_____ Yes _____ No If so, please explain: _____

19. Are you available to help us with field trips or other special events? _____ Yes _____ No

Parent's Signature: _____

Date: _____

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Georgia's Pre-K Program 2020-2021 Roster Information Form

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

Legal Last Name <i>(Apellido)</i>		
Legal First Name <i>(Primer Nombre)</i>		
Legal Middle Name <i>(Segundo Nombre)</i>		Name Suffix <i>(Sufijo)</i> (Jr,II,III)
Child's Social Security #	DOB <i>(Fecha de Nacimiento)</i> (M/D/Y)	Gender <i>(Sexo)</i>
____ - ____ - ____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F
Date enrolled in Pre-K (M/D/Y)		If different from birth certificate, name student is called
____ / ____ / ____		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? *(¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)*

Yes *(Si)* No *(No)* Decline to Answer *(negarse a contestar)*

Please select **ONE OR MORE** of the following races regardless of how you answered question one. **(TODOS deben seleccionar UNA O MAS de las siguientes razas sin importar cómo haya contestado la primera pregunta.)**

2. Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. *(Blanco – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o Africa del Norte.)*

b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *(Asiática – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)*

c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *(Nativo de Hawaii u Otra Isla del Pacífico – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)*

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. *(Negro o Afro Americano – Una persona con orígenes en los pueblos provenientes del Africa o en grupo racial Negro.)*

e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. *(Indio Americano o Nativo de Alaska – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)*

f. **Decline to Answer** *(negarse a contestar)*

3. What is your child's primary language? *(¿Cuál es el idioma primario de su hijo(a)?)*

English *(Inglés)*

A language other than English *(Un idioma diferente al Inglés)*

4. Was your child born as a: *(El parto en que Ud. tuvo a su hijo(a) fue de:)*

Single Birth (1) *(Un sólo niño)*

Twin (2) *(De mellizos)*

Triplet (3) *(De trillizos)*

Quadruplet (4) *(De cuatrillizos)*

Quintuplet (5) *(De quintuples)*

5. Does your child have an Individualized Education Plan (IEP)? *(¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?)*

Yes *(Si)* No *(No)*

6. Does your child receive any of the following services? *(¿Recibe su hijo(a) alguno de estos servicios?)*

Childcare and Parent Services (CAPS) (child care subsidy program)

Food Stamps *(Cupones de Alimentos)*

SSI

Medicaid

Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? *(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)*

Yes *(Si)* No *(No)*

Parent/Guardian Signature

Date