

# Application & Enrollment Packet



## **Springfield Christian Academy**

1877 Iris Dr., SE

Conyers, GA 30013

Phone- (770)929-1813

Fax- (770)929-9230

Website: [www.sbcgrowth.church](http://www.sbcgrowth.church)

Please complete all pages in their entirety.

Black ink only

## Enrollment Checklist

Please be sure to have the following items prepared prior to your child's first day. This checklist will assist you in organizing your child's necessary paperwork. Feel free to contact us at 770-929-1813 or sca@sbcgrowth.church if you have any questions.

- o Parent/Provider SIGNED agreement with Registration Fee and First Week's tuition
- o Child Registration Packet
- o Children's Record Form
- o Emergency Contact Information
- o Emergency Release & Information
- o Authorization for Medication Administration (ONLY if your child requires medication)
- o Media/Photography Consent Form
- o Permission to use Ointments & Creams
- o Immunization Record (Form 3231)
  - Required before acceptance into care
- o Food Program Enrollment Form

**INCOMPLETE APPLICATIONS WILL  
NOT BE ACCEPTED**



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**Required**

**How did you hear about us?**  
Website \_\_\_ Friend \_\_\_ Other \_\_\_

**DL#** \_\_\_\_\_  
**SSN** \_\_\_\_\_

**Previous Childcare?** ( ) YES ( ) NO

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

**Child's Name** \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Father's Email Address \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

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

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

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

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

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

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

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

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

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

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

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

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

**Child's Physician** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Does your child have allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in Springfield Christian Academy program and activities?

YES  NO

SPECIFY: \_\_\_\_\_

Does your child have any allergies? (INSECTS, MEDICATIONS, FOODS, ETC...)

YES  NO

SPECIFY: \_\_\_\_\_

Are there any special procedures required in caring for your child?

YES  NO

SPECIFY: \_\_\_\_\_

## **EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_, \_\_\_\_\_  
(Child's name) (Date of birth)

Suffer an injury or illness while in the care of **Springfield Christian Academy** 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 necessary. I (we) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Administrator/Person-In-Charge: \_\_\_\_\_ Date: \_\_\_\_\_



# Springfield Christian Academy

The following information is required by Springfield Christian Academy annually.

## 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 the center uses Rockdale Medical Center

Address 1412 Milstead Ave NE Conyers, GA 30013

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

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

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

In the event of an emergency involving my child and if **Springfield Christian Academy** cannot get in touch with me, I give **Springfield Christian Academy** permission to seek medical attention and/or transport my child. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

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

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_

# Parental Agreements with Springfield Christian Academy

Springfield Christian Academy agrees to provide day care for \_\_\_\_\_ from Monday-Friday 6:00 AM-6:30 PM. from January-December. \_\_\_\_\_ (Name of Child)

My child will participate in the following meal plan (circle all that apply):

Breakfast

Lunch

Afternoon Snack

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.

Springfield Christian Academy 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 Springfield Christian Academy to obtain emergency medical care for my child when I am not available.

I agree to pay \$ \_\_\_\_\_ dollars per ( ) weekly, ( ) bi-weekly, ( ) monthly. I understand these fees are due **IN ADVANCE** for the upcoming week. Should I fail to pay my child care fees on Thursday, a late fee in the amount of \$25 will be automatically added to child's account if not paid by Monday morning. I also understand that failure to keep my childcare fees paid in advance could result in the termination of childcare provided for my child. All costs (i.e. attorney fees, collection fees, etc.) associated with the collection of any outstanding balance due upon withdrawing your child will be the parent's responsibility. **I understand these fees are due in advance of the upcoming week. Child care fees are paid whether the child attends or not and will continue until a two week notice is given by parent.**

I understand that the school 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.

I have received a copy and agree to abide by the policies and procedures Springfield Christian Academy.

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

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

# Springfield Christian Academy

## 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 **Springfield Christian Academy**, 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, Destin, Vaseline)

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

Other (please specify)

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

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

\*center should maintain in child's file



**Permission for Emergency Transport Agreement**

**This is to certify that I,  
\_\_\_\_\_ give Springfield  
Christian Academy permission to  
transport my child,  
\_\_\_\_\_, from  
Springfield Christian Academy to Peeks  
Chapel Elementary in the event of an  
emergency evacuation.**

**Peeks Chapel Elementary is  
approximately 2 minutes from the  
center.**

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

Date \_\_\_\_\_

# Springfield Christian Academy

## Discipline Policy

We encourage positive redirection. Positive redirection teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of the conflict.

1. Firm voice control. (no harsh tones will be used)
2. We use the time out method as a last resort. (1 minute per age of child)
3. Removal of child from classroom environment.
4. Excessive behavioral issues will result in a conference with the teacher and Director.
5. Severe biting, your child will be sent home. A conference with the Director, teacher, and parents will be set up.
6. When all other options have been exhausted, the child will be removed from the Academy.

Any severe biting, scratching, pinching, kicking, sassing, or cursing will not be tolerated. Please understand that we will maintain an atmosphere of Christian Love and caring for all children. We cannot risk the safety of our teachers, staff, and other children. By signing this statement, you acknowledge and agree to the above disciplinary policies of **Springfield Christian Academy**.

Name of child \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

Springfield Christian Academy parents must complete this consent form in order to allow their children to be photographed during special events or normal day to day activities organized by Springfield Christian Academy. In order for a child to have their photograph taken, they must have a consent form on file at Springfield Christian Academy.

If you do not wish to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of a child or children at Springfield Christian Academy, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed while attending Springfield Christian Academy during normal daycare hours, field trips or activities.
- I understand that these photographs may be used in school newsletters or uploaded to the Springfield Christian Ministries website and Facebook pages.
- I give permission for my child(ren) to be photographed, or their images recorded to be uploaded on the Springfield Christian Ministries website and Facebook pages.

The following are the names of my children attending Springfield Christian Academy:

(Please print your child(ren)'s full name)

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Yes, I confirm that I have read and understood the above, and agree to have photographs and videos of my child(ren) uploaded to the Springfield Christian Ministries website, Facebook, and newsletters.

No, I do not wish to have my child(ren) photographed or recorded.

Signature: \_\_\_\_\_ Name (please print): \_\_\_\_\_

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, **Springfield Christian Academy**, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

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Parents or Guardian's Signatures

Date

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Parent or Guardian (Print Names)

Date

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Center Director's Signature

Date