

Safe-Haven  
P.O. Box 754  
Fairburn, GA 30213

## Children's Enrollment Form

Entrance Date		School Name	
Child's Name	Gender	Age	Birth Date
Home Address	City	Zip	Telephone

Mother's Name		Home Address (if different from child's)	
Place of Employment			Business Number
Business Address	City	Zip	Cell Phone

Father's Name		Home Address (if different from child's)	
Place of Employment			Business Number
Business Address	City	Zip	Cell Phone

Child's Living Arrangements:       Both Parents     Mother     Father     Other

Child's Legal Guardians:       Both Parents     Mother     Father     Other

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

<u>Name</u>	<u>Address</u>

# Children's Enrollment Form (continued)

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Persons to contact in the case of an emergency when parents cannot be reached:	
<u>Name</u>	<u>Telephone</u>
1.	
2.	
3.	

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Child's Physician or Clinic's Name (Child's Primary Health Source)

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Telephone Number

My child has the following special need(s)

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The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

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My child is currently on the medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies or health concerns: **(Place N/A if none exist)**

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Signature (Parent/Guardian) Date



Center Name \_\_\_\_\_

## AFTER-SCHOOL PARENT POLICIES & PROCEDURES

1. The program operates Monday-Friday, from the time of dismissal until 6:30 p.m.
2. The center provides care for ages 4-12 years of age.
3. 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 numbers, work location, emergency contact, child's physician, child's health status, infant feeding plans and immunization records, etc.
4. Children should not bring food into the program. Adequate balanced snacks are served daily. Food and menu exceptions cannot be made for individual children, unless for documented medical reasons that must be supported by a doctor's statement.
5. The program staff will administer only dated, labeled, prescribed medications or age-appropriate over-the-counter medication as indicated by the Parent of Physician. Parents must sign an authorization form before any medication can be administered. Parents will be notified of any adverse reaction to the medication.
6. Parents are required by the state to sign their child(ren) out of the program on a daily basis. All children must be signed in at the beginning of the program by a Safe-Haven staff member.
7. The Program agrees to keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases.
8. The Program 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.
9. Discipline and guidance at the center is important. Physical punishment is never permitted. If it is determined that the behavior is not improving, we will request a parent meeting to discuss other possible solutions. At times it may be necessary to terminate a child's enrollment if it is determined that the program cannot meet the needs of the child.
10. Children will not be accepted into the program if they are ill, this includes, but is not limited to temperatures of 101 degrees or higher oral temperature and any contagious symptoms; rashes, sore throat, vomiting, etc. Should the child become ill while participating in the program, the parent or designated emergency contact person(s) will be notified to pick the child up.
11. We will post when a communicable disease has been introduced into the program. Children with a communicable disease cannot attend the program and must be free of the illness before re-entering the program.
12. A copy of the State Rules and Regulations which apply to the operation of the center is available for your review. A copy of the most recent licensing review is also available for your review upon your request.
13. We have an agreement with Hughes Spalding Hospital that in case of emergency, and we are unable to reach you, your child will be able to receive emergency medical treatment.
14. In case of violent weather, please do not call the program: we will be busy providing the best possible care for our children. In the event of a fire, gas leak or bomb threat, the children will be evacuated immediately from the building. Emergency plans are posted for your review. In case of inclement weather, the program will operate contingent upon school system operations.
15. Parents are always *welcomed* and encouraged to visit your child while participating in the program. However, it is required that you make your presence known to a Safe-Haven staff member. Children should not be removed from the program without proper notification to the staff.
16. Parents are asked for safety reasons, to park only in designated marked parking areas.
17. It is the mission of Safe-Haven to serve all kids in need of quality childcare. We will make every effort possible to serve all families requesting services. All kids enrolling in our program must be able to function within staff/teacher ratios as established by the Department of Human Resources.
18. I have read the Policies and Procedures and will abide by all policies to ensure compliance.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

# PARENT FINANCIAL AGREEMENT

- 1 Payments are due Monday before services are rendered. A \$5.00 late fee will be added if the tuition is paid after Monday. No more than two days of service can be provided without payment of tuition.
- 2 If your child is absent for one(1) full week, you must pay one-half (1/2) week's tuition in advance to reserve their space. Two weeks per year will be granted at this discounted rate. If your child is absent for more than two days without payment of notice, that space will be filled without prior notice.
- 3 Attendance of three (3) days constitutes a full week's tuition payment. Attendance of two days or less due to illness or emergencies will be discounted at 1/2 the tuition. The Director should be notified in this case to approve the discount.
- 4 A late fee of \$5.00 per 15 minutes is due if your child is not picked up by 6:30 pm. If a child remains on the premises longer than thirty minutes after closing, DFACS will be notified of the neglect.
- 5 A two weeks written notice must be provided before withdrawing a child. All parents will receive an exit interview to determine if their child's needs were met.
- 6 If we receive a returned check, a \$37 returned check fee will be charged. If we receive more than one (1) returned check, future payments must be in the form of a money order.
- 7 Attendance of ill children with communicable diseases will not be permitted.
- 8 If your child is participating in Scouts, clubs or other after school events, the Director must be advised in writing at least a day in advance.

Please sign below:

If you have any concerns/questions with these policies, you MUST call the Safe-Haven Director. Thank you for your cooperation in the following procedures. We look forward to a good year together.

I, the undersigned, understand and agree to abide by all policies of the Safe-Haven Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Daytime Contact #

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date

# PARENTAL AGREEMENTS WITH CHILD CARE FACILITY

1 The \_\_\_\_\_ agrees to provide day care for \_\_\_\_\_  
Name of Facility Name of Child

on \_\_\_\_\_, \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
days of week

from \_\_\_\_\_ to \_\_\_\_\_ .  
month month

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

breakfast morning snack lunch afternoon snack evening meal bedtime snack

2 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, in any; dosage; 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.

3 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.

4 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.

5 The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.

6 The \_\_\_\_\_ agrees to obtain written authorization from me before my child  
Name of Facility

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.

7 I have received a copy and agree to abide by the policies and procedures for \_\_\_\_\_  
Name of Facility

Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Signature (Site Director) \_\_\_\_\_

Date \_\_\_\_\_

# VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Persons to notify in case of emergency (if parents can't be reached):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility of family \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medicine \_\_\_\_\_

Child's special medical needs/conditions \_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_ cannot get in touch with me, I hereby authorize emergency medical care. I further agree to be fully responsible for all medical expenses incurred during treatment of my child.

Signature: Parent/Guardian

Date

Safe-Haven  
P.O. Box 754  
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AUTHORIZATION FOR MEDICATION  
(If not on medication, please complete with "N.A." and sign.)

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Child's Full Name

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Name of Medication

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Prescription Number

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Time Medication is to be given

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Amount of Medication to be given

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Dates to be given

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Signature (Parent/Guardian)

Date

# SAFE-HAVEN

## KEEPING KIDS SAFE

Safe-Haven as a premier childcare agency recognizes its responsibility to always provide children and youth with the safest possible place. As an employee you are required to abide by the following

## CODE OF CONDUCT

1. In order to protect Safe-Haven staff, volunteers and program participants, at no time during a Safe-haven program may a staff person be alone with a single child where the staff and a child cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff. If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff. Staff supervising children with special needs for assistance shall be trained in appropriate assistance techniques and should always try to be where one other staff can see them.
4. Staff should conduct or supervise private activities in pairs--diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children including: physical abuse, (strike, shake, slap); verbal abuse (humiliate, degrade, threaten); sexual abuse (inappropriate touch or verbal exchange); mental abuse (shaming, withholding care, cruelty); neglect (withholding food, water or basic care). Any type of substantiated abuse will not be tolerated and will be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint will be use only in pre-determined situations (necessary to protect the child or other children from harm), and is only administered in a prescribed manner and must be documented in writing.
7. Staff will conduct a health check of each child each day noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child by a supervisor or program director in a non-threatening way. Any questionable marks or responses should be documented by the supervisor or program director.
8. Staff will respond to children with respect and caring and treat all children equally regardless of sex, race, religion or culture, ability or disability.
9. Staff will respect children's rights not to be touched in ways that make them feel uncomfortable and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents and other staff.
11. Safe-Haven does not discriminate against an individual's lifestyle or habits away from the job provided such does not interfere with quality Safe-Haven program work. It does require that in the performance of their job, staff will abide by the standards of conduct set forth by Safe-Haven.

# SAFE-HAVEN

## KEEPING KIDS SAFE

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12. Staff must appear clean, neat and appropriately attired.
13. Using, possessing or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment in the presence of children or parents is prohibited.
16. Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity. (Remember our values: honesty, caring, respect, and responsibility.)
18. Understanding that Safe-Haven cannot control staff outside of the work setting, staff understand that being alone with children they have met in Safe-Haven programs (e.g.: baby-sitting or inviting children to their homes) puts both themselves and Safe-Haven at risk and is thoroughly discouraged by Safe-Haven. Staff also understands that all parent packets discourage parents using Safe-Haven staff for baby sitting.
19. Staff are not to transport children in their own vehicles. If an exception occurs for program reasons, staff are required to call the director and inform them when they are leaving and where they are going and the expected time of arrival. Staff will call when they arrive unless they are driving to the branch.
20. Adult Staff may not date program participants under 18 years of age.
21. Under no circumstances should staff release children to anyone other than the authorized parent, guardian or other adult authorized by the parent or guardian (written parent authorization on file with Safe-Haven). If a dispute arises over child custody, supervisors are to refer to any legal papers filed (as in divorce or separation agreements).
22. Staff are required to read and sign all policies related to identifying, documenting and reporting child abuse and attend training on the subject, as instructed by a supervisor.
23. An adverse background report as established by the Georgia Department of Human Resources Child Care Division will result in termination as an employee of Safe-Haven. This includes but is not limited to arrest or conviction involving crimes against youth or children, or sex crimes, drug related convictions, or any felony conviction.
24. Staff further understands that if they see any staff person failing to "keep kids safe" they are to report concerns to their supervisor, program director or branch executive.

# SAFE-HAVEN

## KEEPING KIDS SAFE

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I acknowledge that I have read Safe-Havens policy regarding Keeping Kids Safe and fully understand.

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Parent's Signature

Date