



2392 Donald Lee Hollowell Pkwy Atlanta, GA 30318
 Office 404-794-0551
 Pre-K: 404-794-7794
 Fax: 404-794-6281

Starting Date / /	Withdrawal Date / /	Social Security #	Male <input type="checkbox"/> Female <input type="checkbox"/>	Child's Age:	Child's Date of Birth:
Child's Name:			Home Telephone: ()		
Address:			Apt. Name:		Apt #:
City:			State:		Zip:

Mother's Information:

Name:	Home telephone: ()
Address:	Beeper/Cell Phone: ()
City:	State: Zip:
Employer:	Occupation:
Address:	Business Phone: ()
City:	State: Zip:

Father's Information:

Name:	Home telephone: ()
Address:	Beeper/Cell Phone: ()
City:	State: Zip:
Employer:	Occupation:
Address:	Business Phone: ()
City:	State: Zip:

Marital Status: Check one

Married Divorced Separated Widowed Single

Child's Living Arrangement:

Both Parents Mother Father Other_____

Child's Legal Guardian(s):

Both Parents Mother Father Other_____

This child may be released to the person signing this agreement or the following:

Name:	Address:	Phone:

Please contact the following individuals in case of an emergency when parents/guardian cannot be reached:

Name:	Address:	Phone:

MOTHER HUBBARD’S DAYCARE CENTER & KINDERGARDEN, INC #1

Application Package: _____

Child’s Name

Child’s medical information:

Child’s Physician or Clinic’s Name (Child’s Primary Health Source):

Name:	Address:	Phone:

Child has completed all childhood shots required to attend daycare: Yes No

Does child have allergies or other physical problems, mental disorders, mental retardation, or developmental disabilities, which would limit the child’s participation I the center’s program and activities?

Yes No If yes, please specify _____

Are any special procedures required in caring for child?

Yes No Please specify (giving complete details, eg. dates, time, etc. _____

Signature(Parent/Legal Guardian):

Date:

MOTHER HUBBARD'S DAY CARE CENTER & KINDERGARTEN, INC, #1

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's name) _____, suffer from any injury or illness while in the care of Mother Hubbard's Day Care & Kindergarten and the facility is unable to contact me (us) as deemed necessary. I (We) will assume responsibility for payment for service. I (We) agree to keep the facility informed of changes in telephone numbers, where I 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 medical insurance coverage is: _____

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

Asthma Diabetic Dietary Products

Citrus Peanut products Other, Please list: _____

Signature(Parent/Legal Guardian):

Date:

Please list the name of brothers/sisters that attend Mother Hubbard's Center

Name	Age	Center#

Parental Agreement with Mother Hubbard's DayCare & Kindergarden Inc., #1

1. Mother Hubbard's Daycare agrees to provide daycare for _____
f Child's Name

On **Monday-Friday** from **6:00am to 6:00pm** from **January 20** to **January 20** . My Child will participate in the following Meal plan (**Check applicable meals and snacks**)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> PM Snack |
| <input type="checkbox"/> AM Snack | <input type="checkbox"/> Evening Meals |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Bed Time Snacks |

2. Before any medication is dispensed to my child, I will provide a written authorization which includes: sate name of child, name of medication, prescription number, if any dosage, date and time of day medication is to be given. Medication will be the original container with my child's name marked on it.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) persons authorized by parents or facility personal.

4. 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 locations, emergency contacts, child's physician, and child's heath status, infant feeding plans and immunization records, etc.

5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable disease, which includes my child.

6. Mother Hubbard's Daycare 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 occurring in water that is more than two(2) feet deep.

7. I understand that all payments are nonrefundable, any outstanding payments or balance due to Mother Hubbard's Day Care, Inc. are subject to legal action taken by Mother Hubbard's Daycare Inc. will go towards the balance of the clients account.

8. Any or all payments sent to the daycare by a parent, spouse, or family member, using Mother Hubbard's Transportation system is the sole responsibility of the parent. Payments are to be made in person not made in person, payments are still due before services are rendered.

9. I understand that id my child attends the Daycare Center one day of any work week, a full week fee will be charged to my account. I also understand that if my child is our of the Daycare for a full week my account will be charged half tuition. I am responsible for any lost or stolen payment that are the centers payment agreement form in order to hold my child's slot.

10. I understand that any or all paying customers must give a two weeks notice before discontinue services rendered by Mother Hubbard's Daycare Center, or a ones week regular Childcare fee will be charged to my account.

11. I understand that all or some of my childcare services can be terminated with or without notice, if childcare fees are more than two weeks behind, and are under the owners/center director discretion.

12. I understand that all fees due to the provider (Mother Hubbard's DayCare Center) which includes but not limited Parent weekly responsibility fees, total parent responsibility fees, and any other fees are the responsibility of you the customer.

13. I received a copy and agreement to abide by the policies and procedures for Mother Hubbard's Day Care Center, Inc.

Signature(Parent/Legal Guardian): _____ Date: _____

Signature(Facility Administrator): _____ Date: _____

Mother Hubbard's Day Care & Kindergarten
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(404) 794-0551

Parents or Legal Guardians Notice of No Liability Insurance and Acknowledgment

I understand that I am being informed in writing by signing this acknowledgement that this facility does not carry liability insurance sufficient to protect my child(ren) in the event of an injury, etc.

Parents' or Guardians' Signatures:

Printed Names:

Date: _____

Child Care Representative Signature

Date

MOTHER HUBBARD'S DAY CARE & KINDERGARTEN, INC.

2392 Donald Lee Hollowell Pkwy. • Atlanta, GA 30318 • 404-794-0551

START DATE: ____/____/____

ROUTE: _____

New Pick-up/Drop-off Vehicle Emergency Medical Information

Mother Hubbard's Day Care has permission to transport my child _____

AM Pick-up Location: _____ Time: _____

House Apt. Name: _____ # _____

To (AM Drop-Off Location): Mother Hubbard's Care Center #1 Time: _____

PM Pickup Location: Mother Hubbard's Day Care Center #1 Time: _____

To (PM Drop-Off Location): _____ Time: _____

On the following days: Monday Tuesday Wednesday Thursday Friday
 A.M. Pickup/P.M. Drop-Off A.M. Pick-Up only P.M. Drop-Off only Afterschool

Home Phone: _____ Work No: _____ Cellular No: _____

Email Address: _____

Special Instructions _____

Authorized Persons to receive my child(ren):

Person's Name	Address	Telephone Number

In case of an emergency if I, _____ cannot be reached, contact the
(Parent or Legal Guardian Name)

following person: _____ Phone: _____

Dr.'s Name: _____ Phone: _____

IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD AND THE CENTER CAN NOT GET IN TOUCH WITH ME, I HEREBY AUTHORIZE FOR ALL MEDICAL EXPENSES INCURRED FURTHER AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENSES INCURRED DURING THE TREATMENT OF MY CHILD. MOTHER HUBBARD'S USES GRADY MEMORIAL HOSPITAL, 35 BUTLER STREET, ATLANTA, GA AS ITS DESIGNATED MEDICAL FACILITY.

Allergies	Current Medication

Please list all other siblings that attend Mother Hubbard's Day Care Centers

Child's Name	Child's Attends Center #

Signature of Parent or Legal Guardian

_____/_____/_____
Date