

**2026-2027 DAYCARE APPLICATION
INSPIRING SCHOLARS ACADEMY**

Inspiring Scholars Academy LLC is licensed by Bright from the Start: the state of Georgia Licensing Agency for Daycares. As such, these forms are required as part of the guidelines of the state.

Each page must be completed for enrollment.

Child Name (s): _____

Date of Enrollment: _____

Start Date: _____

----- **Office Only** -----

Place a check mark or N/A for each completed form on file.

_____ Registration Fee

_____ Completed Enrollment Forms

_____ Form 3231 (Immunization certificate for non- school age children)

_____ Birth Certificate

_____ Driver' s License

_____ Tuition Express

Registration \$100 Pd Y N

Staff Receiving Application : _____

**2026-2027 Application
Inspiring Scholars
Academy
13671 Veterans Memorial Hwy 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. / / SEX: <input type="checkbox"/> M <input type="checkbox"/> F AGE:		
HOME ADDRESS:		COUNTY:
CITY:	STATE:	ZIP:
COPY OF IMMUNIZATION RECORD PROVIDED: Yes or No		

CHILD'S INFORMATION (Please print name as it appears on the birth certificate)		
2.CHILD'S NAME:		
CHILD'S D.O.B. / / SEX: <input type="checkbox"/> M <input type="checkbox"/> F AGE:		
HOME ADDRESS:		COUNTY:
CITY:	STATE:	ZIP:
COPY OF IMMUNIZATION RECORD PROVIDED: Yes or No		

PARENT / GUARDIAN INFORMATION:		
NAME:		
HOME ADDRESS: (If Different From Child)	COUNTY:	
CITY:	STATE:	ZIP:
PHONE:	Email Address:	
WORK PHONE:		
Copy of License Yes or No		

PARENT/GUARDIAN INFORMATION:		
NAME:		
HOME ADDRESS: (If Different From Child)	COUNTY:	
CITY:	STATE:	ZIP:
PHONE:	Email Address:	
WORK PHONE:		
Copy of License Yes or No		

EMERGENCY CONTACT INFORMATION (Person to contact in the event that either parent/guardian cannot be contacted.)

1. NAME:

NUMBER:

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

2. NAME:

NUMBER:

AUTHORIZED PICK-UP THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

1. NAME:

NUMBER:

2. NAME:

NUMBER:

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRE TO MOST EFFECTIVELY MEET MY CHILDS 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 ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

MY CHILD HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS OR HEALTH CONCERNS: _____

MY CHILD IS CURRENTLY ON THE FOLLOWING MEDICATIONS _____

____ (Initial) I UNDERSTAND A MEDICATION AUTHORIZATION FORM MUST BE COMPLETED GIVING INSPIRING SCHOLARS ACADEMY STAFF PERMISSION TO ISSUE MEDICATION TO MY CHILD (ONLY LIFE SAVING MEDICATION

CHILD'S MEDICAL DOCTOR

If you do not have a doctor, please refer to:

Douglas County Health Center: 770-949-1970

PHYSICIANS NAME _____

PHYSICIANS NUMBER _____

PARENTAL AGREEMENT INITIAL

____ NO CHILD WILL BE ALLOWED TO ENTER OR EXIT THE CENTER WITHOUT A PARENT OR A PERSON AUTHORIZED BY THE PARENT(OVER 18)

____ YOU ARE RESPONSIBLE FOR KEEPING THE CENTER ADVISED OF UPDATED CHANGES. (PHONE NUMBERS, EMERGENCY CONTACTS, ETC)

____ YOU HAVE RECEIVED A COPY OF THE CENTER'S PARENT HANDBOOK POLICY AND PROCEDURES BY EMAIL.

____ YOU 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.

Signature (Parent/Guardian)_____Date_____

FEE AGREEMENT (INITIAL EACH LINE)

____(Initial) I understand Inspiring Scholars Academy is cashless. \$5 fee for check and money orders

____(Initial) I understand Inspiring Scholars Academy will charge a \$36.00 fee for tuition payment. Returned tuition checks will not be re-deposited.

____(Initial) I understand **payments are due Fridays** before the week of service.

____(Initial) I understand Inspiring Scholars Academy will charge a \$25.00 late fee if payment is not received by close of business day Monday. Late fees will be charged weekly on all accounts with outstanding balances no matter the enrollment status.

____(Initial) My child will not be able to attend until payment including late fees are made in full. Termination of services for non-payment does not eliminate the mandatory two-week notification for your child(s) withdrawal.

____(Initial) Official notification for withdrawal from Inspiring Scholars requires a minimum of two weeks' notice in writing.

____(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 Inspiring Scholars Academy charges a **\$1.00** per minute per child late fee after agreed pick up time. \$3 per minute the occurrence and \$5 per minute the occurrence.

____(Initial) I understand my child has to be in school by 9:30 am, unless I have or Doctor's excuse I must send a message through Procure.

____(Initial) I acknowledge that Inspiring Scholars charges \$100 for annual school registration.

____(Initial) I understand my child can remain under ISA care for up to 10 hours per day.

____(Initial) **CAPS Clients Only** I understand that if I do not sign my child in/out daily, I will be charged full weekly payment for my child.

____(Initial) **Daycare Only.** Children are allowed one week of vacation during the school year. Parents must provide a week's notice in advance for vacation. If a notice is not provided, parents will be responsible for weekly payment.

Parent Name: _____

Parent Signature: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for Inspiring Scholars Academy, which shall include, but not be limited to, the Georgia Department of Education, to record the participation and appearance of my child (1), _____, child (2)_____, child(3)_____by photograph and/or videotape in connection with daily 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 Academy and/or on Inspiring Scholars Academy website.

The undersigned hereby jointly and severally releases, acquits, forgives, Inspiring Scholars Academy, 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 the law.

Signature: _____ **Date:** _____

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____

ALLERGY TO: _____

Asthmatic? Yes* _____ No _____ * Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms: _____ Give Checked Medication**:
(To be determined by physician authorizing treatment)

- | | | |
|--|--------------------------------------|--|
| ● If a food allergen has been ingested, but no symptoms : | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Throat‡ Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Lung ‡ Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Heart ‡ Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● Other ‡ _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| ● If reaction is progressing (several of the above area affected), give: | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. ‡ Potentially life threatening.

DOSAGE:

Epinephrine: inject intramuscularly (circle one) EpiPen™ EpiPen™ Jr. Twinject™0.3 mg Twinject™0.15mg

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 _____

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 the 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.

- _____ Band-aids
- _____ Bactine or similar first aid spray
- _____ Neosporin or similar ointment
- _____ Bactine or similar first aid spray
- _____ Sunscreen (parent must supply)
- _____ Non-Prescription ointment (such as A & D: Desitin, Vaseline)
- _____ Other (please specify):

Signature: _____ **Date:** _____

Left Blank Intentionally

Parent Copy

Daycare Hours 6:00am-6:00pm (max 10 hrs.)

9:30am is the latest a child can be dropped off without a Doctor, Dentist, or WIC letter. **Breakfast ends @ 8:30am**

No outside food

Late Pick-up: 1st occurrence \$1 per minute per child, 2nd occurrence \$3 per minute

per child, 3rd occurrence \$5 per minute per child and possibly withdrawn.

Tuition: Payment is due Friday before service

Check fee: There is a \$5 service fee for checks and money orders. Cashless

Returned check fee: \$36

Late Fee: \$25 late fee if payment is not received by 6 pm Mondays'. Late fees will be charged weekly on all accounts with outstanding balances enrolled/unenrolled status.

Non Payment: Services will be suspended until full payment is made including late fees. Termination of services for non-payment does not eliminate the mandatory two week notification of your child(s) withdrawal.

The sibling discount benefit will be discontinued if there are 2 consecutive late payments of tuition.

A written **2-week notice** is required to terminate service offered by Inspiring Scholars.

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

a photo ID will be permitted to pick-up your student. Please be sure to include anyone that you may want

need to pick-up your student 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.

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.

Water Bottle: Is mandatory daily **\$1 Daily Water Bottle Fee-** If your child doesn't have one each day.

Inspiring Scholars Academy

OBSERVED HOLIDAYS 2026-2027

CLOSED

September 7	Labor Day
November 26-27	Thanksgiving
December 24-25	Christmas Eve/Day
January 1, 2027	New Years
January 18	Martin Luthern King
April 2	Good Friday
May 31	Memorial Day
June 18	Juneteenth
July 5th	Independence Day