



Kids Come First Early Learning Center #2  
 297 Shannon Way  
 Lawrenceville, GA 30044  
 Ph: 770.513.0380 / Fx: 678.609.5311

**Entrance Date** \_\_\_\_\_ **Withdrawal Date** \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)     Both Parents     Mother     Father     Other

Child's Legal Guardian(s): (check one)     Both Parents     Mother     Father     Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_

(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_

(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

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

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

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: \_\_\_\_\_

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## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_  
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.

**Parent/Guardian:** \_\_\_\_\_

Signature

**Date:** \_\_\_\_\_

**Facility Administrator/Person-In-Charge** \_\_\_\_\_

Signature

**Date:** \_\_\_\_\_

Authorization to Dispense External Preparations

**590-1-1-.20(1)**

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*center should maintain in child's file

Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_



Medical Facility this center uses:

GWINNETT MEDICAL CENTER  
1000 MEDICAL CENTER BLVD.  
LAWRENCEVILLE, GA 30045  
(770) 995-4321



Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Kids Come First ELC 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 \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

**Parents or Guardian's  
Notice of No Liability Insurance and Acknowledgement**

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 children in the event of an injury, etc.

\_\_\_\_\_  
**Parents or Guardian's Signatures**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian (Print Names)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Center Director's Signature**

\_\_\_\_\_  
**Date**

# Permission to Photograph

I, \_\_\_\_\_  
 (Parent or Guardian's name)

Give permission for \_\_\_\_\_  
 (Name of childcare provider or facility)

To photograph my child, \_\_\_\_\_  
 (Child's name)

For the following purposes:

Type of Use:	(Check all that apply)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display on daycare bulletin boards, show to current and prospective clients		
Display in facility's scrapbook		
Display still photos on facility's website*		
Use still photos in promotional materials		
<b>Videos:</b>		
Show to current and prospective clients		
Display video on facility's website*		
Use videos in promotional materials		

\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: \_\_\_\_\_  
 (Parent or Guardian signature and date)

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# Parental Agreements with Child Care Facility

The Kids Come First Early Learning Center agrees to provide day care for  
(Name of Facility)

\_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(Name of Child) (Days of Week)  
from \_\_\_\_\_ to \_\_\_\_\_  
Month Month

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

The weekly rate shall be \$\_\_\_\_\_ and is due and payable each Monday by 6:30 P.M. If child is absent from care, the normal weekly rate will be due and payable. I \_\_\_\_\_ (parent/guardian) agree to pay all associated late fees as outlined in the parent handbook, when that child remains in care after business hours. All late fees are due and payable immediately.

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 Kids Come First Early Learning Center 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  
Kids Come First Early Learning Center  
(Name of Facility)

I understand that the center 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)