

ENROLLMENT APPLICATION

ENTRANCE DATE

WITHDRAWAL DATE

Child's Name

Sex

Age

Date of Birth

Address

Phone

Father's Name

Father's Phone Number

Father's Phone Number (if different from child's)

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

United States ▼

Father's Place of Employment

Work Phone Number

##

Employer's Street Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

United States ▼

Mother's Name

Phone Number

First

##

Last

Mother's Address (if different from child's)

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

United States ▼

Mother's Place of Employment

Work Phone#

##

Employer's Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

United States ▼

Email Address

Will your child's tuition be covered by CAPS?*

YES

No

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:

Name

First

Last

Address

Street Address

City

Region

Postal / Zip Code

Phone

####

Relationship to child

Relationship to Parent(s) or Guardian

ENROLLMENT APPLICATION

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name

Phone

Name

Phone

Name

Phone

Name of Public or Private School child attend:

Child's doctor or clinic name

Doctor/clinic phone #

My child has the following special needs

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Should my child suffer an injury or illness while in the care of Intentionally Great, Inc dba Team 3 After School Program. 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. I (We) shall assume responsibility for payment for services.

Child's Name

First

Last

Date

MM/DD/YYYY 

Signature of Parent/ Guardian

Sign here 

Date

MM/DD/YYYY 

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel. 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 location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child. The __Intentionally Great, Inc dba Team 3 After School Program.__ 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. I authorize the child care facility to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for Intentionally Great, Inc dba Team 3 After School Program. I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signature of Parent/ Guardian

Sign here 

Date

MM/DD/YYYY 

ENROLLMENT APPLICATION

1) HOURS OF OPERATION Monday to Friday 6:00 a.m. to 6:30 p.m. We will be closed in observance of the following holidays: Full Tuition is still due. New Years Day, Martin Luther King Jr. Birthday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and Christmas Day.

2) WEEKLY FEES Weekly fees include all sick days and statutory holidays. After 12 consecutive months of attendance 1 week of vacation may be taken at ½ the weekly rate. Fees are based on booked days not attendance. Refunds and credits will not be given for days where your child does not attend. Weekly tuition for After School is \$90; Camp is \$145.

3) AFTER SCHOOL SUBSIDY/CAPS Parents who qualify for After School Subsidy must have full approval in place prior to attendance. Fees not covered by Subsidy are the parents' responsibility and are payable on the first of each week in advance proof of qualifications must be presented to provider prior to registration.

4) PAYMENT POLICY Parents agree that all weekly fees (full time and part time attendance) will be paid by 7:00 p.m. on Fridays in advanced prior to week of attendance. Drop-in fees are payable per occurrence. Unpaid fees are subject to immediate suspension or termination of care unless reasonable arrangements are made and accepted by both parties. There will be a fee of \$20.00 charged on payments received after 7 p.m. on Mondays. A fee of \$30.00 will be charged for all NSF CHECKS. Upon second occurrence of an NSF check, all subsequent payments must be made by money order or certified funds.

5) LATE ARRIVAL/PICKUP POLICY Please advise the center immediately if you will be arriving later than the pre-arranged time to pick- up your child. If you are not able to pick up your child by 7p.m. alternate arrangements must be made. Please notify the center if an unauthorized person will be picking up your child. Verbal or written permission must be received before we release a child to anyone who is not authorized on the registration form. In the event that a parent cannot be contacted, it is the policy of Team 3 ASP to call an emergency contact should a child remain in care after 7p.m. A late fee of \$5.00 for the first minute and \$1.00 per minute thereafter per child will apply if a child remains in care after 7p.m. This late fee is due and payable upon pickup or prior to the next day of care.

6) TERMINATION Team 3 ASP reserves the right to suspend or terminate care of any child without notice, should it be deemed necessary for the overall safety and well-being of its staff and/or other children in its care.

7) WITHDRAWAL Parents agree that a minimum notice of two weeks will be given for permanent withdrawal of any child from care or agree to pay 2 weeks fees in lieu of. No exceptions will be made.

8) DAMAGES/INJURIES Team 3 ASP is childproofed to the best of our ability, however, accidents do happen. Any damage to the center, personal belongings or injuries to the staff or other children that is willfully caused by your child will be replaced, repaired or compensated at the cost of the parents. Team 3 ASP will repair or replace broken equipment and toys due to normal wear and tear. However, should your child purposely damage or break equipment or toys, then the item will be repaired or replaced at the cost of the parents.

9) DEPOSIT/REGISTRATION A non-refundable registration fee of \$60.00 (per child) is required upon completion of registration to secure your child's placement in care. If Registration is not complete, and care will not commence until all the paperwork is done. Prior to the start date of care the following must be received by Team 3 ASP for each child: Registration Form Sports Physical Parent/Caregiver Contract Non-Refundable Deposit After School Subsidy Request Form (if applicable parent is

responsible for picking up this form at the Daycare Subsidy Office (GA Department of Human Services) for Team 3 Sports After School Program to sign. Parent is responsible for making sure that the form is received by the Daycare Subsidy Office IMMEDIATELY UPON SIGNING. Care will not commence until we have confirmation of acceptance from the Daycare Subsidy Office)

10) PAYMENTS It is further agreed that your child/ren will start attending the daycare on _____. Your first payment will be due on _____ in the amount of \$_____. All payments thereafter will be due by 7 p.m. Fridays in advance in the amount of \$_____.

11) SEVERABILITY If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

12) DISCLAIMER Intentionally Great, Inc dba Team 3 After School Program. failure to enforce any terms of this agreement shall be construed as a waiver of those terms.*

I agree to the Parental Agreement Form.

ENROLLMENT APPLICATION

It is my desire to have my child understand and agree to the policies herein:

- I understand that during the first two weeks of enrollment, the staff will make observations and evaluations pertaining to my child's ability to adapt to the after school program's surroundings. Unless otherwise notified, my child will be accepted and permanently enrolled.

- I have received a copy of the Parent Handbook. I have read, understand and agree to abide by the policies contained therein. I further understand that if the policies outlined in the Parent Handbook are not adhered to, it will be sufficient cause for the removal of my child from the after school program.

- I agree to pay the amount of \$145 per week to Intentionally Great, Inc dba Team 3 After School Program. for the care of my child. Along with the enrollment fee/registration fee of either \$60.

- I understand that full tuition will be charged regardless if my child attends none or all days.

- I understand that payment is due on the Friday prior to my child's care.

- I agree to pay a late fee of \$30.00 for each week that my tuition payment is received past Monday morning at 6:30am.

- I understand that if my account becomes more than two weeks past due, my child will not be allowed to attend the center until the account is paid in full.

- I agree to pay an insufficient funds charge of \$30.00 for each returned check. Should I have more than two checks returned for insufficient funds within a twelve-month period, I agree to pay all future tuition with debit/credit or money order.

- I understand that any unpaid balance will be turned over to a collection agency and I agree to pay all fees resulting in the process of collection.

- I understand that if the center is closed for a holiday, full tuition is due for the entire week.

- I understand that the center will be closed for all national holidays including New Year's Day, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Day after Thanksgiving, Christmas Eve, Christmas Day.

- I understand that after twelve months of enrollment, my child is allowed one-week vacation per year. This time may not be split into days and it must be utilized as one full, consecutive week. My child will not be permitted to attend the center during that week.

- I understand that a two-week written notice is required if I wish to un-enroll my child for any reason. Unused vacation time may not be applied to the final two-week period.

- I understand that full tuition will be due for the notice period, regardless if my child is brought to the center for care.

- I understand that I must provide a Sports Physical from a MD or NP stating my child is in good health to participate in the physical activities at Team 3 ASP.

- I understand that I must submit a completed Authorization for Medication form in order for the ASP to dispense any type of medication to my child. All information including the date, child's name, name of medication, prescription number and date

and time of dosage must be completed. Medicine must be in the original container with my child's name on it.

- I understand that only those persons authorized to pick up my child will be allowed to do so and that identification may be required at the time of pickup.

- I understand that if my child is sent home sick, he/she will not be allowed to return to the center until all symptoms have been gone for 24 hours.

- I understand that it is my responsibility to keep my child's record current to reflect any significant changes such as telephone numbers, work location, emergency contacts, child's physician, health status, immunization records, etc.

- I understand that Team 3 ASP will keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, etc. which pertain to my child.

- I hereby grant permission for emergency medical care to be given to my child as deemed necessary by qualified personnel. I understand that payment of all expenses incurred will be the parent/guardian's responsibility.

- I understand that Team 3 Sports After School Program will obtain written authorization from me before my child participates in routine transportation field trips, special activities away from the center or water related activities occurring in water that is more than two feet deep.

- I understand that all students in attendance on the day of the field trip must attend during camps when the trip is program-wide (all ages) and no students will be left behind with teachers.

- I hereby release, indemnify and hold harmless the ASP and its staff from any and all loss or damage to clothing, toys or other personal articles brought to the center and from any and all claims, damages or liabilities for injuries or damage by my child which are not a result of gross negligence by the center or its staff.

- I hereby warrant that I am entitled to legal custody and possession of my child, and am authorized to place my child in the care and custody of the center and am further authorized to sign this agreement.

- I understand that the ASP operated from 6:30AM-6:30PM.

- I understand the late pickup fee is \$5 the first minute and \$1 per minute thereafter. (Close @ 6:30pm)

- I understand the behavior policy and will share the policy guidelines with my child.

- I have read and understand all contained in these policies and agree to abide by each and all.

- I understand that I am responsible for items my child consumes after leaving the center.*

I agree and understand the Parent Contract.

Child's Name

First

Last

Signature of Parent/ Guardian

Date

Sign here



MM/DD/YYYY



ENROLLMENT APPLICATION

Dear Parents,

Team 3 Sports After School Program will not tolerate ANY child being disrespectful to a teacher or another child. Disrespect includes, but is not limited to the following:

- Hitting
- Kicking
- Biting
- Spitting
- Pushing
- Fighting
- Using Profanity
- Throwing Objects
- Not following directions

By a child performing any of the acts above, this could cause serious harm to another child or teacher. Team 3 ASP teachers will document anytime an occurrence occurs.

1st offense-Conference w/teacher and child (redirection)

2nd offense-Conference w/teacher and child (redirection)

3rd offense-Conference w/teacher, child and administration (redirection)

4th offense-Conference w/teacher, child and administration (redirection)

5th offense-Conference w/teacher, child, administration and parent

6th offense-Suspension (2-days)

7th offense-Suspension (5 day with pay)

8th offense-Expelled for the remainder of the school year

Your signature reflects that you have read and understand the behavior plan at Team 3 ASP.

Parent/ Guardian Name

First

Last

Signature of Parent/ Guardian

Sign here



Date

MM/DD/YYYY



ENROLLMENT APPLICATION

Dear Parent(s):

We would like to photograph your child (ren) for our ASP Website, while they are involved with their school activities.

- I give my permission for my child (ren) to be photographed.
- I do not give my permission for my child (ren) to be photographed.

Child's Name

Signature of Parent/ Guardian

Sign here 

Date

 

ENROLLMENT APPLICATION

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Intentionally Great, Inc (known as Team 3 After School Program & Camps) has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19. Further, attending any program or activity at or with Team 3 could increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while participating in camps and after school with Team 3 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while in attendance with Team 3 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Team 3 employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at Team 3 or ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Intentionally Great, Inc dba Team 3 After School Program & Camps, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Team 3 its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending any of Team 3's programs or activities.

Students' Parent/Guardian Printed Name

Parent/Guardian Signature

Sign here 

Date

 

Student's Name

First

Last

Student's Date of Birth

MM/DD/YYYY



PARENTAL CONSENT: I am the minor's parent or guardian named above and I understand the nature of the Waiver of Liability above and verify and consent to the minor attending Team 3. On the minor's behalf, I hereby release, covenant not to sue, discharge, and hold harmless Team 3, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. On behalf of the minor, I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Team 3, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending in any Team 3 After School's programs or activities.

