



# ENROLLMENT APPLICATION

11 Hamilton Blvd  
Cartersville, GA 30120  
(770) 334-2948  
www.BellsFerryLC.com

3639 Canton Rd.  
Marietta, GA 30066  
(770) 635-7720  
www.BellsFerryLC.com

6761 Hwy 92  
Woodstock, GA 30189  
(770) 591-1100  
www.BellsFerryLC.com

## PARENT/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Child(ren) live at the address listed above

## PARENT/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Child(ren) live at the address listed above

## Child(ren)

Full Name	Preferred Name	Age	Birthday	Sex	Address (if different from parent/guardian)

Child(ren)'s Legal Guardian(s): \_\_\_\_\_

Child(ren)'s living arrangements: \_\_\_\_\_

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

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

## Emergency Contacts & Authorization to Release

Name	Address	Phone(Cell)	Phone (Work)	Relationship to child	Relationship to Parent

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 transportation to and from

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

Please initial each section of the Parent Agreement below:

\_\_\_\_\_ 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 accrue.

\_\_\_\_\_ I understand that weekly tuition is not prorated for absences for any cause or duration.

\_\_\_\_\_ DEPOSIT INFORMATION

To reserve your spot the following amount is due and non-refundable:

Registration Fee: \_\_\_\_\_ (Due upon enrollment and each September)

Deposit: \_\_\_\_\_ (Due upon enrollment only)

- Deposit amount = two weeks tuition.
- Deposit will be applied to the last two weeks of tuition following a written two-week withdrawal notice.
- If notice is not completed deposit will be forfeited.
- If there is a balance at the time of the withdrawal notice, the deposit will be applied to that balance and the remaining tuition will be due.

\_\_\_\_\_ 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.

\_\_\_\_\_ HOLIDAYS

BFLC will be closed so our staff may observe these holidays with their families: Martin Luther King, Jr. Day; Memorial Day; Labor Day; Independence Day; Thanksgiving Day & Black Friday, and Christmas Eve through New Year's Day..

TRANSPORTATION INFORMATION

1. Children may not cross the street 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 we agree 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 provide morning transportation, your child must arrive at BFLC no later than 6:45 a.m.

Please circle which school, times, and days you would like pick-up &/or drop-off from schedule below

Morning Bus Schedule

Woodstock: 7:00 Carmel, 7:10 Oak Grove, 7:20 Clark Creek, 7:30 Boston M T W Th Fr

Marietta: 7:00 Bells Ferry, 7:10 Chalker, 7:20 Blackwell M T W Th Fr

Cartersville: 7:00 Cartersville Primary, 7:10 Kingston, 7:20 Hamilton Crossing M T W Th Fr

Afternoon Bus Schedule

Woodstock: 2:15 Carmel, 2:25 Oak Grove, 2:35 Clark Creek, 2:45 Boston M T W Th Fr

Marietta: 2:15 Bells Ferry, 2:30 Chalker, 2:40 Blackwell, 2:45 BFLC M T W Th Fr

Cartersville: 2:15 Hamilton Crossing, 2:25 Kingston, 2:35 Cartersville Primary M T W Th Fr

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 6:30 PM. Late pick up fee is \$15 per child for the first 5 minutes then \$2/minute/ child after 6:30 PM. 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. NOTE: Security cameras in classrooms are for admin use only. Parents will not be provided access to view.

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: \_\_\_\_\_