

## INSPIRING SCHOLARS ACADEMY STUDENT FILE CHECKLIST

The following forms must be in each child's file if applicable. Place a check mark or *N/A* for each completed form on file.

- \_\_\_ Registration fee
- \_\_\_ Enrollment forms
- \_\_\_ Form 3231 (Immunization certificate)
- \_\_\_ Birth Certificate

Inspiring Scholars Academy is licensed by Bright from the Start: the state of Georgia Licensing Agency. As such, these forms are required as part of the guidelines of the state. Each form must be completed in its entirety or the enrollment will not be accepted.

Child Name (s): \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Start Date: \_\_\_\_\_

I.D. # \_\_\_\_\_

Inspiring Scholars Academy  
2017/2018

2345 Pope Rd Douglasville, GA 30135

7425 Hwy 78 Winston, GA 30187

**CHILD'S INFORMATION** (Please print name as it appears on the birth certificate)

1. CHILD'S Name:

CHILD'S D.O.B. (MM/DD/BY): HOME

SEX:  M  F      GRADE:

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP:

HOME PHONE: (          )

COPY OF IMMUNIZATION RECORD PROVIDED: Yes or No

Allergies:

2. CHILD'S Name:

CHILD'S D.O.B.(MM/DD/BY): HOME

SEX:  M  F      GRADE:

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP:

HOME PHONE: (          )

COPY OF IMMUNIZATION RECORD PROVIDED: Yes or No

Allergies:

3. CHILD'S Name:

CHILD'S D.O.B.(MM/DD/BY): HOME

SEX:  M  F      GRADE:

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP:

HOME PHONE: (          )

COPY OF IMMUNIZATION RECORD PROVIDED: Yes or No

Allergies:

# Inspiring Scholars Academy

## PARENT/GUARDIAN INFORMATION:

### MOTHER'S NAME:

HOME ADDRESS (If different from child):

CITY: STATE: ZIP:

HOME PHONE ( ) WORK. PHONE ( )

EMAIL ADDRESS:

PLACE OF EMPLOYMENT:

ADDRESS : COUNTY:

CITY: STATE: ZIP:

### FATHER'S NAME: ·

HOME ADDRESS (If different from child):

CITY: STATE: ZIP:

HOME PHONE ( ) WORK. PHONE ( )

EMAIL ADDRESS

PLACE OF EMPLOYMENT:

ADDRESS: COUNTY:

CITY: STATE: ZIP:

## EMERGENCY CONTACT INFORMATION (Person to contact in the event that either parent/guardian cannot be contacted. Add additional contacts on back)

1.) NAME: DAYTIME PHONE: ( )

DAY TIME ADDRESS:

CITY: STATE: ZIP: .

2.) NAME: DAYTIME PHONE: ( )

DAY TIME ADDRESS:

CITY: STATE: ZIP: .

## Inspiring Scholars Academy

### PARENT INFORMATION

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:

1. NAME:

ADDRESS:

RELATIONSHIP:

2. NAME:

ADDRESS:

RELATIONSHIP:

3. NAME:

ADDRESS:

RELATIONSHIP:

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST  
EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM  
CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES,  
ILLNESS, OR HEALTH CONCERNS:

\_\_\_\_\_ I UNDERSTAND A MEDICAL AUTHORIZATION FORM MUST BE COMPLETED  
GIVING INSPIRING SCHOLARS ACADEMY STAFF PERMISSION TO ISSUE  
MEDICATION TO MY CHILD. (Please initial)

**Inspiring Scholars Academy**

Physicians Name \_\_\_\_\_

Physicians Number \_\_\_\_\_

**PARENTAL AGREEMENT INITIAL**

\_\_\_\_ NO CHILD WILL BE ALLOWED TO ENTER OR EXIT THE CENTER WITHOUT A PARENT OR A PERSONS AUTHORIZED BY THE PARENT.

\_\_\_\_ YOU (THE PARENT) ARE RESPONSIBLE FOR KEEPING THE CENTER ADVISED OF SIGNIFICANT CHANGES AS THE CHANGES OCCUR IN THE INFORMATION YOU ( THE PARENT) PROVIDED AT THE TIME OF ENROLLMENT.(PHONE NUMBERS, EMERGENCY CONTACTS, ETC....)

\_\_\_\_ YOU (THE PARENT) HAVE RECEIVED A COPY OF THE CENTER'S PARENT HANDBOOK POLICY AND PROCEDURES BY EMAIL.

\_\_\_\_ YOU (THE PARENT) WILL BE ADVISED OF YOUR CHILD'S PROGRESS.

I AUTHORIZE INSPIRING SCHOLARS TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD WHEN I'M NOT AVAILABLE AND I WILL NOT HOLD INSPIRING SCHOLARS RESPONSIBLE FOR ANY OF THE MEDICAL BILLS OR TRANSPORTATION FEES THAT OCCUR.

Parent/Guardian

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

## **Inspiring Scholars Academy FEE AGREEMENT**

All custodial parents and/or legal guardians are required to sign a Fee Agreement prior to enrollment of their child in **Inspiring Scholars Academy**. Parents are required to indicate to whom all billing information and correspondence is to be addressed. Please read and initial this agreement.

\_\_\_\_ **(Initial)** I understand Inspiring Scholars Academy does not accept cash.

\_\_\_\_ **(Initial)** I understand Inspiring Scholars Academy will charge a \$36.00 fee for tuition checks returned by the bank. Returned tuition checks will not be re-deposited.

\_\_\_\_ **(Initial)** I understand Inspiring Scholars Academy will charge a \$5.00 processing fee for money orders and checks.

\_\_\_\_ **(Initial)** I understand payments are due on Fridays for the following week of care.

\_\_\_\_ **(Initial)** I understand Inspiring Scholars Academy will charge a **\$25.00** late fee if payment is not received by pick-up Monday.

\_\_\_\_ **(Initial)** I understand tuition is not prorated and is due in full whether or not my child attends Inspiring Scholars Academy.

\_\_\_\_ **(Initial)** I understand there is no credit/reimbursement given for scheduled school holidays, child illness, children with behavior issues, or for closings due to emergency situations, or inclement weather.

\_\_\_\_ **(Initial)** I understand weekly tuition is due by Monday at 7:00pm. If full tuition payment isn't received prior to Tuesday 7:00 pm services will be suspended until payment is made in full.

\_\_\_\_ **(Initial)** I understand Inspiring Scholars Academy charge a **\$1.00** per minute late fee after agreed pick-up time

## **PHOTOGRAPH/VIDEOTAPE RELEASE**

\_\_\_\_\_ I hereby grant permission for Inspiring Scholars Tutoring, which shall include, but not be limited to, the Georgia Department of Education, to record the participation and appearance of my child, \_\_\_\_\_, child \_\_\_\_\_, child \_\_\_\_\_ by photograph and/or videotape in connection with daily tutoring activities for the purposes of news releases, reporting, and assessing the progress of children and the program. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for Inspiring Scholars Tutoring and/or on Inspiring Scholars Tutoring web site.

## **Inspiring Scholars Academy**

The undersigned hereby jointly and severally releases, acquits, forgives, and Inspiring Scholars LLC, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

Children are allowed one week of vacation per calendar school year. Parents must provide a two week notices. If a notice is not provided, parents will be responsible for weekly payment.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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)

Other (please specify):

Parent/Guardian Signature

Date

\*center should maintain in child's file



# Inspiring Scholars Academy Transportation Agreement

This is to certify that I give Inspiring Scholars Academy LLC.

Permission to transport my child \_\_\_\_\_  
Name of Child

from \_\_\_\_\_ at \_\_\_\_\_ (am/pm) Pickup  
Location

to \_\_\_\_\_ at \_\_\_\_\_ (am/pm). Delivery  
Location

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (am/pm)

to \_\_\_\_\_ at \_\_\_\_\_ (am/pm) Delivery  
Location

on the following days:

\_\_\_\_\_ Monday  
\_\_\_\_\_ Tuesday  
\_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday

\_\_\_\_\_ is authorized to receive my child. In the event the authorized Name of  
Authorized Person

person is not present to receive my child, the following procedures are to be followed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the  
center.

In the event that my child is not to be transported as outlined above, I agree to notify Inspiring Scholars

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

# Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Teacher: \_\_\_\_\_



ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## ◆ STEP 1: TREATMENT ◆

### Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† \_\_\_\_\_

If reaction is progressing (several of the above areas affected), give  
The severity of symptoms can quickly change. †Potentially life-threatening.

### Give Checked Medication\*\*:

(To be determined by physician authorizing treatment)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg  
(see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

## ◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

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

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

## MEAL BENEFIT INCOME ELIGIBILITY FORM

Name of Child Care Center: Inspiring Scholars Academy Provider: \_\_\_\_\_

### Part I. Child/Children enrolled to receive child care:

Name: (First, Middle Initial, Last)	Date of Birth (Optional) MM/DD/YY	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU) or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: <b>DO NOT USE EBT NUMBERS.</b>	Head Start participant	Foster child
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

### PART II A: Name (List everyone in household, including foster and non-foster children) B. Gross income and how often it was received

1. Earnings from work before	2. Welfare, child support,	3. Social Security pensions,	4. All Other Income	C. Check if
(Example) Jane Smith	\$ 200/week	\$ 150/twice a month	\$ 100/month	<input type="checkbox"/>
1.	\$ /	\$ /	\$ /	<input type="checkbox"/>
2.	\$ /	\$ /	\$ /	<input type="checkbox"/>
3.	\$ /	\$ /	\$ /	<input type="checkbox"/>
4.	\$ /	\$ /	\$ /	<input type="checkbox"/>
5.	\$ /	\$ /	\$ /	<input type="checkbox"/>
6.	\$ /	\$ /	\$ /	<input type="checkbox"/>
7.	\$ /	\$ /	\$ /	<input type="checkbox"/>

### Part III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of 6 [am/pm] to 7 [am/pm] on the following days:

Check here if only before/after school care is provided.

(Circle all that apply): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:

(Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

### Part IV. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part II is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. **This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care.**

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of Social Security Number: X XX- XX-  I do not have a Social Security Number

### Part V. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only.** Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Tier I \_\_\_\_\_ Tier II \_\_\_\_\_

Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Inspiring Scholars Academy

**Hours** 6:00 am – 7:00 pm (Max 10 hours)

Students must arrive prior to **9:30am** unless they have a doctor's note or WIC apt. note.

**Breakfast ends @ 8:30 am**

**No outside food** can be brought inside the center.

**Late Pick-up:** Late pick up will result in a late fee of \$1 per minute per child. Late fee must be paid at the time of pick-up.

A written **2-week notice** is required to terminate service.

**Refund Policy:** No refunds will be given.

**Sign-In and Sign-Out:** Only adults listed on the "authorized pick-up list" section of the Registration Form with photo ID will be permitted to pick-up your child. Please be sure to include anyone that you may want or need to pick-up your child on the registration form.

**Personal Items:** Students should not bring toys, electronic devices or unsecured personal items. Inspiring Scholars will not be held liable for any lost and/or damaged items.

**Safety:** Only closed toes can be worn.

**Medication:** We have a NO MEDICATION policy. Exceptions may be made for life sustaining medication. If accepted, a consent form must be filled out and put on file.

## **Payments:**

- Inspiring Scholars Academy does not accept cash.
- Inspiring Scholars Academy will charge a \$36.00 fee for tuition checks returned by the bank. Returned tuition checks will not be re-deposited.
- Inspiring Scholars Academy will charge a \$5.00 processing fee for money orders and checks.
- Payments are due on Fridays for the following week before care.
- Inspiring Scholars Academy will charge a **\$25.00** late fee if payment is not received by pick-up Monday.
- Tuition is not prorated and is due in full whether or not my child attends Inspiring Scholars Academy.
- There is no credit/reimbursement given for scheduled school holidays, child illness, children with behavior issues, or for closings due to emergency situations, or inclement weather.
- Weekly tuition is due by Monday at 7:00pm. If full tuition payment isn't received prior to Tuesday 7:00 pm services will be suspended until payment is made in full.

2017-2018

Observe Holidays

ISA will be closed on the following days:

September 4, 2017

November 23-24, 2017

December 25-26, 2017

January 1, 2018

January 15, 2018

March 30, 2018\* Exclude ASP

May 28, 2018

July 4, 2018

# Inspiring Scholars Academy 2017-2018

## After School Program Dates to Remember

(Douglas County)

Additional fees are required for Half and Full Day

August 7, 2017 Early Release/First Day of School

September 4, 2017 Labor Day

September 13, 2017 Early Release Day

October 9-10, 2017 Fall Break

November 7, 2017 Student Holiday

November 20-24, 2017 Thanksgiving Break

December 18, 2017- January 2, 2018 Winter Break

January 15, 2018 MLK Holiday

February 7, 2018 Early Release

February 19-21 Mid-Winter Break

March 14, 2018 Early Release

April 2-6, 2018 Spring Break

May 24, 2018 Early Release

May 25, 2018 Early Release & Last Day of School