

# Young Einsteins Academy, Inc.

2327 Austell Road Marietta, GA 30008  
770-434-TOTS or 770-434-4478  
ENROLLMENT APPLICATION



## What We Believe

Here at Young Einsteins Academy, the sky is the limit! We take great pride in caring for your child and making sure that their physical, social, emotional, and educational needs are met. Our objective is to make every child feel good about themselves and their attempts. We have adopted a loving, caring, comfortable, edifying, and non-threatening environment that makes Young Einsteins Academy a haven for children!

Children at Young Einsteins Academy will not only learn, but be taught to apply what they've learned to new situations in their young lives. Every child can achieve success, just not at the same time, and not in the same way. The educational resources and materials used will be tailored to meet your child's individual needs. We believe that **"If you give a child a fish, he eats for a day, but if you teach a child to fish, he eats for a lifetime."**

## Policies and Procedures

**Hours of Operation:** Young Einsteins Academy provides service to children 6 weeks to 12 years and is open from 6:30 AM to 6:30 PM Monday-Friday, year-round. You will be charged a late fee if your child is at the center past 6:30 PM. **The late fee is \$1.00 per minute past closing time and will be based on the time displayed on the clock in the lobby of Young Einsteins Academy** The late fee owed must be paid at time of pick-up to the staff member who is there with your child.

**Tuition:** Tuition is due on **Monday**, prior to childcare services rendered. If tuition is not paid by Monday of the week services are rendered, your account will be assessed a \$5.00 fee **per day**. **If your child does not attend on whatever days agreed upon at time of enrollment, you are still responsible to pay the full amount for that week.** This will include vacations or any other time you take your child out for a period while enrolled at Young Einsteins Academy, Inc. Holidays are also not exempt from your child's regularly scheduled weekly tuition. Understand that you are paying for his/her space at Young Einsteins Academy, so in order to hold that space, tuition must be paid. Tuition is subject to change at the discretion of the center with ample notice given. **Registration fee is \$95 and non-refundable.**

**Withdrawal Policy:** Young Einsteins Academy requests a **mandatory two week** notice if you decide to withdraw your child from the program. **If the child is withdrawn prior to that 2-week notice, the parent/guardian is still responsible for two weeks of payment.**

**School Closings and Holidays:** If Cobb County schools are closed due to inclement weather, Young Einsteins Academy follows the same schedule. Young Einsteins Academy is closed on New Year's Day, Martin Luther King, Jr. B'day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day (**and the day after**), and Christmas Day. **The day before Thanksgiving, on Christmas Eve and on New Year's Eve, Young Einsteins Academy will only be opened half day, and will close at 12 Noon.** When one of these holidays falls on a Saturday, we close on Friday. If the holiday falls on a Sunday, we close on Monday. **Holidays are not exempt from your child's regularly scheduled weekly tuition.**

**Changes:** Please notify the center of any changes that may occur after enrollment. These changes may include address, telephone numbers, child pick-up changes, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization records, etc.

**Transportation:** Young Einsteins Academy **does not** provide transportation to or from home/ school currently.

**Immunizations:** We must receive your child's immunization records at time of enrollment or before their first day at Young Einsteins Academy.

**Illness:** **If a child is ill, they will not be allowed at the center until they are feeling better.** Young Einsteins Academy is **not** licensed to provide care for children who are ill. Ill would include a fever of 100 degrees or above, rash, vomiting, sore throat, and/or diarrhea, wheezing, nasal discharge or sneezing severe enough to indicate that your child should not attend a group childcare setting. If a child should *become* sick while at the center, the child shall be moved to a quiet place and the parent will be contacted immediately. Parents will be notified of any illness, injury, or exposure to any communicable diseases.

**Medicine:** Before we can administer any prescription or non-prescription medication, written authorization must be received from the parent or legal guardian. The medication must be in its original pharmacy-labeled container with your child's name, type of medication, side effects, date, amount and time of dosage. Please do not allow your child to carry the medication in their pocket or leave it in a diaper bag or book bag. It must be handed to the director or your child's teacher. **It's a good idea to ask your pediatrician if the medication can be given in the morning and evening to avoid bringing it to the Center.**

**Accidents and Injuries:** Although precautions to prevent accidents are taken, sometimes they are unpreventable as children begin testing their limitations. In the event your child suffers an accident, **has a notifiable adverse reaction to prescribed medication(s)**, or is injured, we will provide you with an accident report and/or contact you immediately.

**Meals and Snacks:** Breakfast is served **before** 8:30 AM, lunch is served at 11:30 AM and afternoon snack is at 2:30 PM. For your child to eat breakfast, you must have them at the center by 8:00 AM.

**Emergency Plans:** Emergency plans have been developed and are posted in the center for parent viewing.

**Discipline Procedures:** Discipline at Young Einsteins Academy is consistent with the age and needs of your child. SPANKING AND OTHER FORMS OF CORPORAL PUNISHMENT ARE NOT ALLOWED IN OUR CENTER. There is a designated time-out area to use for discipline, if necessary. This time-out area is always within view of the classroom teacher. Other techniques used include a private talk with a child, redirecting the child to more appropriate activities, direct or indirect praise, and teaching by example. If at any time a child is causing harm to himself/herself or others, the child's parent will be called and asked to pick up the child. **Biting will not be tolerated!** Young Einsteins Academy also reserves the right to ask the parent to make temporary or permanent alternative arrangements for their child.

# Enrollment Application

(Please fill in application completely and legibly)

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male  Female

Child's Social Security Number: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Circle Dates to Attend: Mon. Tues. Wed. Thurs. Fri. Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

## Parent Information

Enrolling Parent/ Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ EXT. \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ EXT. \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Primary Residence:  With Mother  With Father  With Both  With Guardian (Name): \_\_\_\_\_

Parent's Marital Status:  Married  Single  Divorce

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_

The child will be released only to the people on this application and the following persons:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

# Enrollment Application

(Continued)

Child's Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any allergies or special needs: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Emergency contact other than parents:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your child potty trained? Y N What does your child say when he/she wishes to use the toilet? \_\_\_\_\_

Does your child need help in : Dressing/Undressing: Y N Eating: Y N Washing Hands: Y N

Does your child have any special fears or problems? \_\_\_\_\_

# Parental Agreement

(Please fill in application completely and legibly)

Young Einsteins Academy has agreed to provide day care for my child, \_\_\_\_\_  
from the hours of \_\_\_\_\_ to \_\_\_\_\_.

A late fee of **\$1.00 per minute** will be charged for late pick-ups. **This fee must be paid directly to the staff member who is there when you pick up your child.** You may call ahead to let us know you will be late, **however, calling ahead does not relinquish this late fee.**

- \* I agree to pay in advance each week's tuition.
- \* I agree that I am enrolling my child for \_\_\_\_\_ days per week at a cost of \_\_\_\_\_.
- \* I agree that if my child does not attend on whatever days agreed upon at time of enrollment, I am still responsible to pay the full amount for that week.
- \* I am aware that a **\$5.00 per day** fee will be charged for payments received **after Monday or day agreed upon.**

Cash, money orders, and debit cards, will be accepted. The method of payment I will be using is \_\_\_\_\_. I am also aware that at the time of payment if my debit card is declined, another method of payment must be used at that time.

I agree to pay a registration fee of \$85.00 at time of enrollment to be renewed in August of each year. I also understand that this enrollment fee is non-refundable.

I agree to notify Young Einsteins Academy of any changes that may occur in my child's current records such as address, telephone numbers, child pick-up changes, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization records, etc.

I agree that before any medication is dispensed to my child a written authorization which includes date, name of child, name of medication, and prescription number. A dosage, date and time of any medication to be given must be written and medication must be in its original pharmacy-labeled container.

I have read the discipline procedure and agree that disruptive behavior and behavior that will endanger the welfare of my child and the welfare of the other children **will not** be tolerated.

I agree that my child **will not** be permitted to enter or leave without being escorted by the parent(s), guardian, care giver, or facility personnel.

I agree that my child **will not** be released to anyone other than the persons listed on the enrollment form.

**I have received my enrollment packet containing additional policies and procedures. My signature below verifies that I have read and understand the parental agreement and the policies and procedures of Young Einsteins Academy. I agree to abide by such.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Medical Information and Authorization For Emergency Medical and First Aid

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Alternate contact in case of emergency when parent cannot be reached:

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

Child's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Facility used: \_\_\_\_\_ Address: \_\_\_\_\_

Child's special needs and conditions: \_\_\_\_\_

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In the event of an emergency involving my child, I hereby authorize the staff and director, representing Young Einsteins Academy to give consent for any and all necessary emergency medical and First Aid care for my child: \_\_\_\_\_, while my child is in Young Einsteins Academy's custody.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_