



A S.T.E.A.M Learning Center Enrollment Packet

Entrance Date: _____ Withdrawal Date: _____

Child's Name: _____

Sex: _____ Age: _____ Date of Birth: _____

Address (Street): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

How Did You Hear About Us? _____

Mother's Name: _____ Cell Phone Number: _____

Mother's Email: _____

Mother's Home Street Address (If Different from Child's):

City: _____ State: _____ Zip Code: _____

Mother's Place Employment: _____ Work Phone #: _____

Work Street Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Cell Phone Number: _____

Father's Email: _____

Father's Home Address (If Different From Child's): Street: _____

City: _____ State: _____ Zip Code: _____

Father's Place Employment: _____ Work Phone #: _____

Father's Street Address: _____ City: _____

State: _____ Zip Code: _____

Child's Living Arrangements: () Both Parents () Mother () Father () other: _____

Relationship: _____

Child's Legal Guardian(S): () Both Parents () Mother () Father () other: _____

Relationship: _____

Special Custody Arrangements: (Please Provide Details)

Court Ordered: () Yes () No *Attach Court Order / Support Documentation*



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The Child May Be Released to The Person(S) Signing This Agreement or The Persons Listed Below:

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to Parent(S)/Guardian:	Relationship to Parent(S)/Guardian:
Other Identifying Information: (If Any)	Other Identifying Information: (If Any)

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to Parent(S)/Guardian:	Relationship to Parent(S)/Guardian:
Other Identifying Information: (If Any)	Other Identifying Information: (If Any)



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If for Some Reason, The Custodial Parent or Legal Guardian Cannot Be Reached.

The Following People Will Be Contacted in Case of Illness, Accident or Emergency:(In Order of Preference)

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to Parent(S)/Guardian:	Relationship to Parent(S)/Guardian:
Other Identifying Information: (If Any)	Other Identifying Information: (If Any)
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to Parent(S)/Guardian:	Relationship to Parent(S)/Guardian:
Other Identifying Information: (If Any)	Other Identifying Information: (If Any)



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Health Record

Name of Public or Private School Child Attends (If Any): _____

Child's Physician or Clinic Name:		Physician or Clinic Phone:
Street:		City:
State:		Zip:

My Child Is Currently on Medication(S) Prescribed for Long Term Continuous Use And/or Has the Following Pre-Existing Illnesses or Health Concerns:

Does Your Child Have Any Individual Special Needs Involving Routine Care, Behavior, Guidance, And Communication? Or Any Other Special Accommodation(S) Required to Most Effectively Meet My Child's Needs While at The Center: Yes () No ()

Please Describe:

Does Your Child Have Any Known Allergies or Special Precautions for Diet? (Foods, Medications, Etc.) Yes ()
No ()

Please Describe: (Please see attached Food Allergy Action Plan)

A Child 6 Weeks of Age or Older Cannot Be Admitted to A Childcare Facility Unless the Parent Presents Certification from A Licensed Physician or Authorized Representative of Any State or Local Department of Health That Such Child Has Received or Will Receive immunizations at The Medically Appropriate Time.

If a parent objects immunization for their child, please see attached form: AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION



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Emergency Medical Authorization

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

Suffer an Injury or Illness While in The Care of A Steam Learning Center and The Facility Is Unable to Reach Me/ Us Immediately, A Steam Learning Center Shall Be Authorized to Secure Such Medical Attention and Care For My Child as May Be Necessary. I/We Shall Assume Responsibility for Payment of Services. I (We) Also Authorize A Steam Learning Center to Evacuate My Child in the Case of Emergency. I Understand That the Evacuation Site Is posted in the Lobby at A Steam Learning Center and is Also Listed in The Family Handbook.

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____ Date: _____

Facility Administrator/Person-In-Charge Name (Print): _____

Facility Administrator/Person-In-Charge Signature: _____ Date: _____

Medication

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. I Also Give A Steam Learning Center Permission to Apply One or More of The Following Topical Ointments/Preparations to My Child in Accordance with Directions Provided on The Product Label.

_____ Band-Aids

_____ Neosporin Or Similar Ointment

_____ Bactine Or Similar First Aid Spray

_____ Insect Repellent

_____ Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)

_____ Other (Please Specify) _____

Parent/Guardian Signature

Date



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Parental Agreements

Please Read the Following Parent Agreement. It Is Important That You Understand Our Policies and By Signing, You Agree to The Terms of This Agreement. If You Have Any Questions Regarding These Policies or Your Child, Please Consult the Director. It Is Our Priority to Provide the Best Care Available for Each Child.

A Steam Learning Center Hours of Operation: Monday Through Friday
_____am - _____pm

A Steam Learning Center Agrees to Provide Childcare Services For:

(Name of Child)

Primary Hours of Care: From _____ Till _____

Days of The Week in Care (Circle All That Apply): M T W Th F

My Child Will Participate in The Following Meal Plan (Check Applicable Meals and Snacks):

- Breakfast
- Lunch
- Afternoon Snack
- Dinner

My Child Will Participate in The After-School Program, Which Will Include the Following Meal Plan(s):

- Afternoon Snack
- Dinner

- Children Will Not Be Allowed to Enter or Leave the Facility Without Being Escorted by The Parent(s)/Guardian(s); Person Authorized by Parent(s)/Guardian(s), Or Facility Personnel.
- It Is the Parent(s) /Guardian(s) Responsibility to Keep Their 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.
- If You Want A Person Who Is Not Identified Above to Pick Up Your Child, You Must Notify the Front Office Staff in Advance, In Writing. Your Child Will Not Be Released Without Prior Authorization. In the Event You Call A Pick-Up Authorization, Because You Are Unable to Submit Your Authorization in Writing, We Will Use Your Personal Information from This Packet to Verify Your Identity. We Will Not Release Children to Anyone Who Cannot Provide Identification. For All Children's Safety, It Is Critical to Use Your Secured Access to Enter the Building and Sign in Your Child According to State Childcare Licensing Regulations. To Ensure the Safety of Our School's Staff and Children, Please Do Not Share Your Secured Access with Anyone Else.
- AS.T.E.A.M. Learning and Care Center Agrees to Keep You Informed of Any Incidents, Including Illnesses, Injuries, and Adverse Reactions to Medications, Etc., Which Include Your Child.



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- If Your Child Has an IEP or IFSP, It Must Be Shared with The Director So That We Can Support Your Child's Needs.
- AS.T.E.A.M. Learning & Care Center Does Not Implement Corporal Punishment as A Means of Discipline.
- AS.T.E.A.M. Learning & Care Center We Use Positive Redirection and We Offer Choices to Children as Techniques to Guide Children's Behavior. Please See Your Center Director for Additional Information on Our Behavior Management Techniques.
- AS.T.E.A.M. Learning & Care Center Agrees to Obtain Written Authorization from You Before Your 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 AS.T.E.A.M. Learning & Care Center to Obtain Emergency Medical Care for My Child When I Am Not Available.
- I Have Received A Copy and Agree to Abide by The Policies and Procedures for A Steam Learning Center.
- I Understand That the Facility 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.
- If A Dispute Arises Out of Or Relates in Any Way to Our Services or This Agreement, We Encourage You to Attempt to Resolve Such Matter in Good Faith Directly with Management. However, If the Dispute Cannot Be Resolved Amicably, You Agree to Irrevocably and Unconditionally Waive, To the Fullest Extent Permitted By

Applicable Law, Any Right You May Have to A Trial by Jury in Any Legal Action, Proceeding, Cause of Action Or Counterclaim Arising Out of Or Relating to Our Services or This Agreement, Including Any Exhibits, Schedules, and Appendices That Are Part of This Agreement, Or the Transactions Contemplated Hereby. You Acknowledge That You Have Considered the Implications of This Waiver and Make This Waiver Knowingly and Voluntarily.

These Policies Have Been Reviewed with Me and the Center Director. I Understand and Will Comply with The Policies Included in This Enrollment Agreement and Family Handbook. The Policies in This Contract Will Supersede All Other Previous Documents.

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____ Date: _____

Facility Administrator Name (Print): _____

Facility Administrator Signature: _____ Date: _____



A S.T.E.A.M Learning Center Enrollment Packet

Tuition Contract

This Agreement Is Made Between AS.T.E.A.M. Learning & Care Center And
Parent or Guardian [Print Name]: _____ On Behalf
of Child [Print Name]: _____

I Understand That AS.T.E.A.M. Learning & Care Center Provides Childcare and Development Services for Families with Children 15 Months To 12 Years of Age. (Enrollment May Vary by Availability.)

All Tuition Is Due and Payable Each Friday For the Next Week of Service. If Tuition Is Not Received by 10:00am Monday a Late Charge Of \$50.00 Will Be Added to Your Tuition Balance. Additionally, Children Cannot Be Received For Care Beginning Thursday Until Tuition Is Paid in Full and The Account Is Current. If Your Payment Falls Behind One Week (Five Business Days) Your Child Will Be Withdrawn from The Program. You Will Then Be Responsible for Paying A Registration Fee for Re-Enrollment.

\$ _____ Per Week Is the Current Tuition Rate for The Program I Have Chosen. I Understand That Rates Are Subject to Change with Reasonable Notice as Conditions Require. AS.T.E.A.M. Learning & Care Center Follows State-Specific Required Time Frames on Tuition and Modification Notices.

I Have Enrolled My Child in The Following Program(s):

- A Non-Refundable Registration Fee of \$100.00 per Child Is Charged at the Time of Enrollment. A \$100.00 Curriculum Fee Will Be Charged Every September.
- Failure to Notify the Center If Your Child Will Not Be Riding on the Center Van Will Result in a \$15.00 per Child Fee.
- A \$20.00 Fee Will Be Charged for Picking Children Up from Public Schools for Special Occasions.
- Your Child Will Be Allowed One-Week Vacation Per Year When the Center Is Notified One Working Week in Advance and Will Be Allowed Annually Upon Enrollment Anniversary Date.
- There Is No Discount, Refund, or Other Allowance for Absence, Vacation, Holidays, School Closures, Or Any Other Reason. It Is AS.T.E.A.M. Learning & Care Center's Intention to Be Open and Provide Childcare Services Every Weekday of The Year, Excluding Holidays, But Inclement Weather, Natural/National Disasters, Or Major Building Issues May Disrupt Service from Time to Time. We Follow the Gwinnett County School System Closings for Inclement Weather or Natural/National Disasters. I Agree That in The Event That the School Is Closed for An Extended Period of Time, I Will Continue to Be Responsible for My Tuition Payments, Unless Otherwise Waived by the Owner. If Your Child is Absent for One Week or More Due to Illness, 1/2 Of Your Regular Week's Tuition Will Be Due. This Is Only Allowable Only with A Notice from A Licensed Physician.
- Parents/Guardians Will Be Required to Provide A Two (2) Week Written Notice of Withdrawal from A Steam Learning Center. If Written Notice of Withdrawal Is Not Provided, I Agree to Pay All Tuition and Fees for Two (2) Weeks, Whether My Child Attends. I Understand That When My Child Is Withdrawn, He or She Will Only Be Eligible for Re-Admission Based Upon Space Availability and All Other Enrollment Criteria. If My Child Is Selected for Re-Enrollment, I Will Be Required to Complete A New Enrollment Agreement at The Current Rate and Pay A New Non-Refundable Registration Fee at The Current Rate. If There Is an Outstanding Balance (Including Tuition or Fees)



A S.T.E.A.M Learning Center Enrollment Packet

When My Child Was Withdrawn, I Will Be Required to Bring My Account Current Prior To Completing an Enrollment Application.

I Understand All Fees (Tuition, Registration, or Activity) Are Non-Refundable.

School Operational Hours Are Monday – Friday from 6:30 am to 7:00pm (Except For School Holidays and Other School Closures).

Families Picking Children Up After 7:00pm pm Are Late. After, Closing Time You Will Be Charged A Late Fee \$2.00 for Every Minute, Per Child, Until the Child (Ren) Is/Are Picked Up. Per State Licensing Regulations, We May Be Required to Contact Local Authorities After one hour of closing With No Contact from the Parent. Please See Your Director for Additional Information.

- Tuition, Registration and Other Fees, Are Payable Directly to AS.T.E.A.M. Learning & Care Center.
- All payments should be made via the Brightwheel App.
- AS.T.E.A.M. Learning & Care Center Reserves the Right to Exclude Any Child from Attendance, Temporarily or Permanently, Under Any Circumstances Deemed in The Sole and Exclusive Discretion of The School, To Be Interfering with The Health, Safety or Educational Development Of the Child or Any Other Child (Ren) Or Whose Conduct Is Unsatisfactory. AS.T.E.A.M. Learning & Care Center Further Reserves the Right to Deny Continued Enrollment, Or Re-Enrollment, To Any Student If AS.T.E.A.M. Learning & Care Center Reasonably Concludes That the Actions of a Parent(s) Or Guardian(s) Are Inconsistent or In Nonsupport of The Educational Environment or Counterproductive to A Positive Working Relationship Between AS.T.E.A.M. Learning & Care Center and That Child's Parent(s) or Guardian(s).

I/We Agree to Make Payment Promptly and In Accordance with The Financial Agreement as Stated Above.

Parent/Guardian Name (Print): _____

Driver's License No. _____

Parent/ Guardian Signature: _____

Date: _____

Facility Administrator/Person-In-Charge Name (Print): _____

Facility Administrator/Person-In-Charge Signature: _____

Date: _____



A S.T.E.A.M Learning Center Enrollment Packet

Parent/Guardian Notice of No Liability Insurance and Acknowledgement

****This Acknowledgement Form must be signed and returned to complete enrollment.*****

This Center is not insured and is not required to be insured according to Bright from the Start. With that being said, you waive your rights to any lawsuit against the company, owner, workers, or anyone in the childcare facility that your child (ren) are under the care of. You reserve the right to purchase personal insurance for your child while they are in the care of AS.T.E.A.M. Learning & Care Center. This facility or any other facilities associated with AS.T.E.A.M. Learning & Care Center will not be held liable for any injuries to any child, up to and not excluding death; and damage or loss of personal items, clothing, electronics, or anything of value. Lost or damaged items will not be replaced or reimbursed by the AS.T.E.A.M. Learning & Care Center or its owner.

COVID-19

The protection of our students and staff is important to us. We are taking all the necessary precautions to prevent the potential spread of COVID-19 within our facilities. It is important to remember that COVID-19 does not differentiate between borders, ethnicities, disability status, age, or gender. We will continue to welcome, respect, include, and support all our clients. Measures are being taken to prevent the entry and spread of COVID-19 by students and staff who may have been exposed to the virus, while minimizing disruption and protecting students and staff from discrimination. I understand that AS.T.E.A.M. Learning & Care Center will not be held liable and there is no direct medical health coverage afforded to me. It is understood that AS.T.E.A.M. Learning & Care Center will not be held liable if you or your child(ren) contract the coronavirus. You/Child (ren) are entering the center at your own free will and risk is not responsible for any potential exposure to Coronavirus Virus, or COVID-19, which is not a direct result of negligence on the part of A Steam Learning Center employees, clients, this facility, or any other facilities associated with A Steam Learning Center.

By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff or volunteers may result in your removal from the premises I have read and understand AS.T.E.A.M. Learning & Care Center's No Liability Statement.

I Understand I Am Being Informed in Writing by Signing This Acknowledgment That This Childcare Facility Does Not Carry Liability Insurance Sufficient to Protect My Children in The Event of An Injury, Etc.

Child's Name: _____

D.O.B.: _____

Parent(S)/Guardian/ Printed Name: (Full Name)

Parent(S)/Guardian/ Printed Name: (Full Name)

Date: _____

Date: _____

Signature(S): _____

Signature(S): _____

Per Sb 24 (2004) Requiring Childcare Facility Owners Who Are Not Covered by Liability Insurance to Provide and Retain Written Notice Regarding No Coverage to The Parents and Guardians.

In regard to Coronavirus Virus, or COVID-19. I have read and understand AS.T.E.A.M. Learning & Care Center's No Liability COVID-19 Statement. I Understand I Am Being Informed in Writing by Signing This Acknowledgment That This Childcare Facility Is Not Liable for any potential exposure to Coronavirus Virus, or COVID-19.



A S.T.E.A.M Learning Center Enrollment Packet

A Steam Learning Center Photo and Video Release Form

As the Parent/Guardian of _____(Child's Name),

I Understand That My Child Whose Name Is Listed Above May Be Photographed by AS.T.E.A.M. Learning & Care Center during Normal Daycare Hours, Fieldtrips or Activities.

I Understand That These Photographs May Be Used in School Newsletters or Mounted on The A Steam Learning Center Website, Facebook, Or Any Other Publication.

I Understand That I Have the Right to Request, In Writing, To Have A Photo Removed from The Website or Facebook.

Yes, I Confirm That I Have Read and Understand the Above Information Provided Pertaining to Photography of My Child, and I Agree to Have My Child Photographed

No, I Do Not Wish to Have My Child Photographed

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____

Date: _____



A S.T.E.A.M Learning Center Enrollment Packet

Vehicle Emergency Medical Information

Child's Name: _____ Date of Birth: _____

Address: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Father'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: _____

Address: _____

Child's Allergies: _____

Current Prescribed Medication: _____

Child's Special Needs and Conditions: _____

In the Event of An Emergency Involving My Child, and if: _____

Name of Facility 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.

Child's Name _____

Signature (Parent/Guardian) _____

Witness by _____ Date _____



A S.T.E.A.M Learning Center Enrollment Packet

Transportation Agreement

() My Child Does Not Need Transportation

This Is to Certify That I Give AS.T.E.A.M. Learning & Care Center Permission to Transport My Child

_____ (Child's Name)

From (Pickup Address/Location) _____
_____ (Am/Pm)

To (Drop- Off Address/Location) _____
_____ (Am/Pm)

My Child Will Be Transported on The Following Days: (Check All That Apply)

() Monday

() Tuesday

() Wednesday

() Thursday

() Friday

_____ Is Authorized to Receive My Child. In The Event
_____ (Name of Authorized Person) Is Not Present To
Receive My Child, The Following Procedures Will Take Place.

My Child _____ Will Return to AS.T.E.A.M. Learning & Care Center and
The Parent(S)/Guardian(S) Will Be Contacted by Phone. In the Event the Parent(S)/Guardians Cannot Be
Reached, the Authorized Pick-Up People Listed in The Enrollment Forms Will Be Contacted to Pick up The
Child from The Center. If the Emergency Contacts Are Not Listed as An Authorized Pick-Up Person, They
Are Not Allowed to Pick-Up the Child from Center. If the Child Remains in Our Care for More Than an
Hour After Dismissal, Then DFACS Will Be Contacted, At the Director's Discretion.

My Signature Certifies That I Give AS.T.E.A.M. Learning & Care Center Permission to Transport My Child
Based on The Affirmation Terms. If My Child Is Not Transported as Outlined, I Agree to Immediately Notify
A Steam Learning Center.

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____ Date: _____

Facility Administrator/Person-In-Charge Name (Print): _____

Facility Administrator/Person-In-Charge Signature: _____ Date: _____



A S.T.E.A.M Learning Center
Enrollment Packet

Enrollment Checklist

As the Parent/Guardian You Must Review the Entire Enrollment Registration Information Packet with The Center Director. It Must Be Filled Out Completely with Appropriate Signatures.

- Completed Enrollment Registration Information Packet
- Current Immunization Form / Affidavit of Religious Objection to Immunization
- Birth Certificate

Food Program:

- Enrollment / IES Form
- Food Allergy Action Plan