



*A Journey Through Education*

## Enrollment Application and Agreement

2013 Millcrest Drive, Hoschton, GA 30548, 770-904-0004 (phone) 770-904-0009 (fax)  
 3378 Hamilton Mill Road, Buford, GA 30519, 678-714-9555 (phone) 78-714-0905 (fax)

### **Child Information**

Child's Name	Date of Birth
Street Address	
City/State/Zip	
Home Phone	

### **Parent/Guardian Information**

Mother or Legal Guardian		Father or Legal Guardian	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
Employer		Employer	
Employer Address		Employer Address	
Employer Phone	Ext.	Employer Phone	Ext.
Primary Email Address		Primary Email Address	

### **Additional Information**

Parent's Marital Status: (Please circle one)

Married                      Divorced                      Single                      Other \_\_\_\_\_

Are there any limitations on either parent's right to pick up or visit the school? \_\_\_\_\_

If yes, please attach a copy of the court order to keep on file.

My child's first day of attendance will be _____.
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### **Child's Enrollment Status:**

\_\_\_ Full Time    \_\_\_ Part Time    \_\_\_ Drop In

Tuition for this program is \$\_\_\_\_\_ per \_\_\_\_\_.

*(New Odyssey for Children reserves the right to make changes to tuition and conditions of enrollment at will. Fee changes will be posted at least two weeks prior to any changes.)*



**Emergency Contacts (NO BLANKS PLEASE)**

New Odyssey for Children is authorized to contact the following two persons in an emergency or illness in the event that I cannot be reached.

Name		Name	
Relationship to Child		Relationship to Child	
Address		Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone

**Release Authorization (NO BLANKS PLEASE)**

The following people are authorized to pick up my child. Under no circumstances will New Odyssey for Children release this child to anyone not identified below. Add additional names as needed on separate page.

Name		Name	
Relationship to Child		Relationship to Child	
Address		Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone

**Physician Information**

Name	Phone Number
Address	City/State/Zip

**Emergency Medical Authorization**

Should my child suffer an injury or illness while in the care of New Odyssey for Children and the facility is unable to contact parents immediately, New Odyssey for Children shall be authorized to secure such medical attention and care for the child as deemed necessary. New Odyssey for Children will keep parents informed of any incidents requiring professional medical attention involving my child.

**Allergies and Dietary Restrictions**

Please list any allergies or dietary restrictions that New Odyssey for Children should be aware of when caring for your child. If there are no allergies or dietary restrictions, please indicate "none known."

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**Special Needs/Accommodations**

Please list any special needs, accommodations, or other circumstances that New Odyssey for Children should be aware of when caring for your child. This may include but not limited to; physical or mental conditions, existing or pre-existing illnesses, operations, or hospitalizations. If there are none, please indicate "none known."

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**Medication Policy**

New Odyssey for Children will not dispense prescription medication without specific written authorization from the child's parent. Non-prescription medication will not be dispensed without specific written



authorization from the child's physician **and** parent. Medications will only be administered at 11:00AM and 3:00 PM.

**To comply with state regulations:**

- Medications must be in their original container clearly labeled with medicine name.
- Medications must be clearly labeled with the child's first and last name.
- Prescription Medications must be clearly labeled with Prescription Number.
- Medications must be clearly labeled with dosage amount.

**Children's Health**

A child shall not be accepted nor allowed to remain at the school if the child has the equivalent of a one hundred one (101) degrees Fahrenheit or higher temperature and another contagious symptom, such as but not limited to a rash, vomiting, diarrhea, discharge from the eyes, or a sore throat. If your child is unable to participate in daily activity, you will be contacted to pick him or her up immediately. If your child shows symptoms of a communicable disease at school, you will be contacted to pick him or her up immediately. Children are required to be without fever for 24 hours without the use of fever reducing medication before returning to school.

**Enrollment Policy and Agreement**

A child's continued enrollment in New Odyssey for Children is based on the best interests of the child, the welfare of other children enrolled and the expectation that he or she will benefit from the program. Services are available without discrimination on the basis of political affiliation, religion, race, color, sex, mental or physical handicap, national origin, or age.

Parents are responsible for keeping center advised of any significant changes in enrollment information concerning phone numbers, work locations, emergency contacts, family physicians, etc.

**General Acknowledgement**

We understand New Odyssey for Children's program guidelines and policies. New Odyssey for Children has permission for my child to:

- Participate in all aspects of our daily schedule.
- Participate in the use of indoor and outdoor equipment.
- Participate in water activities supervised by New Odyssey for Children staff.
- Participate in offsite field trips planned to enhance our educational curriculum supervised by New Odyssey for Children staff. New Odyssey for Children will announce field trips in writing at least one day in advance of trip. Parent/guardian will be required to authorize the transport of their child for field trip purposes.
- Be photographed or video taped to record their participation in connection with daily activities for the purposes of news releases, reporting, and assessing the progress of the children and the program.
- Be transported to and from the elementary school that he/she attends by New Odyssey for Children.

**Hours and Days of Operation**

New Odyssey for Children will operate January through December, Monday through Friday from 6:30 A.M until 6:30 P.M.

New Odyssey for Children will be closed in observance of the following holidays:

New Year's Day                      Memorial Day                      Independence Day                      Labor Day

Thanksgiving Day                      Friday after Thanksgiving                      Christmas Eve                      Christmas Day

Close @ 4:30pm on New Year's Eve

When the actual holiday occurs during the weekend, we will observe the holiday on Friday if the holiday falls on Saturday and on the following Monday if the holiday falls on Sunday.

During times of inclement weather, New Odyssey for Children will close only when it is determined to be treacherous to travel.

**There is no tuition discount for absences, holidays, or other days on which New Odyssey for Children is closed.**

**Babysitting**

New Odyssey for Children does not render childcare services off-site, except in the event of field trips which have been authorized in advance by the parent. The parent agrees not to arrange with staff members for off-site care of their child. If any staff member agrees to provide off premises care for children enrolled in New Odyssey for Children, the staff member takes such service on their own behalf, not as an employee of New



Odyssey for Children, and is in violation of our employee policies. New Odyssey for Children staff members are selected and retained only on the basis of their fitness for rendering child care services in a controlled and fully supervised child care program. New Odyssey for Children offers no assurance of the fitness of its staff members for performing these and other services in an environment which is not professionally supervised (such as transporting children or caring for them in the home) and none should be implied or inferred under any circumstances.

**Additional Acknowledgments**

I have been provided a copy of the center's policies and procedures and agree to comply with the policies described therein.

My child will not be allowed to enter or leave the facility without being escorted by the parent or person authorized by the parent. The parent must escort the child to and from the child's classroom and inform the child's teacher of arrivals and departures.

**Registration Fee**

A non-refundable Registration fee of **\$75.00** is due for each child or **\$125.00** is due per family upon enrollment and is due again each August 1. Any time a child is temporarily withdrawn from New Odyssey for Children and regular tuition is not paid a re-enrollment fee of **\$125.00** will be charged to the account.

**Tuition**

Weekly tuition fees for Full-time and Part-time programs are billed on Thursday for the following week's tuition and **due on Friday**. Weekly tuition payment is late after 10:00 a.m. on Monday for the current week. (Drop-In tuition is due upon arrival each morning of attendance.) A \$45.00 late charge will be automatically added to tuition charges that are not paid by the due date. An additional weekly charge of seven percent (7%) of the balance will automatically be added when an account becomes delinquent (over one week past due without receipt of payment). New Odyssey for Children may dismiss a child if proper payment arrangements are not made. In the event of dismissal, the parent remains financially responsible for the balance due and any expenses incurred in the pursuit of payment. A two week notice will also be due. If account fails to be collected a 7% interest rate will also be applied to your balance.

A \$1.00 per minute late fee is charged for each minute after closing that a child remains on the premises after 6:30 pm.

**Returned Checks**

A \$50.00 service charge will be assessed when a check is returned unpaid by the bank.

**Absences**

Tuition must be paid in full regardless of absences of any duration for sickness, out of town trips, family emergencies or for any other cause (with the exception of the planned vacation policy described below). Staffing and other operational costs are incurred on the basis of fixed levels of enrollment and few of these costs are eliminated when a child is temporarily absent. Initials: \_\_\_\_\_

**Planned Vacations**

After a twelve week enrollment period, each child in the Full-time, Part-time and School-Age program is eligible to utilize the ½ price vacation week up to 2 times per year (January to January). This may only be used if your child is absent the entire week. Half price tuition is available to those families with a clear account balance and is payable prior to the week of the child's absence. To use this option, you must complete a vacation form prior to the selected week so that your account is billed accordingly and NOFC is able to staff accordingly.

**Disenrollment**

All Parents of children enrolled in New Odyssey for Children agree to provide written notice two weeks in advance when disenrolling their child from our program. If a parent fails to provide a written two week notice, tuition charges will be due for two weeks following the child's last day of attendance. Late charges and other penalties will accrue until payment is received in full. Initials: \_\_\_\_\_

**Social Networking & Media**

New Odyssey for Children will photograph events and individual children. You agree to allow New Odyssey for children to utilize photographs and digital images of your child for marketing purposes on our website, marketing materials, Twitter, and Facebook page. Initials: \_\_\_\_\_

How did you hear about our facility?

Initials: _____ Yes / No
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Please list two referral names to qualify for referral credits:

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



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

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

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

(A \$50 registration fee credit will be applied to your account if referral enrolls; Credit will be applied after referral's first full month of full-time attendance.)

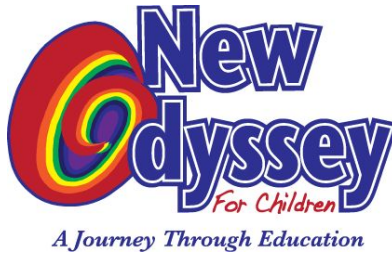
**General and Financial Acknowledgement**

We have reviewed and agree to comply with this agreement in full. We have carefully reviewed items regarding tuition, late charges, absences, vacations, and disenrollment.

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

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

Director Signature \_\_\_\_\_ Date \_\_\_\_\_



**TUITION AGREEMENT**

I am enrolling my child(ren) in New Odyssey's (initial your program):

\_\_\_\_\_ Full Time Program

\_\_\_\_\_ Drop-In Program

\_\_\_\_\_ 2-Day Program

\_\_\_\_\_ 3-Day Program

\_\_\_\_\_ ½ Day Program

\_\_\_\_\_ School Age Program

I understand that if I enroll in the Drop-In program, I will incur daily tuition charges for each day attended regardless of the number of days. Tuition WILL NOT cap at the weekly rate, and I understand I must call the day before to ensure availability.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

I understand that tuition is due regardless of attendance and I am entitled to two ½ price vacation



weeks per calendar year. To take advantage of my vacation weeks, my child(ren) must be absent for the 5 consecutive days (Monday – Friday).

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Sign

Date

I understand that a two week written notice is required to switch from one program to another or to dis-enroll my child(ren). I also understand that I am obligated to pay tuition during this two week period.

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Sign

Date



### **Parental Agreements with Child Care Facility**

New Odyssey For Children agrees to provide child care for \_\_\_\_\_ (child's name)  
from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. on \_\_\_\_\_ (Days of Week) from  
\_\_\_\_\_ (Month) to \_\_\_\_\_ (Month)

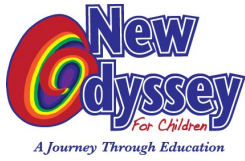
My child will participate in the following meal plan (circle applicable meals and snacks):  
Am Super Snack      Lunch      Afternoon Snack

- 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 medication is to be given. Medicine will be in the original container with my child's name marked 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 it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, 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 incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
- New Odyssey For Children 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 that is more than two (2) feet deep.
- I authorize the child care facility to obtain emergency medical care for my child when I am not available.
- 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.
- I have received a copy and agree to abide by the policies and procedures for New Odyssey For Children

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator)





## Vehicle Emergency Medical Information

Child's Name:	DOB:	Address:	
Father's Name:	Home #:	Work:	Cell:
Mother's Name:	Home #:	Work:	Cell:
Child's Physician:	Office Phone:		
When Parents cannot be reached, notify:			Phone:
Child's Allergies:		Current Prescribed Medication:	
Special Medical Needs:		Special Accommodations:	
Emergency Medical Facility:		Address:	
<p>In the event of an emergency involving my child and if New Odyssey cannot get in touch with me, I hereby authorize any needed emergency medical care. We hereby grant New Odyssey permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We hereby agree that we will be solely responsible for, and will promptly pay any expenses, which may be incurred by New Odyssey in making emergency medical treatment available to the above named child.</p>			
Parent Signature:		Date:	
Witnessed By:		Date:	

