

West Cobb Prep Academy



Application for Enrollment

Date of Application _____

Start Date _____

Program/Class _____

Child's Information

Name _____ Name Called _____

Date of Birth _____ Sex M F Grade in School _____

School child currently attends _____

Has your child been in a child care setting before? Y N

Home Address _____ City _____ Zip _____

Home Phone _____

List siblings and ages (circle siblings that will be enrolled at West Cobb Prep Academy)

Please list any likes, dislikes, or things that may frighten your child _____

Medical Information

Physician _____ Address _____

Phone _____ Hospital Preference _____

List any allergies _____

List any medications _____

Does your child have any dietary restrictions? (please specify) _____

Does your child have any physical limitations? (please specify) _____

Do you have any concerns about your child's development? (please specify) _____

Has your child been identified as having special needs? (please specify) _____

If yes, we will ask you to share a copy of your child's care plan with us so that we may work to make the best environment for their needs; in some cases, the needs may be too great for the child to thrive in our environmental setting. We will work to ensure the best interest of all of the children at West Cobb.

Educating today's children for tomorrow's world!

270 Windy Hill Road. Marietta, GA 30060

770 435-5720 info@westcobbprep.com

West Cobb Prep Academy



Release Information

In the event you cannot be reached or are unable to pick up your child, please list the names of three people that may be contacted. By listing these individuals, you are authorizing West Cobb Prep Academy to release your child to the listed persons. In the event of an emergency, you are authorizing us to contact these individuals and you are entrusting your child's care to these individuals. *Please do not list out of state contacts.* **This area cannot be blank as the State requires emergency contact names, addresses, and telephone numbers on every child to ensure safety.** Identification will be requested for the first time pick up and hereafter if necessary.

1. Name _____ Home Phone _____ Cell _____
Address _____ City _____ Zip _____
Work Phone _____
Relation to Child _____ Relation to Parent _____

2. Name _____ Home Phone _____ Cell _____
Address _____ City _____ Zip _____
Work Phone _____
Relation to Child _____ Relation to Parent _____

3. Name _____ Home Phone _____ Cell _____
Address _____ City _____ Zip _____
Work Phone _____
Relation to Child _____ Relation to Parent _____

Program Information

- Registration fees are non-refundable and are due annually in March of each year.
- Tuition is due every Monday of service or the Friday before the week of service. A late fee of \$25 will be added to all unpaid accounts Tuesdays at 10:00 am.
- There is no reduction in tuition for absences, school closings, or holidays.
- Meals served are morning snack, lunch, and after noon snack.
- All parents are required to use the computer to clock in/out their child each day.
- Within the first year of enrollment, a 1/2 week off tuition is granted if your child is not in attendance during the full week. You must notify management in writing two weeks prior to the desired week. Children may not attend during the vacation week and it must be taken as five consecutive days.
- After a period of one year enrollment, a tuition free week is granted. You must notify management in writing two weeks prior to the desired week. Children may not attend during the vacation week and it must be taken as five consecutive days.
- A two week notice is required for withdrawal from West Cobb.
- A return check fee in the amount of \$30 is automatically charged by the bank. After two returned checks, payment must be rendered in the form of debit, credit card, money order or cash.

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Parent/Guardian Information

Marital Status: Married Separated Widowed Single
Does child reside with both parents? Y N If no, please specify arrangements: _____

**Please note, legal documents specifying custody arrangements must be on file with the school.*

Mother (Please select)	Parent	Stepparent	Guardian
Name _____			Home Phone _____
Cell _____			Social Security Number _____
Address _____			City _____ Zip _____
Employer _____			Occupation _____
Work Address _____			City _____ Zip _____
Work Phone _____			Extension _____
Best way to reach me: Cell Work Home			
Personal Email _____		Business Email _____	

**Please specify the email you prefer us to use for communication.*

Father (Please select)	Parent	Stepparent	Guardian
Name _____			Home Phone _____
Cell _____			Social Security Number _____
Address _____			City _____ Zip _____
Employer _____			Occupation _____
Work Address _____			City _____ Zip _____
Work Phone _____			Extension _____
Best way to reach me: Cell Work Home			
Personal Email _____		Business Email _____	

**Please specify the email you prefer us to use for communication.*

In case of accident or illness: Should my child become ill or injured during the time he/she is in the care of West Cobb Prep Academy or suffer an accident of any character, the staff shall undertake to contact me as soon as possible. In the event the School is unable to reach me immediately, it shall be authorized to secure such medical attention and care as may be necessary. The parent shall assume the responsibility for payment.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

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Authorizations

Video/Photograph Release

I hereby grant permission for West Cobb Prep Academy and certain agencies to use any photo or video of my child for the purposes of marketing or for school use only.

Parent's Signature _____

I do not grant West Cobb Prep Academy permission.

Parent's Signature _____

I grant permission for my child to have sunscreen (supplied by myself) applied during times of the year when it is necessary.

Before any medication is administered, I agree to provide the medication in its original container labeled with my child's name, dosage, and pharmacy label. Over the counter medication will not be administered. All medication must be dropped off at the front office and a medication permission to administer form must be completed. All medication is dispensed at 10:00 a.m. and/or 2:00 p.m.

All children must be escorted in and out of the center by a parent or authorized adult over 18 years of age. The school closes at 7:00 p.m. Late pick up fees are imposed at a rate of \$25 the first minute and \$1 every minute thereafter. We ask that parents arrive no later than 6:50 p.m. in order to gather children's belongings and have the opportunity to talk with the teachers.

I hereby agree not to solicit for babysitting or full-time childcare services to any West Cobb Prep Academy employee while employed at West Cobb Prep and up to a three month period following their employment at West Cobb Prep Academy.

I agree to pay tuition and all fees required for enrollment in the school. I understand if I leave West Cobb Prep Academy with a balance on the account, the school has the right to pursue any and all legal actions at the parents expense.

I attest that the information contained in this enrollment application is accurate and true. I agree to update any information pertaining to my child or any information contained herein if it changes or becomes necessary. I agree to adhere to the policies and procedures of West Cobb Prep Academy as contained in the parent handbook and herein. I will conduct myself on the West Cobb Prep Academy campus in an orderly and respectful manner that refrains from inappropriate remarks, language, slurs or actions that could harm or be deemed inappropriate for children and others to be subjected to; this will help ensure a calm and peaceful environment for everyone. We are glad to have you as a part of our school!

Parent's Signature _____ Date _____

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