



**REGISTRATION FORM**

Great Beginnings of Dacula offers a full-time program, which includes an educational lesson plan, a variety of indoor and outdoor activities, breakfast, lunch and snack. The program is offered Monday through Friday from 6am to 6:30pm. A non-refundable annual registration fee of \$90 includes equipment and supply fees. The tuition rates are as follows:

**Registration fee: \$195**

<b><u>Preschool Building</u></b>		<b><u>Gym/ GA PreK Building</u></b>	
6 weeks- 12 months	\$1040	Before Care	\$280
13 months- 23 months	\$995	After Care	\$390
2 Years Old	\$975	Before & After	\$475
3 Years Old	\$950	School Holiday	\$30/Day
4 Years Old	\$930	Early Release	\$15/Day
		Summer Camp	\$800

To reserve a space for your child, return this form along with your non-refundable registration fee. Tuition is due on the 1st of every month. If tuition is not paid by the 5th, a \$50 late fee will be added to your account. By the following week if tuition is still not paid, your services will be interrupted. For Families with 2 or more children enrolled a 10% discount will apply to the oldest child (Infant, Summer Camp and Holiday rates do not apply).

**For school age children we service:**

Alcova Elementary	Harbins Preparatory School	Dacula Elementary
Harbins Elementary	Mulberry Elementary	Yargo Elementary

Your Monthly Tuition Rate \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Elementary School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

1271 Harbins Road, Dacula, GA 30019  
 (770) 995-4343  
 alexa@gbdacula.com  
 www.gbdacula.com



**ENROLLMENT FORM**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Mother/ Guardian**

**Father/Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Child Living Arrangements: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

**Emergency Contact Information and also authorized to pick when parents are not able to be reached:**

**Name Relationship Address Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date



**CHILD'S MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any allergies (insects, medications, food, ect.)? YES NO

Specify and Explain with instructions : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any physical disabilities, mental health disorders, or developmental disabilities which may limit your child's positive participation in the center's program and activities?

YES NO Specify: \_\_\_\_\_

\_\_\_\_\_

Are any special procedures required in caring for your child?

YES NO Specify: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY PARENTAL CONSENT**

I, the parent/legal guardian of \_\_\_\_\_, understand in the event my child is too ill to remain at Great Beginnings of Dacula, the following procedure will be observed:

If immediate care is not required, I will be contacted to make arrangements for my child's care. If Great Beginnings is unable to contact me, they may at their discretion contact the individual designated by me to contact in case of an emergency. I understand that if my child requires emergency care Gwinnett County (911) will be called for an emergency medical service.

I have read, received and understood the center's emergency medical plan. I also understand that any expense incurred will be accepted by me.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date



**AUTHORIZATION TO DISPENSE EXTERNAL PREPARATION**

Our State Licensing Agency (DECAL) requires Great Beginnings to have written permission in order to apply and use the following common child products, which may be needed during a regular day here at school. The following is the State rule and list of items which need your acknowledgement to use if necessary for your child’s hygiene, comfort, care and safety.

DECAL Rule: 590-1-10.20(1)

Except for First Aid, personnel shall not dispense prescription or nonprescription medications to a child without specific written authorization from the child’s physician. Such authorization will include, when applicable, date, full name of the child, name of the medication; prescription number, if any; dosage; the dates to be given; the time of the day to be dispensed; and signature of parent.

I give Great Beginnings of Dacula permission to apply one or more of the topical ointments/preparations to my child, \_\_\_\_\_in accordance with the directions on the label of the container.

\_\_\_\_\_Baby Wipes

\_\_\_\_\_Bactine or similar first aid spray

\_\_\_\_\_Non-prescription ointment (A&D, Destin, Vaseline)

\_\_\_\_\_Sunscreen (Kids SPF 30)

\_\_\_\_\_Baby Powder

\_\_\_\_\_Insect repellent (provided by parent)

\_\_\_\_\_Band-aids

\_\_\_\_\_Other (specify) \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date



**VEHICLE EMERGENCY MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Mother/ Guardian**

**Father/Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information and also authorized to pick when parents are not able to be reached:**

Name	Relationship	Address	Phone
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Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Current Prescribed Medications: \_\_\_\_\_

Child's Special Needs/ Conditions: \_\_\_\_\_

In the event of an emergency involving my child, and if Great Beginnings cannot contact 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date



**POLICIES AND PROCEDURES AGREEMENT**

Please initial, indicating that you have read and understood our policies and procedures. If you have any questions or concerns please speak to the front desk and we will be more than happy to assist you.

- |                                      |  |
|--------------------------------------|--|
| _____ Holiday Closures               | _____ Transportation / Parental Authorization      |
| _____ Inclement Weather              | _____ Health Immunization                          |
| _____ Admissions Requirements        | _____ Infant Care                                  |
| _____ GA PreK Enrollment             | _____ Infant Sleeping and Resting                  |
| _____ Tuition and Miscellaneous Fees | _____ Clothing                                     |
| _____ Vacation                       | _____ Miscellaneous Items                          |
| _____ Student Withdrawal             | _____ Toys   |
| _____ Registration/ Equipment Fees   | _____ Fire Drills                                  |
| _____ Illness/ Injury                | _____ Suspected Child Abuse, Neglect, Exploitation |
| _____ Medication                     | _____ Office                                       |
| _____ Meals and Snacks               | _____ Visitation and Authorized Pick-Ups           |

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date