**INFORMATION PACKET**

**Welcome to A2Z Academic Foundation LLC**

As a partner in the care of your child, we are always interested in your comments regarding the care

your child receives. Please fee l free to ask questions or express any concerns you may have to the

Director.

**Nondiscrimination Policy**

A2Z Academic Foundation LLC is an equal opportunity provider. Applications for enrollment are

accepted without regard to race, religion, color, sex, national origin, or physical handicap.

**Forms**

For your child’s safety and to comply with State Regulations, all enrollment documents must be

completed and on file BEFORE your child attends this facility. These forms include the notarized

Emergency Medical form, Child Care Agreement form, Health Assessment form, and your child’s

Personal Record form.

**Vacation Time & Holidays**

Each family will be allowed one week vacation (5 days) yearly without charge. Vacations may be taken at

one time or separately as vacations days throughout the year. Vacation time may NOT be accumulated.

The center will be closed on the following six holidays: NEW YEARS DAY, MEMORIAL DAY, FOURTH OF

JULY, LABOR DAY, THANKSGIVING, AND CHRISTMAS. Any holiday that falls on a Saturday, the center will

be closed on the day before (Friday). Any holiday that falls on a Sunday, the center will be closed the day

after (Monday).

**Arrival & Departure**

Parents are required to sign-in each child upon arrival and to sign-out each child upon departure. Please

do not allow your child or other siblings to sign themselves in or out. Please sign your full name, not

mom or dad. We are NOT responsible for your child until your child is signed in and after your child is

signed out. It is important that the registering parent/guardian notify A2Z Academic Foundation LLC, in

writing, of persons authorized to pick up the child(ren). A2Z Academic Foundation LLC assumes no

liability if not properly advised. Anyone picking up your child that we have not met should be prepared

to show proper identification before the child is released.

**Illness & Medication**

Your child’s health is of major importance to A2Z Academic Foundation LLC. If your child becomes ill

while at A2Z Academic Foundation LLC, you will be notified to pick him/her up immediately. Your child

will be isolated from the other children until you arrive. Your child must be picked up from the center

within 2 hours. If you cannot, your child will be taken to the emergency room and your will be billed for

that service.

Please keep your child at home if he/she has:

**A fever Constant cough, nasal discharge
Vomiting Diarrhea**
Symptoms of a communicable disease
**(Also see following page on illnesses)**

All communications must be authorized in writing by a physician and/or parent. All medication must be

in original container, indicating child’s name, type & date of prescribed medication, amount & time of

dosage. When medication is brought in, please be sure to give it to a staff member so it can be stored

properly. You will be given a medication sheet to fill out at that time.

**Food**

A2Z Academic Foundation LLC furnishes full day children with a nutritious breakfast and lunch as well as

two snacks per day. All our meals are prepared to meet the daily nutritional requirements of children. A

menu is posted each week in the kitchen. Breakfast will only be served between the hours of 6:30 a.m to

8:30 a.m. School age children wanting to eat breakfast must be here by 7:30 a.m. in order to have time

to eat before going to school. Please do not expect our child to eat breakfast brought from home after

8:30 a.m.

**Clothing**

It is important for the health of your child that you dress him/her according to the weather. It is state

regulation we spend some time outside (weather permitting). Each child will also need one complete

change of clothing at A2Z Academic Foundation LLC. Please label all clothing.

**Toys**

Please leave all toys at home. We do not want your child to be disappointed with a broken or lost toy,

we prefer they play with the toys we provide.

**A2Z Academic Foundation LLC**

**ENROLLMENT FORM**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_ Hours Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Child’s Last Name Child’s First name Child’s Middle Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
 Date of Birth Gender

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Phone Number (Home)

**PARENT INFORMATION**

Person Living with child Person Living with child
( ) Mother ( ) Stepmother ( ) Father ( ) Stepfather
( ) Guardian ( ) Guardian

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

Place of employment: (Name & Address) Place of employment: (Name & Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION**

If parent or guardian cannot be reached, whom shall we contact in case of emergency?

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s), other than yourself, authorized to pick child from A2Z Academic Foundation LLC:

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION AUTHORIZATION**

I give permission for A2Z Academic Foundation LLC to give my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ non –aspirin or non-prescription medicine.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Signature

**CHILD’S PERSONAL RECORD FORM**

Child’s Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does your child live with (Check one or both)

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

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

Brother(s):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name and Age

Sister(s):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name and Age

Parents, Brothers, and Sisters not living with child

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Name and Age

Other people that care for your child other than parents?

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Does your child have any special needs?

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Does your child take a nap?

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Does your child need help in \_\_ dressing \_\_ undressing

Does your child have any special fears?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S PERSONAL RECORD FORM (continued)**

Please provide any additional information that may help your child make a smooth transition into this daycare & preschool.

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**Note:** This form is needed to increase the teacher and director’s understanding of your child’s personality and important people in his/her life.