

**Firm Foundations Learning Academy/ Daycare**  
**D.B.A Adams' Little Peoples Academy**  
 547 East Lanier Ave.  
 Fayetteville, GA 30214  
 770-461-6613 Fax:770-716-9141

**REGISTRATION FORM**

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▲ **Date of Registration:** \_\_\_\_\_  
**Requested First Day of Attendance:** \_\_\_\_\_

I hereby apply for enrollment of my child to Firm Foundations Learning Academy/ Daycare.

**CHILD INFORMATION**

<b>Child's Name:</b>	<b>Nickname:</b>		
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Birth Date:</b>	<b>Sex:</b> Male Female	<b>Age:</b>	

**PARENT/GUARDIAN INFORMATION**

<b>Mother's Full Name</b>	<b>Marital Status</b>		
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone:</b>	<b>S S #</b> -    -	<b>Work Hours:</b>	
<b>Employer:</b>	<b>Work #:</b>	<b>Cell #:</b>	
<b>Employer's Address:</b>	<b>Email Address:</b>		

<b>Father's Full Name</b>	<b>Marital Status</b>		
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone:</b>	<b>S S #</b> -    -	<b>Work Hours:</b>	
<b>Employer:</b>	<b>Work #:</b>	<b>Cell #:</b>	
<b>Employer's Address:</b>	<b>Email Address:</b>		

**Custodial Parent :**    \_\_\_ Both    \_\_\_ Mother    \_\_\_ Father  
 \_\_\_ Other, please specify: \_\_\_\_\_

**Will your child have a sibling enrolled? ?**    o Yes    o No    **If yes, give sibling's first name and age:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have ALLERGIES?  yes  no If "YES" please specify: \_\_\_\_\_

Child's Primary Care Physician: \_\_\_\_\_ Phone # ( ) -  
Address: \_\_\_\_\_ City / State \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child have any physical / mental / health or developmental challenges which would limit them from participation in the center's daily activities:  yes  no If "yes" Please explain limitations: \_\_\_\_\_

**CONTACT LIST:**

Please list any and all persons the center may release your child to and / or notify in the event of an EMERGENCY:

Name: \_\_\_\_\_ Phone # ( ) -  
Name: \_\_\_\_\_ Phone # ( ) -  
Name: \_\_\_\_\_ Phone # ( ) -  
Name: \_\_\_\_\_ Phone # ( ) -

**IMPORTANT NOTE / PARENTAL AGREEMENT WITH ADAMS' LITTLE PEOPLES COMPLETE DAY CARE:**

**ENROLLMENT:** Prior to your child's attendance, all enrollment information must be completed, signed and returned to the school office along with your child's non-refundable registration fee.

Adams' Little Peoples Complete Day Care agrees to provide care for my child Monday through Friday between the hours of 6:00 a.m. and 6:30 p.m. January through December. The following meals are provided by the center at no extra charge to the parent / guardian: AM Snack LUNCH PM Snack

Before any medication can be dispensed to my child I will provide written authorization which will include: Name of child / date / name of medication / prescription # if applicable / dosage to be dispensed / dates & times to be dispensed. I understand Adams' Little Peoples Complete Day Care only dispenses medication at 11:00 a.m. & 3:00 p.m. and DOES NOT DISPENSE MEDICATION PRESCRIBED FOR TWICE A DAY.

**STATE REGULATIONS REQUIRE ALL CHILDREN TO BE ESCORTED IN & OUT OF THE CENTER BY AN ADULT. No Exceptions**

Adams' Little Peoples agrees to keep me informed of any incidents, illnesses, injuries, adverse reactions to medications etc., which include my child.

I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, e.g., phone numbers / work location / emergency contacts / child's physician / child's health status / infant feeding plans and immunization certificates.

Written authorization is required by me before my child can participate in routine transportation, field trips, special activities away from the facility and water related occurring in water more than 2 feet deep.

**I authorize Adams' Little Peoples Complete Day Care and it's representatives to obtain emergency medical care for my child when I am not available.**

**I have read, understand and agree to abide by the policies and procedures set forth for Adams' Little Peoples Complete Day Care.**

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