



# 2019-2020 ENROLLMENT APPLICATION

please type all information and email to  
enrollment@atlschool.com

<b>ENROLLMENT DATE:</b>		<b>Cellphone Provider:</b>	
<b>STUDENT INFORMATION</b>			
<b>FIRST NAME:</b>		<b>MIDDLE INITIAL :</b>	<b>LAST NAME:</b>
BIRTHDATE:    /    / XX       XX       XXXX		AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		IMMUNIZATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LIVING ARRANGEMENTS:</b> <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (RELATIONSHIP) _____			
<b>MOTHER/GUARDIAN FIRST NAME :</b>		<b>LAST NAME:</b>	
ADDRESS:			
CITY:		STATE:	ZIP Code:
CELL/HOME PHONE:		WORK PHONE:	
Work Address:		Email address:	
<b>FATHER/GUARDIAN FIRST NAME :</b>		<b>LAST NAME:</b>	
ADDRESS:			
CITY:		STATE:	ZIP Code:
CELL/HOME PHONE:		WORK PHONE:	
Work Address:		Email address:	
<b><u>TUITION AMOUNT</u></b> <input type="checkbox"/> Annual Registration Fee.....115.00/yr <input type="checkbox"/> Infant Room.....272.00/wk <input type="checkbox"/> One year old.....237.00/wk <input type="checkbox"/> Two year old.....222.00/wk <input type="checkbox"/> Preschool – 3 yr old...(Potty Trained).198.00/ <input type="checkbox"/> GA Lottery Pre-K.....Free <input type="checkbox"/> Pre-K Extended Care.....90.00/wk <input type="checkbox"/> Before Care...35 /wk ..After Care.. 70.00/wk <input type="checkbox"/> Enrichment Fee.....75.00/yr <input type="checkbox"/> Summer Camp.....139.00/wk		<b><u>PAYMENT</u></b> Total Amount Paid: \$ _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Procure Parent Fee _____ <input type="checkbox"/> <input type="checkbox"/>	
		<b><u>PARENT/GUARDIAN INITIALS</u></b> <div style="background-color: yellow; width: 40px; height: 15px; display: inline-block;"></div> Tuition payments are due on Fridays by 6 p.m for the upcoming week <div style="background-color: yellow; width: 40px; height: 15px; display: inline-block;"></div> Late fee at 6:01 on Friday- \$30 per student <div style="background-color: yellow; width: 40px; height: 15px; display: inline-block;"></div> A two (2)-week notice is required before withdrawing my child (Full tuition must be paid for last two weeks of enrollment) <div style="background-color: yellow; width: 40px; height: 15px; display: inline-block;"></div> There is a \$2.00 a minute/per child late pick-up fee beginning at 6:01 p.m.	

## ADDITIONAL CONTACTS AUTHORIZED TO PICK UP STUDENT

PERSON(S), AGE 18 & OLDER. PROPER IDENTIFICATION MUST BE SHOWN BEFORE CHILD IS RELEASED.

FIRST NAME :

LAST NAME:

ADDRESS:

CITY:

STATE:

ZIP Code:

PHONE NUMBER:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO PARENT:

FIRST NAME :

LAST NAME:

ADDRESS:

CITY:

STATE:

ZIP Code:

PHONE NUMBER:

RELATIONSHIP TO CHILD:

FIRST NAME :

LAST NAME:

ADDRESS:

CITY:

STATE:

ZIP Code:

PHONE NUMBER:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO PARENT:

## PHYSICIAN INFORMATION AND MEDICAL AUTHORIZATION

PHYSICIAN NAME:

PHYSICIAN OFFICE NAME:

ADDRESS:

CITY:

STATE:

ZIP Code:

PHONE NUMBER:

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?

YES ☐ NO ☐

Does he/she have any disability, special needs, chronic or recurring illness or condition?

YES ☐ NO ☐

Does he/she have any conditions requiring medical treatment or special considerations?

YES ☐ NO ☐

Are there any activities from which your child should be exempted for health reasons?

YES ☐ NO ☐

If you answered **YES** to any of the questions above, please give details:

Name current medications (prescribed or over the counter):

List allergies and diet restrictions or **NO** ☐ my child does not have any allergies or diet restrictions:

**HEALTH INSURANCE INFORMATION:**

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**PARENT/GUARDIAN HEREBY ACKNOWLEDGES AND AGREES TO THE FOLLOWING:**

I understand and acknowledge that I have been informed in writing by Atlanta School of Excellence that this facility does not carry liability insurance sufficient to protect my child in the event of injury, accident, including death. \_\_\_\_\_ (Initial)

**Medical Attention:** I hereby authorize any licensed physician or medical facility to treat my child in the event of an emergency and in the event parent/guardian cannot be reached and will hold Atlanta School of Excellence harmless in the event of such an emergency. I give my permission to the medical personnel selected by Atlanta School of Excellence to secure emergency medical treatment, including, but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered.. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Atlanta School of Excellence, or any of its agents, employees or volunteers. \_\_\_\_\_ (Initial)

**External Childcare:** Atlanta School of Excellence strongly discourages its staff from providing any child care services that are not a part of the child care program offered by Atlanta School of Excellence to our customers. While we cannot prohibit our staff from engaging in such outside activities, we want you to understand that if such outside services are performed for you or on your behalf by an Atlanta School of Excellence staff member, Atlanta School of Excellence shall NOT be held responsible for any acts or omissions of an Atlanta School of Excellence staff member while providing such services to you. \_\_\_\_\_ (Initial) **I understand that staff is not permitted to keep students after ASOE hours.**

**Photography:** With intent to be legally bound, I give permission to Atlanta School of Excellence to photograph my son/daughter (photo's will be used for students portfolio, website and school's social media page) and use the resulting photographs for any purpose Atlanta School of Excellence deems proper in accordance to the law and I relinquish all rights, title and interest in finished photographs and negatives. \_\_\_\_\_ (Initial)

**Tuition and Fees:** All fees and tuition for childcare will be paid on Friday by 6:00 p.m.. for the upcoming week. I understand that if fees and tuition for child care are not paid for on Friday by 6 pm. an initial late charge of \$30.00 will automatically be charged to my account. Students must have a zero balance by Tuesday in order to receive services. Should the fee become delinquent by one (1) week, immediate withdrawal of my child will be required and I, parent/guardian, will pay a penalty of two (2) weeks tuition to Atlanta School of Excellence. Further, if payment is charge-back for insufficient funds or a stop payment is made, I will be charged \$40.00. The undersigned acknowledges that the entire overdue balance is a legal debt; that said debt is due and owing on Friday afternoon by 6:00 p.m. for the coming week; and that Atlanta School of Excellence reserves the right to file legal proceedings and to request costs and attorney's fees in connection with collecting this debt. \_\_\_\_\_ (Initial)

**Nonpayment** is considered theft of services. Atlanta School of Excellence will aggressively pursue collection of debts through appropriate legal action. Parents are responsible for full tuition after the date of the letter of withdrawal (must provide a two week notice). **I understand that registration is non-refundable. An annual fee of \$115 is due by the first Monday in April for every school year. The fee is due for each child registered. If the fee is not paid there will be an automatic withdrawal. Further, if my child is withdrawn without two weeks' notice, I acknowledge that a penalty fee will be assessed equivalent to two weeks of tuition.** \_\_\_\_\_ (Initial)

**Absentee Policy:** I understand that if my child is absent, I will be held responsible for full tuition (100%) of my weekly fee. **I understand 0-5 days is full tuition.** I understand that no credit for tuition will be given when Atlanta School of Excellence is closed due to severe weather conditions or holidays. \_\_\_\_\_ (Initial). **Before & After is due for 0-5 days attended.**

**Late Pick-Up Fees:** I understand that there is a \$2.00 per minute/per child fee at 6:01 p.m. I further understand that after the third (3<sup>rd</sup>) late pick-up, there will be a \$3.00 per minute/per child fee. I understand that the fee must be paid upon pick-up, not to exceed the next tuition payment. \_\_\_\_\_ (Initial)

**Uniforms:** I understand that Atlanta School of Excellence (ASOE) is a uniformed school which consists of a red polo shirt and Khaki pant/skirt. All polo shirts must have the Atlanta School of Excellence logo, can be purchased at School Zone 5400 River Station Blvd. Suite 106-108 College Park GA 30349 470-488-1533. I understand that Khaki pants/skirts are not sold by ASOE. \_\_\_\_\_ (Initial)

**Breakfast/Lunch/Snacks:** I understand that breakfast is served from 8:00 a.m. to 8:30 a.m., a hot lunch and an afternoon snack (for all students one and older). I understand that if my child is not at Atlanta School of Excellence by the time breakfast is served, he/she should be fed prior to coming inside of the school. Please **do not** send your child into the classroom with food, as this may affect the other students. \_\_\_\_\_ (Initial)

**Arrival Time:** I understand that my child must be at Atlanta School of Excellence by 9:00 a.m., **no exceptions.** If my child arrives after 9 a.m. \_\_\_\_\_ There must be a doctor's excuse presented. (If my child receives immunization shots, he/she must remain absent for 24 hours). \_\_\_\_\_ (Initial) **10:30 am. is the cut off for arrival.**

**Medication:** I understand that Atlanta School of Excellence does not give medication to any student for any reason at all. If my child has an asthma pump or an EpiPen, it may be left in the front office with a school administrator. \_\_\_\_\_ (Initial)

**Sick Policy:** I understand that Atlanta School of Excellence cannot permit children with communicable diseases to attend or remain in school. A child with a fever over 100 degrees, diarrhea, vomiting or nausea must not attend or remain in school. I understand that if my child is ill, including, but not limited to a severe cough or sore throat; undetermined rash or spots; boils; congestion; non-clear, runny nose; pink eye; head lice; and severe headaches, he/she cannot be accepted into the school until symptoms have been absent for 24 hours.

I understand that in the case that I am called, I agree that my child will be picked up within one (1) hour. \_\_\_\_\_ (Initial)

**School Closings:** Atlanta School of Excellence (ASOE) closes when there is inclement weather reported for City of Atlanta School System/City of Atlanta Government; I understand that ASOE will be closed the full day (unless otherwise noted) on the following dates and that **no discounts, credits or deductions are given for school closings.** \_\_\_\_\_ (Initial), I understand that tuition is due, during the 3<sup>rd</sup> week of July. If student has been enrolled for a year, vacation can be applied. (please email request)

Labor Day	Thanksgiving Eve (closes at noon)	Thanksgiving Day	The day after Thanksgiving	Christmas Eve	Christmas Day	The day after Christmas	New Year's Eve (closes at noon)
New Year's Day	Martin Luther King, Jr.'s Birthday	President's Day	Memorial Day	Independence Day	Third Week in July/Staff Development	Good Friday April 9th -10th	½ Day Pre-K Step Up Day (May)

**ACKNOWLEDGEMENT OF POLICIES & GUIDELINES:** By signing below, I acknowledge that I have read the above information, and I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

I also acknowledge that I have received a Parent Handbook. (website)

<b>SIGNATURE OF PARENT/GUARDIAN:</b> _____		<b>DATE:</b> _____
<b>SIGNATURE OF ATLANTA SCHOOL OF EXCELLENCE:</b> _____		<b>DATE:</b> _____

## CHECKLIST FOR Year around PROGRAM AT ATLANTA SCHOOL OF EXCELLENCE

- ☐ Completed Enrollment Form (attached)
  - ☐ Complete Change of Clothes: (Please Label)
    - Shirt
    - Pants
    - Underwear (Potted trained students) all students in the Two -Year Old class must have pull-ups with the detachable sides.
    - Socks
  - ☐ Diapers or Pull ups
  - ☐ Pre-Mixed Bottles (*must have tops*)
  - ☐ Infants (Portable Crib sheet) \* *must be purchased at the school -washed & returned daily*
  - ☐ Toddlers, Preschool and GA Pre-K (Happi Nappi Blanket) for rest time \$25.00
- \*Will be sent home every Friday, parents please wash and return on Monday morning upon arrival.  
Student are unable to stay at without a Happi Nappi an additional one may be provided for \$25*
- ☐ Immunizations (DHR Form 3231) must be up-to-date or affidavits must be on file within 30 calendar days of program entry. Only health departments and physicians licensed in Georgia can obtain blank immunization certificates (Form 3231). Take your child's personal immunization record to a health department or Georgia physician and they can complete the form and give any required vaccines.





# Atlanta School of Excellence

[Achieving Excellence through young minds ]

Enrollment Office  
180 Memorial Drive SW, Atlanta, GA 30303  
Phone: (404) 404-581-9545 Fax: (404) 592-2001  
[www.atlschool.com](http://www.atlschool.com)

## 2019-2020 Enrollment Requirements

Please note that starred items are available to download on under the tab Enrollment

Documents.

- ☐ **NEW STUDENT APPLICATION \*** (completed and signed – 2 pages)
- ☐ **AFFIDAVIT OF RESIDENCY \*** signed and *notarized* **(GA Pre-K Only)**
- ☐ **PARENTAL/LEGAL GUARDIAN PHOTO IDENTIFICATION**
- ☐ **DEED/MORTGAGE STATEMENT or LEASE/RENTAL AGREEMENT** (*lease /rental agreement should be signed and notarized by parent/guardian and residency owner along with other supporting documents*)- **(GA Pre-K Only)**
- ☐ **GEORGIA POWER BILL** with your APS zoned address (current within 30 days of enrollment)
- ☐ **TWO ADDITIONAL SUPPORTING DOCUMENTS IN YOUR NAME SHOWING THE RESIDENCE PROPERTY ADDRESS** (if parent/legal guardian's name is not on Deed, Mortgage, Lease/Rental Agreement & GA Power Bill) **(GA Pre-K Only)**
- ☐ **BIRTH CERTIFICATE** (original – copies will be made) **(GA Pre-K Only)**
- ☐ **CERTIFICATE OF IMMUNIZATION** (Form 3231) - Georgia state law requires a valid Certificate of Immunization OR Affidavit of Religious Objection. The certificate of immunization must be completed by the health department or your private physician. A valid Form #3231 **must be marked with either “Date of Expiration” or as “Complete for School Attendance”**; a certificate marked with a “Date of Expiration” expires on the date indicated; a current certificate must be submitted within 30 days of expiration.)
- ☐ **CERTIFICATE OF EAR, EYE AND DENTAL EXAM – (Form 3300) - dated within the last year of applying; please ensure there is a signature by each section** – This form is available from the health department or your physician and dentist. If completed within the last 12 months, a letter from the appropriate healthcare professionals and out-of-state certificates are acceptable stapled to the state form. **(GA Pre-K Only)**
- ☐ **SSN** (copy or Statement of Objection Form) **(GA Pre-K Only)**
- ☐ **PROOF OF LEGAL GUARDIANSHIP** (bring most current if applicable)
- ☐ **PROOF OF LEGAL CUSTODY** (bring most current if applicable)
- ☐ **Payment for Happi Nappi**
- ☐ **Payment for Enrollment**