

Current School Age Customer

Jean Piaget's theories of how children think and learn, on principles of physical development, and an appreciation of cultural influences.

Daily schedules and lesson plans are posted in each classroom. They are in the Parent Information Boards and the front desk. We believe that children learn through play and we will need your assistance and support by bringing the following items for your children:

Complete Extra Change of Clothes including socks and shoes.

Paint shirt-an old shirt from Mom or Dad is good.

Sun screen, insect repellent, etc.

Tooth Brush and Tooth Paste

Please note we go outside every day, children need to dress accordingly. Also, we often have messy activities and clothes will get dirty. Parents are encouraged to bring extra outdoor clothing such as hats, mittens, coats, etc. Your child will go outside unless we have a written doctor's statement explaining why they are not to go outside and the specified dates.

INCLEMENT WEATHER CLOSING

It is our policy to follow Gwinnett County Board of Education's Guidelines on school closings due to inclement weather. When Gwinnett County Schools are closed for holidays please proceed with the following: Check your local TV news stations and check our answering machine. We will contact the news stations and leave a message with instructions on the answering machine no later than 5:30 am. The decision to close or delay opening will be based on the Georgia Department of Transportation's advice on the streets in the areas surrounding the school. Prices will not be adjusted due to weather that is beyond anyone's control.

TUITION

Tuition rules are as follows:

1. If your child attends one (1) to five (5) days, full tuition is due.
2. If your child is absent for an entire week due to their illness (you must have a doctor's statement to receive ½ price tuition for this week) or one week of tuition is due.
3. Tuition is due on Friday for the upcoming week.
4. If your tuition is not paid by Monday, a late fee of \$20.00 (per child) will be added.
5. If your tuition is not paid by Tuesday, we will not be able to keep your child and your space will be awarded to another family on the waiting list without notice to you.
6. There is a \$35.00 fee for returned checks. Payment will not be accepted by check after the second NSF Check only in cash, money order or cashier's check.
7. We close at 6:30PM. If you are late a \$15.00 late fee will be charged for the first five minutes. If you are more than five minutes late, a late fee of \$1.00 per minute will be charged. These fees are per child and due with your next week's tuition.
8. I agree to pay the weekly rate of \$ _____ Initial _____ Initial _____ (Both Parents/Guardians Initials)
9. We accept cash, checks, money order, debit cards, MasterCard and Visa

VACATION

One free week after One year of enrollment will be credited to your account with a two weeks' notice in writing of when you plan to take your vacation. We must receive a two weeks' notice in writing before vacation (1/2 price will be awarded).

HOLIDAY

Dacula Academy will be closed on the following Holidays:

1. New Year's Eve and Day
2. Memorial Day
3. Independence Day
4. Labor Day

Bright from the Start: Georgia Department of Early Care and Learning
Child Adult Care Food Program
Income Eligibility Statement

PART I: Child(ren) or Adult enrolled to receive day care-

Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDIPIR case number, Assistant Unit (AU), or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for <u>Adults</u> . Note: Do not use EBT numbers.	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"/>

PART II A: A. Name (List everyone in household, including foster and non-foster children)	B. Gross income and how often it is received Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
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 _____ [am/pm] to _____ [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 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 his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next 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 purposefully 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.
 Signature: _____ Print Name _____ Date _____
 Address: _____ City _____ State: GA Zip _____ Phone _____
 Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART V: Participant's ethnic and racial identities (optional)
 Mark one ethnic identity:
 Hispanic/ Latino Not Hispanic/ Latino
 Mark one or more racial identities:
 Asian White Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander
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 _____ Paid _____ Tier I _____ Tier II _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date _____
 Confirming Official's Signature: _____ Date _____
 Follow Up Official's Signature: _____ Date _____



GWINNETT COUNTY PUBLIC SCHOOLS

VERIFICATION OF DAY CARE ENROLLMENT

School Year 2017-2018

NOTE: This form is required for GCPS students being transported to a day care facility by a GCPS bus.

Student: _____
(Child's Full LEGAL Name)

School: _____
(GCPS School)

Day Care Facility: Dacula Academy Phone #: 770-962-4128

Day Care Address: 2303 Alcoug Rd. City: Dacula Zip Code: 30019

My child will be attending day care: Monday Tuesday Wednesday Thursday Friday
(Circle days attending)

Starting on: _____ in the AM only, PM only or AM & PM
(date)

** Parent please note daycare requirement below.*

 Parent/Legal Guardian Signature Date

 Parent/Legal Guardian Printed Name Relation to Child

DAYCARE USE ONLY:
Before the student can be transported on the GCPS bus to your facility, the school must receive a copy of this Verification of Day Care Enrollment which must include the parent signature, the start date and day care director or designee signature.

 Day Care Facility Director/Designee Signature 7/27/17
Date

Janna Rookis
 Day Care Facility Director/Designee Printed Name CEO
Position

My signature verifies that the above student information is correct and the student attends this day care facility.

*** DAYCARE DIRECTOR PLEASE NOTE:** *A daycare employee must accompany students to the bus stop in the morning and be at the stop at least 5 minutes before the bus is scheduled to arrive. In the event that the students are not at the stop ready for pick up in the morning GCPS transportation will not send a bus back to your center. In the PM there must be a daycare employee at the bus stop to receive the students. In the event that there is no daycare employee waiting at the stop to receive the students, they will be returned to school. Failure to comply with these guidelines may result in termination of GCPS transportation to your facility.*

TRANSPORTATION AGREEMENT FOR SCHOOL AGE CHILDREN ONLY

This is to certify that I give Dacula Academy permission to transport my

child _____ to and from _____
(child's name) (elementary or middle school name)

During the regular school year:

The drop off time for my child's school is _____ AM

The pick up time for my child's school is _____ PM

My child will attend Dacula Academy (check one):

- _____ Before school only
- _____ After school only
- _____ Before and After school.

Dacula Academy is authorized to receive my child. In the event the authorized person(s) is not present to receive my child the following procedures are to be followed:

In the event that my child is not to be transported as outlined above, I agree to notify the center at least one hour before the scheduled pick up time.

Parent/Guardian Signature _____ Date _____

Work Phone Number _____ Home/Cell Phone Number _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____ (child's name), _____ (date of birth) suffer an injury or illness while in the care of Dacula Academy and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I (We) agree to keep the facility informed of changes in telephone numbers, emergency contacts, etc. where I can be reached.

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

Child's primary source of health care is:

Physician/Clinic Name

Telephone Number

1) Does your child have any allergies? _____ Yes _____ No

If yes, explain: _____

2) Does your child currently take any medication? _____ Yes _____ No

If yes, explain: _____

3) Does your child have any special medical needs and/or conditions? _____ Yes _____ No

If yes, explain: _____

Signed _____ Date _____ Telephone Number: _____
Parent or Legal Guardian

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Person(s) to notify in an emergency if parents cannot be reached:

Name:	Telephone:
Name:	Telephone:
Name:	Telephone:

Child's Doctor _____ Telephone _____

Medical facility the center uses

GWINNETT MEDICAL CENTER

Address

1000 MEDICAL CENTER BLVD., LAWRENCEVILLE, GA 30045 (678) 442-4321

1) Does your child have any allergies? _____ Yes _____ No

If yes, explain: _____

2) Does your child currently take any medication? _____ Yes _____ No

If yes, explain: _____

3) Does your child have any special medical needs and/or conditions? _____ Yes _____ No

If yes, explain: _____

In the event of an emergency involving my child, and if Dacula Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signature (Parent/Guardian) _____ Date _____

Witnessed by _____ Date _____