

## Parental Agreements with Child Care Facility

The \_\_\_\_\_  
(Name of Facility)  
agrees to provide day care for \_\_\_\_\_  
(Name of Child)  
on \_\_\_\_\_, beginning at \_\_\_\_\_ AM  
(Days of Week)  
and ending at \_\_\_\_\_ PM from \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Month)

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

Breakfast                      Morning Snack                      Lunch                      Afternoon  
Snack

Evening Snack                      Dinner                      Bedtime Snack

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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, and Date and Time of Day to be given to child. 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(s) 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.

\_\_\_\_\_ 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 the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

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

SIGNED: \_\_\_\_\_  
Facility Administrator / Authorized Person                      Date



GEORGIA LOTTERY FUNDED PRE-K REFERRAL FOR BEFORE/AFTER SCHOOL/EXTENDED DAY

Effective Program Year \_\_\_\_\_ to \_\_\_\_\_

CAPS

Childcare and Parent Services

Child's First Day of School (Pre-K) \_\_\_\_\_

Name of Pre-K School/Location \_\_\_\_\_

Site Address \_\_\_\_\_ County \_\_\_\_\_

List the name(s) and Social Security Number(s) of each parent or responsible adult living in the household:

- 1. \_\_\_\_\_ SSN# \_\_\_\_\_
2. \_\_\_\_\_ SSN# \_\_\_\_\_

Parent/Responsible Adult's Address \_\_\_\_\_

Responsible Adult's Day Time Phone # (\_\_\_\_\_) \_\_\_\_\_ County of Residence \_\_\_\_\_

Name and SS# of child(ren) enrolled in Pre-K \_\_\_\_\_

Is either responsible adult's name on DFCS' child care waiting list? [ ] Yes [ ] No If yes, give name \_\_\_\_\_

Is either parent/responsible adult working? [ ] Yes [ ] No If yes, give name(s) \_\_\_\_\_

Days and hours at work: \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours (per week) \_\_\_\_\_
EXAMPLE: (Monday - Friday) (10 a.m. - 6 p.m.) (40 hours)

Income before deductions for responsible adult(s): \$ \_\_\_\_\_ [ ] Weekly [ ] Every Two Weeks [ ] Twice a Month [ ] Monthly

Is the parent/responsible adult in school? [ ] Yes [ ] No If yes, give name(s) \_\_\_\_\_

(SEE EXAMPLE ABOVE) Days and hours at school \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours (week) \_\_\_\_\_

Is either parent/responsible adult in training? [ ] Yes [ ] No If yes, give name \_\_\_\_\_

(SEE EXAMPLE ABOVE) Days and hours at training \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours) Total Hours( week) \_\_\_\_\_

Does either responsible adult receive any of the following? (Check all that apply):

- [ ] Cash Assistance (TANF) [ ] Medicaid [ ] Food Stamps [ ] None

Who do you want to provide before/after school care? \_\_\_\_\_ (ONE PROVIDER ONLY)

Signature of Parent/Responsible Adult \_\_\_\_\_ Date \_\_\_\_\_ (\_\_\_\_\_) Area Code Telephone Number

Signature of Pre-K Provider Representative \_\_\_\_\_ Date \_\_\_\_\_ (\_\_\_\_\_) Area Code Telephone Number

NOTE: THIS REFERRAL MUST BE MAILED (POSTMARKED) OR HAND DELIVERED TO THE DFCS OFFICE IN THE COUNTY WHERE THE FAMILY LIVES WITHIN FIVE (5) CALENDAR DAYS OF THE CHILD'S FIRST DAY OF SCHOOL OR AS SOON AS ENROLLMENT IS KNOWN. THIS FUNDING IS FOR 36 WEEKS (180 SCHOOL DAYS) OF THE PREKINDERGARTEN SCHOOL YEAR.

FOR DFCS PURPOSES ONLY: [ ] No further action taken. Screening shows family is potentially ineligible.

**Georgia Department of Human Resources  
 CERTIFICATE of EAR, EYE AND DENTAL EXAMINATIONS  
 TO BE FILED WITH SCHOOL AT TIME OF CHILD'S ENROLLMENT**

*This is to certify that the child identified here has received or been excused  
 for special or provisional reasons from receiving EXAMINATIONS, TESTS or INSPECTIONS.*

IDENTIFYING  
INFORMATION

CHILD'S NAME First Middle Last			DATE OF BIRTH Mo. Day Yr.	
LOCAL RESIDENCE (Street & Number, P.O. Box, Route, Etc.)		SCHOOL		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CITY	STATE & ZIP CODE	COUNTY	RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	
PARENT'S NAME		ADDRESS (Street or R.F.D. No., City or Town, State)		

<b>EYE-VISION</b>	
<input type="checkbox"/> Screening Test <span style="float: right;"><input type="checkbox"/> Passed</span> <input type="checkbox"/> Needs Further Professional Examination <input type="checkbox"/> Special Certificate <input type="checkbox"/> Provisional Certificate	
Examination Done By	Date
<input type="checkbox"/> County Health <input type="checkbox"/> Volunteer Organization <input type="checkbox"/> Private Practitioner	
Examiner's Signature	Title

<b>DENTAL</b>	
<input type="checkbox"/> Normal Appearance (Green) <input type="checkbox"/> Needs Further Professional Examination (Yellow) <input type="checkbox"/> Emergency Observed Problem (Red) <input type="checkbox"/> Special Certificate <input type="checkbox"/> Provisional Certificate	
Examination Done By	Date
<input type="checkbox"/> Public Health: Dentist, Hygienist, PH/School R.N. <input type="checkbox"/> Private Practitioner: Dentist, Physician	
Examiner's Signature	Title

<b>EAR-HEARING</b>	
<input type="checkbox"/> Screening Test <span style="float: right;"><input type="checkbox"/> Passed</span> <input type="checkbox"/> Needs Further Professional Examination <input type="checkbox"/> Special Certificate <input type="checkbox"/> Provisional Certificate	
Examination Done By	Date
<input type="checkbox"/> County Health <input type="checkbox"/> Volunteer Organization <input type="checkbox"/> Private Practitioner	
Examiner's Signature	Title

**FOR INFORMATION:**  
 CONTACT YOUR COUNTY HEALTH DEPARTMENT, OR YOUR PRIVATE PRACTITIONER

**FOR INSTRUCTIONS:**  
 SEE REVERSE SIDE OF THIS PAGE.

## INSTRUCTIONS

### TO THE EXAMINER:

1. Make certain identifying information is properly filled in.
2. Make certain the appropriate section of the certificate is filled in for the examination performed.
3. When any or all examinations indicate that the child “needs further professional attention”:

the appropriate report form will be supplied by the county health department for private practitioner to fill in and return to the health department in the county of child’s residence.

### TO THE SCHOOL:

1. When any portion of a certificate indicates that the child “needs further professional examination” and it appears that the child has not had attention, this information should be made available to the county health department.
2. When a “Provisional Certificate” is indicated this information should be made available to the county health department.

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### TERMS DEFINED:

Examination means an appropriate method of inspection.

Screening Test Passed means to pass a standardized inspection for sorting out those who meet specific requirements.

Examiner means one who is qualified to perform appropriate inspections or tests.

Private Practitioner means one who is in the private practice of dentistry, medicine or a related specialty and licensed under the laws of Georgia.

Provisional Certificate is one issued when in the opinion of a physician a physical disability contraindicates the performance of one or all required examinations. Such certificates will be subject to review.

Special Certificate is one issued when a conflict with belief and practices exists. The parents’ affidavit to this effect shall be filed with the county health department.

**Child Development Lab at the McPhaul Center  
Pre-Kindergarten Extended Day Child Care Contract**

Extended day services are offered by the Child Development Lab at the McPhaul Center for those children needing care beyond the 6 1/2 instructional hours offered through the Georgia Pre-K Program. Extended day hours are from 2:30-5:30 every day the Georgia Pre-K program runs. The cost for extended day service is \$80/week. Extended day is planned & coordinated by a graduate assistant and an additional staff member.

The extended day class typically has between 11-14 children enrolled. Throughout the afternoon, the children will continue to engage in fun and stimulating activities but in a smaller and more relaxed atmosphere. The decreased numbers give the teachers more one-on-one time with the children, which both parties enjoy.

**Contract:**

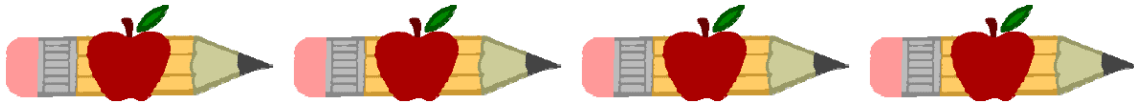
I \_\_\_\_\_(parent(s) name(s)) wish to enroll my child,  
\_\_\_\_\_(child's name), in the Child Development Lab at the McPhaul  
Center's Pre-K Extended Day Program from 2:30-5:30 following the Georgia Pre-K  
program. I understand by signing this contract that I am responsible for paying the  
weekly cost of \$80, whether my child attends or not. I also understand that should I fall  
behind in making the weekly payments by more than two (2) weeks, my child will not be  
allowed to attend extended day until my account is brought current. Should I wish to  
change my child's status of enrollment in the Pre-K extended day program, I will notify  
the director in writing at least two (2) weeks prior to the change.

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






\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# Bits of Information on the Georgia Pre-K Program:

-  All children attending a Georgia Funded Pre-Kindergarten Program must be in attendance for the entire 6.5 hour instructional day. Any child who is consistently tardy and/or absent without a legitimate excuse (such as medical) will be removed from the roster. Please see enclosed contract.
-  The Pre-K program in the Child Development Lab at the McPhaul Center runs from 8:00-2:30. The Pre-K year is 180 days. See enclosed calendar.
-  Transportation to the program is provided by the parent or guardian of the child (no bus service is provided).
-  A morning snack and lunch are provided. The monthly meal charge is \$75. Please fill out the CAPS form (enclosed) so that we can determine income eligibility.
-  Georgia Pre-K requires that in addition to the immunization form 3231 each child also have an EED (Ear, Eye, and Dental) form completed and on file. Please contact your child's doctor immediately to have this form completed. Typically, the doctor can complete all three sections if the child is seen annually. We must have this form within the first 60 days of enrollment.



Georgia Department of Early Care and Learning

## Roster Information Form

Please clearly print the name as it appears on the birth certificate

Last Name											
First Name											
Middle Name								Name Suffix (Jr, Sr, II, III)			
Social Security #				Date of Birth (M/D/Y)				Gender			
-- --				/ /				<input type="checkbox"/> M <input type="checkbox"/> F			
Date enrolled in Pre-K (M/D/Y)				If different from birth certificate, name student is called							
/ /											

1. Please check the race/ethnicity of your child:

- Asian or Pacific Islander
- African-American
- Hispanic
- Native American
- White
- Multi-racial

2. What is your child's primary language?

- English
- A language other than English

3. Was your child born as a:

- Single Birth (1)
- Twin (2)
- Triplet (3)
- Quadruplet (4)
- Quintuplet (5)

4. Does your child have an Individualized Education Plan (IEP)?

- Yes
- No

5. Does your child receive any of the following services? (Cat1/Cat2)

- Child and Parent Services (CAPS) Program
- Food Stamps
- SSI
- Medicaid
- Temporary Assistance to Needy Families (TANF)
- PeachCare for Kids

6. Will the Pre-K center be providing transportation for your child?

- Yes
- No

Parent/Guardian Signature

Date