

Howell Station Academy
3635 Howell Ferry Rd. Duluth, GA 30096
(770) 623-9800 Fax: (770) 623-8956

www.howellstationacademy.com

Enrollment Form

Child's Name: _____ **Start Date:** ____/____/____

Birth Date: ____/____/____ **Social Security Number:** ____-____-____ [] Male [] Female

Hours to attend Howell Station: ____:____ to ____:____ **Days:** _____

Child's living arrangements: [] Both Parents [] Mother [] Father [] Other _____

[] Full Time [] Pre-K Day 8-3 M-F [] After School [] Before School [] Summer Camp

Parent/Guardian 1:

Name: _____ **Marital Status:** _____

Relationship to Child: _____ [] Legal Guardian [] Parent

Address: _____

Street City State Zip
Home Number: _____ **Cell Number:** _____ **Email address:** _____

Work Location: _____ **Work Number:** _____
Name Address

Position: _____ **Social Security Number:** ____-____-____

Driver's License #: _____

Parent/Guardian 2:

Name: _____ **Marital Status:** _____

Relationship to Child: _____ [] Legal Guardian [] Parent

Address: _____

Street City State Zip
Home Number: _____ **Cell Number:** _____ **Email address:** _____

Work Location: _____ **Work Number:** _____
Name Address

Position: _____ **Social Security Number:** ____-____-____

Driver's License #: _____

Restrictions: Are there any restrictions on either parent's right to pick up or visit the child at the center?
[] Yes [] No *If yes, please include a copy of the court order to be kept on file at the center?*

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Fee Agreement

Start Date ____/____/____

I understand that my Child/ren are allotted a maximum of 10 hours daily according to state regulations to attend the Academy. My child will attend between ____:____ []am []pm and ____:____ []am []pm on M, T, W, TH, F (circle).

My child/ren will participate in the following programs:

Annual Registration fee/s:	\$ _____
1. _____ Days: M, T, W, TH, F (circle).	\$ _____
[] Infants [] 1's Walking [] 2's Training [] 2's Trained [] 3's [] 4's [] GA Lottery Pre-K [] B/S [] A/S [] Camp	
2. _____ Days: M, T, W, TH, F (circle).	\$ _____
[] Infants [] 1's Walking [] 2's Training [] 2's Trained [] 3's [] 4's [] GA Lottery Pre-K [] B/S [] A/S [] Camp	
3. _____ Days: M, T, W, TH, F (circle).	\$ _____
[] Infants [] 1's Walking [] 2's Training [] 2's Trained [] 3's [] 4's [] GA Lottery Pre-K [] B/S [] A/S [] Camp	
4. _____ Days: M, T, W, TH, F (circle).	\$ _____
[] Infants [] 1's Walking [] 2's Training [] 2's Trained [] 3's [] 4's [] GA Lottery Pre-K [] B/S [] A/S [] Camp	
[] Pre-K Meals:	\$ 25.00
Less Family Discount:	\$ _____
Total Weekly Fee:	\$ _____

Signed: _____ **Date:** _____

My child/ren will participate in: [] Breakfast [] Lunch [] Snack

I understand tuition is due and payable in advance for your child/ren's weekly slot and is due no later than Tuesday by 6:30pm. A late fee of \$15.00 may be assessed at 6:31 pm.

I understand my child/ren may be terminated by Howell Station if tuition is not paid in full by the following Wednesday, unless other arrangements have been made in writing with Mrs. Beverly, Director or Mrs. Donna, Owner.

I understand that to withdraw from Howell Station I must give a two weeks advance notice in writing and I am responsible for tuition during the notice period.

I understand I'm reserving a slot for my child/ren and full tuition is due regardless of the number of days attended.

I understand for safety reasons, my child/ren must be escorted by an authorized adult in and out of the Academy and logged in and out of the Procure System by using my code assigned at enrollment.

I will keep Howell Station informed of any changes of address, work place, phone numbers, living arrangements and an up to date list of authorized pick-up persons and emergency contacts including their addresses and phone numbers.

I will inform Howell Station if there are any changes to my child/ren's doctor and/or health status.

I will up date my infant feeding plans and immunization records as needed.

Howell Station 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 feet deep.

Parent Signature: _____ **Date:** _____

Medical Release Form

Child's Name: _____ Birth Date: ____/____/____

Allergies: [] YES [] NO If yes, please explain: _____

Medical Treatment Required if exposed: _____

Special Dietary Needs, if any: _____

Doctor: _____ Phone #: _____

Address: _____

Dentist: _____ Phone #: _____

Address: _____

Insurance: _____ Policy Number: _____

Does your child have any other medical problem/conditions? [] YES [] NO, If yes, please explain: _____

Emergency Contact 1:

Name: _____ Marital Status: _____

Relationship to Child: _____ [] Legal Guardian [] Parent

Address: _____

Street City State Zip
Home Number: _____ Cell Number: _____ Email address: _____

Work Location: _____ Work Number: _____

Name Address
Position: _____ Social Security Number: _____ - _____ - _____

Driver's License #: _____ **Is this contact allowed to pick up child?** _____

Emergency Contact 2:

Name: _____ Marital Status: _____

Relationship to Child: _____ [] Legal Guardian [] Parent

Address: _____

Street City State Zip
Home Number: _____ Cell Number: _____ Email address: _____

Work Location: _____ Work Number: _____

Name Address
Position: _____ Social Security Number: _____ - _____ - _____

Driver's License #: _____ **Is this contact allowed to pick up child?** _____

Before any medication is dispensed to my child, I will provide a written authorization, which includes date, child's name, 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.

Howell Station agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, etc. which include my child.

Contact the center immediately of any changes of the information provided.

I authorize Howell Station Staff to obtain emergency medical care for my child when I am not available.

Parent/Guardian Signature: _____ **Date:** ____/____/____