

Child's Physician or
Clinic: _____

Name

Address _____

Phone _____

Most Recent Daycare _____

Phone _____

Daycare Director _____

Prior Daycare _____

Phone _____

Daycare Director _____

Personal References:

1. _____

Phone _____

Relation _____

2. _____

Phone _____

Relation _____

3. _____

Relation _____

Employment References:

1. Current _____

Phone _____

Contact _____

2. Previous _____

Phone _____

Contact _____

Credit References:

1. Bank _____

Phone _____

Contact _____

2. _____

Phone _____

Contact _____

3. _____

Phone _____

Contact _____

Parents Signature _____

Date _____

THE FORD ACADEMY
AT RICHMOND HILL

CHILD _____

MOTHER'S HOME NUMBER _____

MOTHER'S CELL NUMBER _____

MOTHER'S WORK NUMBER _____

MOTHER'S EMAIL ADDRESS _____

FATHER'S HOME NUMBER _____

FATHER'S CELL NUMBER _____

FATHER'S WORK NUMBER _____

FATHER'S EMAIL ADDRESS _____

ATTENTION ALL PARENTS

An important requirement of the Georgia Department of Early Care and Learning is that a Day Care have **VERY ACCURATE** records for each child in our care.

WE MUST KNOW WHO IS AUTHORIZED TO PICK UP YOUR CHILD. On the lines below please list the people and their addresses that we are authorized to release your child to, including parents. This form must be signed by the Parent/Guardian indicated in our file and returned as soon as possible. It is very important to include the addresses. The address needs to match the address on their driver's licence.

1Name: _____ Phone#: _____
Address: _____
Relation: _____

2Name: _____ Phone#: _____
Address: _____
Relation: _____

3Name: _____ Phone#: _____
Address: _____
Relation: _____

4Name: _____ Phone#: _____
Address: _____
Relation: _____

5Name: _____ Phone#: _____
Address: _____
Relation: _____

Parent/Guardian

Date

THE FORD ACADEMY AT RICHMOND HILL
P.O. BOX 789
RICHMOND HILL, GA. 31324
PHONE 912 756-2524 - FAX 912 756-2637

PARENTAL AGREEMENT WITH CHILD CARE FACILITY

Please read carefully each of the statements below and sign in the appropriate space:

1. I understand The Ford Academy will only dispense medication with a parent's written permission. I understand I must complete a form and the medication must be in its original container. This permission form is good for only one week.
2. I agree to notify The Ford Academy immediately of ANY changes in my information provided on these forms.
3. I acknowledge it is my responsibility to keep my child's records current, including copies of immunizations, infant feeding schedules, child's physician, etc.
4. In case of medical emergency, if medical attention is needed for my child before I can be contacted, I authorize The Ford Academy to act on my behalf by contacting medical emergency personnel and following their advice for my child.
5. I have received a copy of the policies and procedures of The Ford Academy, and I have read it and agree to abide by it.
6. I understand that I am responsible to provide The Ford Academy with a Georgia Childcare Immunization Certificate 3231 when I register my child and if I fail to do so my child will not be able to return to The Ford Academy until the form is on file.
7. I understand that weekly tuition is due on Mondays for the current week. If payment is not received by Tuesday afternoon, at the latest, my child will be on inactive status and not allowed to return until full payment has been received.
8. I understand that The Ford Academy strives to provide the finest day care to all of our children. I understand that all children and parents must adhere to The

Ford Academy's rules and policies. In the unlikely event that a situation occurs that a child or parent continually disrupts the activities of our facility, The Ford Academy reserves the right to take steps necessary to maintain order and discipline at The Ford Academy.

9. I understand that part of The Ford Academy's procedure for processing my application for child care shall include an inquiry to include, but not limited to, contacting prior daycare references, employers, personal references, and obtaining a credit report if it is deemed necessary. I hereby authorize you to obtain the information you deem necessary to process my application and I agree to hold you, your agents and or assigns harmless for obtaining said information.

10. I understand the Ford Academy does not discriminate against any individual, including applicants or members of their families, students or members of their families and employees or members of their families because of disability.

11. I understand the Ford Academy will make an individualized assessment about whether it can meet a particular individual's needs without fundamentally altering its program. The Ford Academy will make reasonable accommodations in its policies and practices when such accommodations are necessary to afford services or facilities to individuals with disabilities.

12. I understand that as a parent, I am invited to inform The Ford Academy of requests for reasonable accommodations and the basis for the request. Should I wish to make a request for reasonable accommodations, I should include a specific care plan for the child, including detailed instructions of the accommodations The Ford Academy is requested to undertake. This plan will be completed and signed by the physician who is overseeing my child's specific condition.

13. I understand that a child who poses a direct threat—a substantial risk of serious harm to the health and safety of himself or others—will not be admitted or may be disenrolled.

14. I understand that a child whose admission or whose continued enrollment would require a fundamental alteration of The Ford Academy's program may be denied admission or disenrolled.

I have read, understand and agree to all of the above mentioned requirements with The Ford Academy.

Parent Signatures mom: _____

dad: _____

mom SSN# _____

Dad SSN# _____

Amended January, 2016