



Infant\Toddler Enrollment Packet

Thank you for your interest in Learning Hive Child Development Center. This packet contains all the paperwork needed to enroll your child in our program.

Registration Checklist

Enrollment Application_____
Parent Agreement with Learning Hive_____
Emergency Medical Authorization_____
External Preparations_____
Disciplinary Policy_____
Parent Handbook Agreement_____
Photography Release_____
Immunizations_____
Copies of Parent/Guardian ID_____

My child is enrolling in the following:

- ☐ Full Time Child Care
- ☐ Part Time Child Care
- ☐ Before/After School
- ☐ Extracurricular Club Activities (Cooking, Etiquette, Fitness etc)

How did you hear about us? _____

After your child's paperwork has been received and you have met with the director, your child is on his/her way to being a Future Leader!
Looking forward to a great year!

Learning Hive

Learning Hive accepts qualified children without regard to race, color, religion, national origin, economic status or sex.

Entrance Date**Withdrawal Date**

Child's Name _____ Sex _____ Age _____ Birth date _____

Home Address(Street) _____

City _____ State _____ Zip _____

Home Phone _____ Parent Email _____

Father's Name _____ Telephone Number _____

Father's Home Address (if different from Child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone Number _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Telephone Number _____

Mother's Home Address (If different form child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone Number _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements:(check one) ☐ Both Parents ☐ Mother ☐ Father ☐ OtherChild's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

The child may be released to the person(s) signing this agreement or to the following:

Name _____ Address(Street) _____

City _____ State _____ Zip _____

Relationship to Parent/Guardian _____ Relationship to Child _____

Other Identifying information (if any) _____

Name _____ Address(Street) _____

City _____ State _____ Zip _____

Relationship to Parent/Guardian _____ Relationship to Child _____

Other Identifying information (if any) _____

Persons to contact in the case of an emergency when parents cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of public or private school child attends, if any _____

PERSONS NOT AUTHORIZED TO PICK UP MY CHILD

Name _____ Address _____

(If applicable I will provide a copy of a court order or injunction stating that the person(s) named above may not pick up this child).

Child's Physician or Clinic's Name _____

Doctor or Clinic's Telephone Number _____

My child has the following special need(s): _____

The following special accommodation(s) may be required to most effectively meet my child's need while at this center: _____

Emergency Medical Authorization

Should (Child's Name) _____ Date of Birth _____

suffer an injury or illness while in the care of **Learning Hive** and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment of services.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Does your child have current immunizations? Please provide a copy of their immunization record.

☐ Yes ☐ No

☐ Immunization records attached

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

Parental Agreements with Child Care Facility

1. Learning Hive agrees to provide child care for _____
(Name of Child)
on _____ from _____ AM _____ PM from _____ to _____
(Days of Week) (month) (month)

My tuition rate is \$_____ per _____

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast Morning Snack Lunch Afternoon snack Supper

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, dosage; 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, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.

Learning Hive 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 Learning Hive to obtain emergency medical care for my child when I am not available.

I have received a copy of the parent handbook and agree to abide by the policies and procedures for **Learning Hive**.

I understand that the center 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.

Signature (Parent/Guardian) _____ Date _____

Signature (Facility Administrator) _____ Date _____

External Preparations Form

Child _____ Date _____

I hereby give Learning Hive permission to apply one or more of the following external preparations, in accordance with directions for use on the container :

Baby wipes

Band-Aids

Neosporin

Bacitricin or similar ointment

Bactine or similar first aid spray

Non prescription ointment (such as A&D, Desitin, Vaseline)

And Other items contained in First Aid Kit

I release **Learning Hive** from any liability for administering these preparations.

Parent/Guardian Signature _____ Date _____

Disciplinary Policy

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, Learning Hive will practice the following discipline and behavior management policy.

Conflict Resolution skills will be encouraged. Children will be through to think through and resolve daily challenges with the support and instruction of program personnel. Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right to, after meeting with the parents and documenting behavior problems and interventions, terminate child care services for that particular child.

The following procedures will be followed:

1. Verbal warning will be given.
2. Child will be removed from classroom if behavior is disruptive.
3. Child may be denied fun/special privileges (including off campus activities). A disciplinary notice of action will be sent home to the parent.
4. **Learning Hive** Director will request a meeting with the parent to discuss concern.
5. **Learning Hive** reserves the right to suspend or expel children from **Learning Hive Child Development Center** when it deems necessary.

Parent /Guardian

Learning Hive Director

MEDIA RELEASE

Dear Parents,

We hope that your child enjoys Learning Hive. We are sure that they will have a lot to share with you over the course of the year. As we go through our fun filled days, we would like to make sure that we have your permission to include your child in the presentation and publications for the future. Please sign and date this form giving permission for your student(s) to be photographed by Learning Hive and its partners.

MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, or video recordings taken of me or my minor child by Learning Hive, staff, partners, or their designee. I understand that any such photographs, audio recordings, or video recordings become the property of Learning Hive and may be used by Learning Hive or others with their consent, for educational, instructional, or promotional purposes determined by Learning Hive.

☐

Yes, I give permission.

☐

No, I do not give permission.

Child's Name _____

Signature _____ Date _____

INFANT AFFIDAVIT

Name of Sponsor: Georgia Nutritional Services Inc.

Name of Provider/Center: Learning Hive

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program I must offer to provide meals to all infants enrolled for care in my center/facility.

I will provide _____ and _____
Milk- based iron-fortified formula Iron fortified infant cereal

to Infants enrolled for care in my facility.

Parents/Guardians, please check one of the following options and sign this form:

_____ I would like the provider/center to provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized, and labeled bottles daily.

_____ I will provide _____ and _____
Milk- based Iron-fortified formula

_____ for my infant on a daily basis.
Iron-fortified cereal

Parent/Guardian Signature

Date

Infant Feeding Plan

Child's Name _____ Date _____

Birthday _____

Does the child take a bottle? Yes ☐ No ☐Is the bottle warmed? Yes ☐ No ☐Does the child hold own bottle? Yes ☐ No ☐Can the child feed self? Yes ☐ No ☐

Does the child eat:

Strained Foods ☐ Whole Milk ☐Baby Foods ☐ Table Food ☐Formula ☐ Other ☐

What type of formula used? _____

Amount of formula to be given? _____

Updated amounts of formula? _____ Date _____

_____ Date _____

_____ Date _____

Does the child take a pacifier? Yes ☐ No ☐

When? _____

Food likes _____ Food dislike _____

Allergies- including any premixed formula _____

Child's Schedule

Breakfast _____

Approximate Time Types and approximate amount of food

Lunch _____

Approximate Time Types and approximate amount of food

Dinner _____

Approximate Time Types and approximate amount of food

Morning Nap _____ Afternoon Nap _____

Approximate Time Approximate Time

Instructions for the introduction of solid foods _____

As needed, please list updated instructions regarding adding new foods or other dietary changes.

Parent/Guardian Signature _____

Provider's Signature _____