

HAPPY KIDS LEARNING CENTER, INC.

7139 Hwy 29 South
Hull, GA 30646

HappykidsLCI.com

Phone: 706-546-8611
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Happy Kids Learning Center, Inc. (or Happy Kids LCI) is a state licensed child learning center regulated by “Bright from the Start” Georgia Department of Early Care and Learning. We offer an affordable, quality, educational childcare environment from infancy through the pre-teen years. Our programs include Age-Appropriate Early Learning Environments, the Georgia Pre-K Program, Afterschool Instruction Programs, Educationally Active Summer Camps, as well as many other exciting programs available to our families and children.

Happy Kids LCI operates year round, Monday through Friday, from 6:30am until 6:00pm. Our Center was established in November of 1990 and is family owned and operated. We work very hard to ensure that every child be provided a safe and pleasant atmosphere while allowing parents and families to enjoy a worry free day!

Happy Kids Learning Center, Inc. accepts children without regards to political affiliation, religion, race, sex, age, or national origin.

Rhonda Alewine
Project Director

Justin Gillespie
Site Director

Mandie Faust
Assistant Director

Childs Name: _____ Date of Birth: _____

The following forms are included in this packet and are required for ALL registration:

Center Policies and Procedures	Parental Agreement with Center
Emergency Medical Authorization	Video/Photograph Release
Food Allergy Action Plan	Child Enrollment Information
Tuition Rate Agreement	

Child and Adult Food Program Forms are required for ALL registration and shall be updated annually.

The following documents are required for registration in the Georgia Pre-K Program:

Pre-K Registration Packet	Roster Information Form
Childs Social Security Card	Childs Birth Certificate
Proof of Residency	Medicaid/Peachcare Card
Eye, Ear and Dental Form	

All School-Age children, routinely transported, shall have a current Transportation Plan on file.

Summer registration packets, in addition to center registration packets, are required for All School-Age children participating in a Summer Camp Program.

Infant Information Forms, in addition to center registration packets, are required for all children twelve months of age and younger; these forms shall be updated monthly and will be provided within the classrooms.

We ask that parents please ensure children have a blanket and a change of clothing at all times.

Tuition Rate Agreement

Standard Child Care Rates as of January 2011:

Annual Registration fees of \$50.00 per child apply.

Early Care

<u>Age/Program</u>	<u>Rate Per Week</u>	<u>Rate Per Month</u>
Birth – 12 Months	\$110.00	\$475.00
12 – 24 Months	\$100.00	\$430.00
24 – 36 Months	\$95.00	\$410.00

Pre-K Age Care

<u>Program</u>	<u>Rate Per Day</u>	<u>Rate Per Week</u>
Before School	\$4.00	\$20.00
After School	\$10.00	\$50.00
Before and After	\$12.00	\$60.00
Holiday Care	\$27.00	\$95.00
Summer Care	\$27.00	\$95.00

School Age Care

<u>Program</u>	<u>Rate Per Day</u>	<u>Rate Per Week</u>
Holiday Care	\$26.00	\$95.00
Summer Care	\$30.00	\$105.00

Weekly Tuition is due on Monday Morning, in the form of cash or check, prior to care. A late fee of \$5.00 is added for all payments received on Tuesday. If no payment is received by close of business Tuesday, we would be unable to provide care until the balance is paid.

Monthly Tuition is due on the first business day of each month, in the form of cash or check. A late fee of \$5.00 is added for all payments received on the second business day of the month. If no payment is received by close of business on the second day of the month, we would be unable to provide care until the balance is paid in full.

Families receiving state subsidized childcare are required to follow the weekly payment schedule and be responsible for the full late payment fee of \$5.00 per day.

A standard fee of \$35.00 shall be charged for any returned checks.

Tuition Rates for this Family as of _____

Childs Name: _____ Rate: \$ _____ W/M

Childs Name: _____ Rate: \$ _____ W/M

Childs Name: _____ Rate: \$ _____ W/M

Childs Name: _____ Rate: \$ _____ W/M

Childs Name: _____ Rate: \$ _____ W/M

Family Tuition Total: \$ _____ W/M

Effective Until _____

Parents/Families will receive written reminders prior to Tuition Rate Change date.

Parents Signature: _____ Date: _____

Directors Signature: _____ Date: _____

Center Policies and Procedures

1. The Center will be open from January through December. Our hours are 6:30am through 6:00pm, Monday through Friday. Unless previous arrangements have been made, a charge of \$1.00 per minute per child will be applied to any child not picked up by 6:00pm. We serve children from birth through 13 (thirteen) years of age.
2. Tuition Fees are payable every Monday in advance to care. There is a \$5.00 per day fee for late payment. The full weekly/monthly tuition rate will be charged for all children, regardless if he/she has not attended. This policy must be instilled in order to hold your child's place in the center. Parents agree to give a written two week notice prior to termination of service.
3. The center does provide accident insurance for all children enrolled, at the parent's request. This is included in the annual enrollment fee of \$50.00 that is on the enrollment anniversary.
4. The Center will be closed for the holidays listed below. If the listed holidays happen to fall on a weekend, either the prior day or the following day will be taken. Holiday closings shall be posted in advance.

Christmas Eve	Christmas Day	New Years Day
Memorial Day	Labor Day	Thanksgiving (2 Days)
Independence Day		
5. The Center will close at 4:30pm on the day before the following holidays; late pick-up charges of \$1.00 per minute per child apply to any child not picked up by 4:30pm on these days.

Christmas Eve	New Years Day	Thanksgiving Day
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6. Parents are encouraged to discuss their concerns and questions with the Site Director or Assistant Director. Parents are permitted access to the center at any time that their child is in attendance at the center.
7. A copy of State Rules and Regulations; which apply to the operation of the center, is available upon request for you viewing.
8. Children will not be allowed to leave with anyone except the parent or person designated in writing. No child will be permitted to leave with anyone under sixteen years of age. Valid state issued photo identification is required for anyone picking up children; a photo copy of this identification shall be made and place in the child's permanent file, along with the date and time of the departure.
9. Each child must have a change of clothing and a small blanket to be left in their cubby at all times. The child's belongings must have their first and last name on them. The center is not responsible for lost items. Children should wear washable clothing in which they will be comfortable at the center. Keep in mind that children often get dirty during creative play. All children in attendance should wear closed-toed footwear (i.e. athletic shoes). Flip-flop type footwear shall not be permitted.
10. All enrollment forms must be completed prior to the child's first day of attendance at the center and must be updated annually or more frequently if needed. Each child must have a current immunization record on file at all times. No child shall

remain in attendance at the center beyond thirty days of the date of expiration noted on all immunization records.

- 11. Routine visits to the doctor, clinic or dentist are the responsibility of the parents. Should your child become injured, ill, or develop a fever of 101 degrees or higher while at the center, you will be notified to make arrangements to pick up the child. Any child with a fever must be fever-free for a period of twenty-four hours, without the use of medication in order to return to the center. In the event of a contagious outbreak, you may be required to written authorization from your child's doctor stating the child may return to school; following the required twenty-four hour fever/medication free period. Parents are asked to notify the center in the event your child becomes hospitalized for any reason, or if your child contracts a communicable disease. Should your child become injured while in our care, he/she shall be transported by way of the center's emergency vehicle or by local emergency medical response services to Athens Regional Medical Center. An Emergency Medical Authorization form is required for all children in attendance and should be updated annually.**
- 12. Each child in the center will have the advantage of an afternoon nap or rest period each day.**
- 13. A weekly Meal Menu is posted in the front of the building and copies are available for parents upon request. The center will serve breakfast, lunch and afternoon snack for all children. For infants, all bottles shall be provided by the parent and be clearly marked with the child's name and the serving date. All containers must be shatterproof; glass bottles are not permitted. A bottle that has been warmed to your infants liking will not be stored for reuse during future feedings. The center will provide whole milk, food and one hundred percent fruit juice for children. Infants' cereal, jarred food, formula and juice will be provided by the parent. A written feeding plan is required for all children under the age of one year. This plan should include information pertaining to what time and type of food or beverage the child needs daily. Parents are required to provide diapers and wiped for their children. If the child does not have diapers or wiped, the center will contact the parent to bring them in or the child will need to be picked up for the day and may not return until such products are provided.**
- 14. The children will be allowed to play outside on designated play areas daily, weather permitting. Make sure children are appropriately dressed according to the weather.**
- 15. Parents are expected to notify the center immediately of any changes in name, address, phone, and/or employment, so that contact information can be updated.**
- 16. No type of corporal punishment will be used for disciplinary purposes with your child, nor will punishment be associated with food, napping or toileting. There will be no abusive language, threats, or derogatory remarks made about your child or family. A time-out chair/area shall be designated in each classroom for use as discipline. We will use positive language with your child at all times. The teachers and caregivers will work with your child to resolve any differences the children may encounter. If your child becomes extremely aggressive to the other children and the**

teacher and the Director have worked with both the parent and child, the center has the right to dis-enroll the child.

17. Parents are required to bring the child to their classroom and put their belongings in their cubby. Parents should check the child's cubby daily. Parents must also escort their children from their classroom to their vehicle. We will not be held liable for any accidents incurred by parents who do not abide by this rule. All children must be signed in and out daily.
18. No medication will be given to your child unless a complete medication form is filled out and signed by the parent. These forms are located at the front of the center. Medication must be in its original container with the child's name on it. We cannot administer expired medications, nor can we give siblings medication out of the same bottle. If we notice any adverse reaction to any medication, we will notify the parent immediately. Medications will be given at 11:00am only.
19. We will conduct fire and tornado drills monthly. Drawn and written evacuation plans are posted in each classroom. In case of power failure, the center will close. Parents will be notified by phone. In the event of hazardous weather, the center will follow the Madison County School System. You may listen to the local radio station (106.1 or 102.1) for notification.
20. Happy Kids Learning Center, Inc. and its staff are required by law to report any suspected case of child abuse or neglect, exploitation, or deprivation to the Department of Family and Children Services.
21. We ask parents be courteous and brief when dropping off children, we are limited in parking space and it can be quite difficult getting through the parking lot if the drive is blocked. Thank you for your cooperation with this matter.
22. All children must be dropped off no later than 10:00am if they are to attend that day. Parents are to notify the center if they plan to pick up children between the hours of 10:00am and 2:00pm. This is to avoid disrupting lunch and rest time.

As a parent, I understand, agree, and will abide with the policies and procedures of Happy Kids Learning Center, Inc.

Childs Name: _____

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Directors Signature: _____ Date: _____

Parental Agreement with Center

1. Happy Kids Learning Center, Inc. agrees to provide childcare and learning activities for (Child's Name) _____ on (Days of the Week) _____
_____ from _____ am until _____ pm.
2. My child will participate in the following meal plan. (Check all that apply)
____ Breakfast ____ Lunch ____ Snack
3. Before any medication is dispensed to my child, I will provide a written authorization, which includes dates to be given, first and last name of child, name of medication, prescription number, dosage, time medication is dispensed (11:00am), and I will provide the medication in its original container, marked with the child's name.
4. My child will not be allowed to enter or leave the facility without being escorted by the parent or person authorized by the parent or facility personnel.
5. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (telephone numbers, work location, emergency contacts, child's physician, child's health status, feeding plans and immunization records).
6. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, etc. which include my child.
7. Happy Kids Learning Center, Inc. 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 that occur in water more than two feet deep.
8. I acknowledge it is my responsibility to notify the center in writing two weeks in advance prior to withdrawing my child from the center, and it is my responsibility to make sure all fees are paid in a timely manner. I understand that if I do not follow this policy, Happy Kids Learning Center, Inc. has the right to proceed with legal action.
9. I have received a copy and agree to abide by the Policies and Procedures for Happy Kids Learning Center, Inc.

Signed (Parent or Guardian) _____ Date: _____

Signed (Parent or Guardian) _____ Date: _____

Signed (Center Administrator) _____ Date: _____

Child's Name _____

I hereby give Happy Kids Learning Center, Inc. my permission to apply sunscreen and/or bug repellent on my child if needed.

Special Instructions: _____

Signed (Parent or Guardian) _____ Date: _____

Emergency Medical Authorization

Should (child's name) _____ (date of birth) _____ suffer an injury or illness while in the care of Happy Kids Learning Center, Inc. and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I shall assume responsibility for payment of services.

I agree to keep the facility informed of changes in telephone number etc, where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child

Childs primary source of health care is:

Physician/Clinic Name: _____

Phone Number: _____ Fax: _____

Known medical conditions (i.e. Diabetic, Asthmatic, Drug Allergies):

Does your child have health insurance? _____

Medicaid? _____ Peachcare? _____

Name of insurance company: _____

Policy Number: _____ Expiration: _____

Parent Signature: _____ Date: _____

Contact Number(s): _____

Directors Signature: _____ Date: _____

Notice of No Liability Insurance and Acknowledgement

I understand that I am being informed in writing by signing this acknowledgement that this facility, Happy Kids Learning Center, Inc., does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parent Signature: _____ Date: _____

Parent Printed Name: _____

Directors Signature: _____ Date: _____

Video/Photo Release

I hereby grant permission for Happy Kids Learning Center, Inc. and certain agencies or entities contracted by Happy Kids LCI to record the participation and appearance of my child by photograph and/or videotape in connection with daily activities for the purpose of news releases, reporting, and assessing the progress of children and the facility. Happy Kids Learning Center, Inc. is authorized to exhibit or distribute such photographs and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that Happy Kids LCI deems appropriate. Such photographs and/or videotape may appear in printed or visual materials for Happy Kids LCI and/or on Happy Kids LCI's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges Happy Kids Learning Center, Inc., and other entities contracted, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or 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.

Childs Name: _____ Date of Birth: _____

Parents Signature: _____ Date: _____

Directors Signature: _____ Date: _____

Food Allergy Action Plan

Childs Name: _____ Date of Birth: _____

Allergic to: _____

Asthmatic Yes No

STEP 1: TREATMENT

Symptoms:

If food allergen has been ingested, but no symptoms
Itching, tingling, or swelling of lips tongue, mouth
Hives, itchy, rash, swelling of face or extremities
Nausea, abdominal cramps, vomiting, diarrhea
Shortness of breath, repetitive coughing, wheezing
Thready pulse, low blood pressure, fainting, pale, blueness
Other: _____
If reaction is progressing (several of the above areas affected)

Give Checked Medication:

Epinephrine Antihistamine
 Epinephrine Antihistamine
 Epinephrine Antihistamine
 Epinephrine Antihistamine
 Epinephrine Antihistamine
 Epinephrine Antihistamine
 Epinephrine Antihistamine
 Epinephrine Antihistamine

Dosage

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject 0.3mg Twinject 0.15mg

Antihistamine: give _____
Medication/dose/route

Other: give _____
Medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____
Physicians Name Phone

3. Emergency Contacts:

Name/Relationship	Phone Number(s)
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

Even if Parent/Guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

Parent Signature: _____ Date: _____

Doctors Signature: _____ Date: _____

Child Enrollment Information

Today's Date: _____ Entrance Date: _____ Withdrawal Date: _____

Childs Name: _____

First, Middle, Last, Suffix

Date of Birth: _____ Current Age: _____ Male/Female

Child Resides with: _____ Relationship: _____

Primary Parent: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____ County: _____

Place of Employment: _____ Address: _____

Work Phone: _____ Work Hours: _____

Home Phone: _____ Cell Phone: _____

Secondary Parent: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____ County: _____

Place of Employment: _____ Address: _____

Work Phone: _____ Work Hours: _____

Home Phone: _____ Cell Phone: _____

Persons to contact in case of an emergency when parents cannot be reached:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child may be released to the persons listed below:

Name	Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Public/Private school child has attended or attends, if any: _____