



# ENROLLMENT APPLICATION

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(770) 635-7720  
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(770) 591-1100  
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## PARENT/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Last 4 SSN \_\_\_\_\_  
Child(ren) live at the address listed above.

## PARENT/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Last 4 SSN \_\_\_\_\_  
Child(ren) live at the address listed above.

## CHILD (REN)

Full Name	Preferred Name	Age	Birthdate	Sex	Address (if different from Parent/Guardian)
1.					
2.					
3.					

Child(ren)'s legal guardian(s): ( ) Both parents ( ) Mother ( ) Father ( ) Other  
 Child(ren)'s living arrangements: ( ) Both parents ( ) Mother ( ) Father ( ) Other

Child(ren)'s primary health source (physician or clinic): \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergies, special medical conditions or prescribed drugs? (List child's name and describe) \_\_\_\_\_

## EMERGENCY CONTACTS & AUTHORIZATION TO RELEASE

In addition to the above, the following persons may be contacted in the event of an emergency AND have authorization to drop off/pick up the child(ren).

Name	Address	Phone (Cell)	(Work)	Relationship to Child	Relationship to Parent
1.					
2.					
3.					
4.					

In the event of an emergency involving my child(ren), and if I cannot be reached, I hereby authorize any needed medical care. I understand that Bells Ferry Learning Center does not provide accident insurance and agree to be fully responsible for all medical expenses incurred during the treatment of my child(ren). I will indemnify, release, hold harmless, and defend Bells Ferry Learning Center from all liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have read the transportation procedures outlined in this application and agree to abide by them. I give permission for Bells Ferry Learning Center to transport my child(ren) for the following:

( ) In the event of an emergency. ( ) Morning and/or Afternoon Transportation to and from \_\_\_\_\_ school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PARENTAL AGREEMENT WITH CHILD CARE FACILITY

## TUITION AGREEMENT

I agree to pay the total weekly tuition of \$ \_\_\_\_\_ each Friday for the upcoming week. If my account carries any balance each Monday at noon, late fees will be accrued. I understand that weekly tuition is not prorated for absences of any duration for any cause. This is so because staffing and other operational costs are incurred based on fixed levels of enrollment and because few, if any, of these costs are eliminated when a child is temporarily absent.

## HEALTH INFORMATION

In order to keep our children healthy, Bells Ferry Learning Center (BFLC) adheres to the following policies:

1. We cannot permit children with communicable diseases or illnesses to attend school. We will require a doctor's note to return to school if a communicable disease has been suspected or diagnosed.
2. Children with fever of 100.4 degrees or above will be sent home and may return to school when they have been fever-free without medication for 24 hours.
3. Over the counter medications will be dispensed only if the dosage for the child's age and/or weight is listed on the label, unless a doctor's note is provided. OTC medications will be brought to the center in the original container with the child's name clearly marked on the label.
4. Each child must provide a Form 3231 record of immunization.
5. BFLC agrees to keep you informed of any incidents, illnesses, injuries or adverse reactions to medications which include your child.

## TRANSPORTATION INFORMATION

1. Children may not cross the street in order to meet a transporting vehicle or to arrive at a destination.
2. No vehicle containing children shall be left unattended.
3. No child shall stand in the vehicle while being transported.
4. The driver of the transporting vehicle shall meet the same general qualifications as those set forth for other members of BFLC staff, including First Aid & CPR Certification.
5. If we take your child to school in the morning, then we will pick up your child at dismissal time. If we do not take your child to school, we will assume your child is absent and will not go to the school to pick up your child unless it is agreed upon that you will provide morning transportation.
6. You must call us anytime your child is not to be picked up from school by us.
7. If we are providing morning transportation, your child must arrive at BFLC no later than 7:00 a.m.
8. Morning Bus Schedule, Woodstock: 7:10 Clark Creek, 7:20 Oak Grove, 7:30 Boston
9. Morning Bus Schedule, Marietta: 7:15 Addison, 7:20 Blackwell, 7:30 Nicholson, 7:45 McCleskey
10. Afternoon Bus Schedule, Woodstock: 2:10 Clark Creek, 2:25 Oak Grove, 2:30 Boston, 2:40 BFLC
11. Afternoon Bus Schedule, Marietta: 2:10 Bells Ferry, 2:20 Nicholson, 2:30 Addison, 2:45 Blackwell

## HOLIDAYS

BFLC will be closed so our staff may observe these holidays with their families: New Year's Day; Memorial Day; Labor Day; Independence Day; Thanksgiving Day and the following Friday; Christmas Eve and Christmas Day.

## PICK UP/DROP OFF

All children must arrive at the center no later than 9:30 a.m. Children must be picked up no later than posted closing time. Late pick up fee is \$1 per child per minute after posted closing time. Children must be escorted into and out of the building by an adult.

## PHOTOGRAPHIC RELEASE

Children at the center may be photographed by other parents and are visible to other parents via the internet. Photographs may also be posted within the center, on school social media, or on the school web site. I give my permission for my child(ren) to be photographed or videotaped while in attendance at the center and during any field trip activities.

## WITHDRAWAL

I understand that I must give **two weeks written notice** to management prior to the withdrawal of my child(ren). Tuition continues to be due and payable during this period.

I agree to abide by the policies outlined above and in the BFLC Family Handbook.

Signature of Parent/Guardian:

Date:

Signature for BFLC:

Date: