



**Little
Sea Academy**
DIVE DEEP INTO LEARNING

Entrance Date: _____ **Withdrawal Date:** _____

Child's Name: _____ **Sex:** ___ **Age:** ___ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: (_____) _____

Mother's Name: _____ **Phone Number:** (_____) _____

Mother's Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mother's Employee: _____ **Phone Number:** (_____) _____

Employee's Address: _____

Father's Name: _____ **Phone Number:** (_____) _____

Father's Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Father's Employee: _____ **Phone Number:** (_____) _____

Employee's Address: _____

Child's Living Arrangements: (Check One) ___ **Both Parents** ___ **Mother** ___ **Father**

___ **Other:** _____

Child's Legal Guardian: (Check One) ___ **Both Parents** ___ **Mother** ___ **Father**

___ **Other:** _____

The child may be released to the person(s) signing this agreement or to the following:

Name: _____ **Address:** _____

Phone Number: (_____) _____ **Relationship to Child:** _____

Relationship to Parent(s)/Guardian: _____

Name: _____ **Address:** _____

Phone Number: (_____) _____ **Relationship to Child:** _____

Relationship to Parent(s)/Guardian: _____



Person(s) to contact in case of an emergency when parents/guardian cannot be reached:

Name: _____ **Phone Number:** (_____) _____

Name: _____ **Phone Number:** (_____) _____

Name: _____ **Phone Number:** (_____) _____

Name of school child attends (If applicable): _____

Child's doctor or clinic name: _____

Doctor/Clinic Number: (_____) _____

My child has the following special needs: _____

The following special accommodations may be required to meet my child's needs most effectively while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of Birth _____
suffer an injury or illness while in the care of Little Sea Academy, LLC and the facility is
unable to contact me (us) immediately, it shall be authorized to secure such medical
attention and care for the child as may be necessary. I (We) shall assume responsibility for
payment for services.

Parent/Guardian: _____ **Signature:** _____

Date: _____

Facility Administrator: _____ **Signature:** _____

Date: _____



Parental Agreement with Child Care Facility

Little Sea Academy, LLC, agrees to provide childcare for (child's name)

_____.

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

Breakfast

Lunch

Afternoon Snack

Evening Snack

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, date, and time of day to be given medicine. Medicine will be in the original container with my child's name on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone number, 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 incidences, including illnesses, injuries, adverse reactions to medications, etc. which include my child.

The Little Sea Academy, LLC 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 more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Little Sea Academy, LLC.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent Sign: _____ **Date:** _____

Facility Administrator Sign: _____ **Date:** _____



Contract for Enrollment

Tuition is based on a yearly fee schedule which compensates for closed days and holds your child's spot; therefore, tuition is due every week, regardless of if your child is in attendance or if we are closed for any reason, including holidays. This includes full and part-time enrollment. Tuition is due on Friday of every week, if tuition is not paid by Monday of the following week, the facility has the right to deny your child's drop off. There will also be a \$25 late fee added on to the balance due that will have to be paid with the past due tuition, in order for your child to return to the facility. If your child is not in attendance on Monday, tuition is to be paid at the drop off on the first day of their return or they will not be able to attend until all tuition and late fees are paid.

Full-time care: daily care for 5 days a week. There is a 10% discount for the oldest child if two (2) children in one family attend; 5% discount for any additional children that attend from that same family who receive full time care. This does not apply to summer camps or afterschool programs for children. Tuition is due every week on Friday regardless if your child is in attendance or if we are closed.

Drop ins are offered if we have available space with teacher to student ratio in the appropriate class for the child. No discounts are provided for drop-in's. For drop-in's tuition is to be paid in cash only and it is due at the time of drop off.

Full-time tuition includes breakfast, lunch, afternoon snack, and evening snack if your child is in attendance during the serving time. A two week notice is required in writing when withdrawing your child or children, or you will be charged for two weeks tuition that may result in being turned over to a collection agency if it is not paid.

I have read the above tuition plans and I understand and agree to the terms listed above.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Facility Administrator Print Name: _____

Facility Administrator Signature: _____

Date: _____



Photograph/Videotape Release Form

I hereby grant permission for Little Sea Academy, LLC to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily activities at Little Sea Academy, LLC for the purpose of news release, reporting, and assessing the progress of children and the program. Little Sea Academy, LLC is authorized to exhibit or distribute such photographs and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purposes that Little Sea Academy, LLC deems appropriate. Such photographs and/or videotape may, for example, appear in printed or visual materials for the Little Sea Academy, LLC and/or on Little Sea Academy LLC's website. The undersigned hereby jointly and severally releases, acquits, forgives, and discharges Little Sea Academy, LLC from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

Little Sea Academy, LLC, 3180 Atlanta Hwy, Athens GA 30606

Parent/Guardian Signature: _____

Date: _____