

# Prestige Academy

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## Enrollment Packet & Handbook

PLEASE PRINT, FILL OUT EACH FORM ENTIRELY  
AND EMAIL BACK TO  
[PRESTIGEACADEMYPRESCHOOL@GMAIL.COM](mailto:PRESTIGEACADEMYPRESCHOOL@GMAIL.COM)

\*Non-infant enrollments need to print, fill out and return pages 1-17 ONLY

\*Infant Feeding Chart will need to be updated every 3 months

\*Key fob will be assigned to each family upon enrollment, \$5 fee for lost/stolen key fobs (temporarily paused until COVID restriction is lifted)

\*Camera access must be paid the week before (\$5 a week per user)

*Revised January 2021*

# Prestige Academy

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## Enrollment Form

Entrance Date \_\_\_\_\_ 2021 Enrollment: Date: \_\_\_\_\_ Cash/Check/CC\$ \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

ALLERGIES BOTH INTERNAL AND EXTERNAL \_\_\_\_\_

Circle all that apply. My child requires the following items:

inhaler/optichamber/breathing machine/epipen/other: \_\_\_\_\_

to be kept at Prestige Academy at all times. I am aware that I must fill out a medical form to be kept on file before it can be administered.

\*My child has a food allergy that requires a special diet. Listed below are the foods/drinks that they are not allowed to consume: \_\_\_\_\_. I am aware that I must get an allergy form from Prestige Academy that must be filled out and signed by my child's pediatrician.

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

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

Child's Legal Guardian(s): (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

I am aware that I am required to submit paperwork to Prestige Academy for any custodial agreements, foster care arrangements, temporary guardianship, adoptions, Temporary Protective Order or any other legal information pertaining to my child. If this information changes at a later date or expires then I must present new documentation.

**The child may be released to the person(s) signing this agreement or to the following (do not list parents here):**

\*Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

**Persons to contact in the case of emergency when parent or guardian cannot be reached:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor \_\_\_\_\_ Child's clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs 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 Prestige Academy 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/Person-In-Charge**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT OR GUARDIAN'S NOTICE OF NO LIABILITY AND ACKNOWLEDGEMENT:

I understand that I am being informed in writing by signing this acknowledgment that this facility, Prestige  
Academy does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

**\*Parent/Guardian:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*Facility Administrator/Person-In-Charge**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PLEASE MAKE SURE TO DOWNLOAD BRIGHTWHEEL APP AND BE PREPARED TO  
USE IT DAILY AS OUR CONTACTLESS SIGN IN & SIGN OUT \*\***

## Parent Handbook Acknowledgment

I, \_\_\_\_\_ have received my parent handbook containing all of Prestige  
Academy Rules & Regulations. I understand that I must contact management if my child's filed  
information may change over the course of them being in care at Prestige Academy. I am aware  
that my child may not attend Prestige Academy if they obtain an expired 3231 shot record and  
will not be able to return until they are up to date.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Prestige Academy

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## Parental Agreement 2020 Contract

2077 Atlanta Highway Southeast  
Statham, Georgia 30666  
(678)726-7187

[www.prestigeacademypreschool.com](http://www.prestigeacademypreschool.com)

**Annual Fee: \$100 Due: January 31<sup>st</sup> 2021**

Prestige Academy is open year round January-December, Monday-Friday from 6:00 am-7:00 pm. Our facility is closed on the following days: New Years Eve, New Years Day, Martin Luther King, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Black Friday, Christmas Eve and the day before, Christmas Day and the day after Christmas. We are aligned with the Barrow County School System for weather/emergency closing, delayed openings or early closures. Weather/Emergency closures will be updated through FOX5 News, email, phone call and or business postings. Please fill out the days, times and program your child will need at this time and sign the last page stating that you agree and understand all policies and procedures through Prestige Academy & Bright From The Start, in front of a Georgia notary.

Prestige Academy will provide care for \_\_\_\_\_. The parents of this child as well as Prestige Academy agree to the rules, regulations and procedures through the state of Georgia and Prestige Academy.

*\*Please circle days needed below\**

**Monday Tuesday Wednesday Thursday Friday**

*\*If your contract is strictly for Summer Camp (ages 5 and up) please list any vacation weeks here:*

*\*Please circle the service type needed below\**

**Full Time, (2) day part time, (3) day part time, (5) day part time, after school, before school, school breaks (fall break, spring break, summer camp, etc.)**

*\*Please circle meals needed below\**

**Breakfast (8am) Lunch (11:30pm) PM Snack (3pm) Dinner (6:30pm)**

(These are all approximate time frames for meals and snacks. Times may differ per classroom.)

From \_\_\_\_\_ am/pm. to \_\_\_\_\_ am/pm. from \_\_\_\_\_ 2021 to \_\_\_\_\_ 2021.  
(Time) (Time) (Month) (Month)

- Before any **PERScription** 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. Any medications left after dispense date will be disposed of after (2) days. \_\_\_\_

- I have received PB&J information and understand that I must contact them directly for any questions, concerns or issues concerning their services. \_\_\_\_
- Any Child under the age of (1) must bring in all meals and bottles labeled with name and the days date. A feeding chart must be on file and updated periodically through the year as needed. Parent/Guardian must prepare bottles each day, as staff members are not permitted to do so unless the infant is on the USDA food program and the formula is supplied by *Prestige Academy*. \_\_\_\_
- Photos will be taken of children periodically unless the parent/guardian has sent an email to [prestigeacademypreschool@gmail.com](mailto:prestigeacademypreschool@gmail.com) with a statement requesting against it. \_\_\_\_
- Meals, drinks and snacks shall be provided by *Prestige Academy* meeting USDA regulations. Meal guidelines and information sheet available upon request. Food menus are posted in the front sign in room each week. \_\_\_\_
- Children are not allowed to bring in ANY personal electronics while in care at *Prestige Academy*. \_\_\_\_
- Children are not permitted to exceed the (12) hour period for care per day. \_\_\_\_
- If your child reaches 101 degrees, vomits or has diarrhea more than once and has any other symptom showing sign of illness, we will call you to come pick your child up. You have two hours to pick up your child from *Prestige Academy*. A child may not return to daycare until they have been fever free for 24 hours, with no over the counter fever reducer or a doctor's note. If your child is sent home from a communicable disease they are not allowed to return to daycare until *Prestige Academy* receives written documentation from their doctor. All communicable disease will be reported to Barrow County Health Department as the law requires. \_\_\_\_
- I understand that *Prestige Academy* exercises their rights to verify any and all doctors notes and or prescriptions. \_\_\_\_
- My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by parent/guardian. All children must be signed in and out on a daily basis. \_\_\_\_
- 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. \_\_\_\_
- I am aware that *Prestige Academy* does not carry liability or health insurance for the children in care. It is the parent's responsibility to carry insurance on their own child at all

times. *Prestige Academy* is not responsible for any medical, personal or other related expenses due to any accident or incident taking place on or off the childcare premises.

\_\_\_\_\_

- I am aware that I must return my child's 3231 (shot record) within the first 20 days upon enrollment and maintain my child's shot records up to date. Each time my child receives a shot; an updated 3231 form will be turned in to the front office of *Prestige Academy*. I understand if my child has an expired certificate on file or is not up to date on their shots they will NOT be able to return to *Prestige Academy* until a valid certificate is turned in. THERE ARE NO EXCEPTIONS. A signed affidavit stating that such immunizations are not needed or religious based exemptions must be returned to *Prestige Academy*. \_\_\_\_\_
- *Prestige Academy* agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which involve my child. \_\_\_\_\_
- If child care services are no longer needed, there will need to be a written statement given to the administrator or director at least 2 weeks prior to ceasing services. The written statement and last 2 weeks of childcare tuition will be due before the last day of care. For any child care account that is not paid in full and as per contract, *Prestige Academy* will proceed with legal action. \_\_\_\_\_
- *Prestige Academy* 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. \_\_\_\_\_
- There is a 10% fee for all credit and or debit cards processed "manual in facility" transactions. \_\_\_\_\_
- All children must be picked up no later than 7:00 pm daily. There is a (5) minute window allotted for tardy pick-ups. After 7:05pm the account will be charged \$9 per hour which must be paid in full before the next week begins. \_\_\_\_\_
- I authorize the child care facility to obtain emergency medical care for my child when I am not available and I am aware that my child/children will be sent to Northeast Medical Hospital for the quickest emergency care unless requested otherwise here \_\_\_\_\_. I am aware that Bright From The Start will be notified within (24) hours of the accident. \_\_\_\_\_
- 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 understand that I must contact *Prestige Academy* by 9:00 am if my child will be absent/coming in late for the day. \_\_\_\_\_

- I am aware of the \$30 bounce check fee. Once this occurs, the tuition, bounce check fee and account fees must be paid before my child can return and I will no longer be able to pay by check. \_\_\_\_\_
- I understand that I am required to download the Brightwheel app for clock in/out, communication, messaging, reports, account info and important details about my child.
- I understand there is a \$100.00 enrollment fee per child at the time of enrollment. The Enrollment fee is non-refundable. There will be a new enrollment fee each year due by January 31<sup>st</sup> in the amount of \$100.00 per child for that current year. If the child care contract ceases at any time during the paid year, a new enrollment fee is required. If I am a new enrollment starting on or after December 1<sup>st</sup>, I am omitted from paying this fee as it will cover the next year enrollment fee. \_\_\_\_\_
- I understand that I must pay my account balance at the start of the current week no later than 7:00pm that day in cash or online at cake childcare in the amount of \$\_\_\_\_\_. \_\_\_\_\_
- I am aware that there is a \$10.00 late fee for each day that my account is not paid and that childcare services will temporary cease if the account is not paid in full by Wednesday of each week. \_\_\_\_\_
- The price stipulation sheet was given to me and I have read and understand all of the prices and fees for maintaining a full/part time position as well as other fees. \_\_\_\_\_
- If a contract needs to change from full-time to part time or vice versa, a (2) week electronic notice must be submitted (through Brightwheel) . A new contract is required when this takes place. There will be no enrollment fee for such contract changes. \_\_\_\_\_
- My ID is on file at a *Prestige Academy* as the Parent/Guardian of my child. \_\_\_\_\_
- I have reviewed a copy of the parent handbook and agree to abide by the policies and procedures for *Prestige Academy*. A printed copy of the parent handbook is available for parents to take home as requested. \_\_\_\_\_
- I am aware that at this time, *Prestige Academy* does not provide transportation. \_\_\_\_\_
- I understand that PB&J camera viewing is an additional weekly service fee of \$5 that must be paid by Tuesday of each week in order to view for the following week. I am responsible for creating an online account and password through PB&J. I am aware that if I am having any technical difficulties, access problems or camera issues, I will contact PB&J at 1-877-722-6358. \_\_\_\_\_
- *Prestige Academy* will not refuse, withhold, or limit the provision of any services to any present or prospective client, or make any employment decision regarding any current or prospective employee, based solely on that individual's race, color, religious creed,



handicap, ancestry, national origin, age, sex, veteran status, disability, marital status, sexual orientation, pregnancy or citizenship status. \_\_\_\_\_

- Children ages 1 that are walking and up must wear shoes to the facility everyday. \_\_\_\_\_
- I am aware that parents will be contacted via phone in case of an emergency. \_\_\_\_\_
- I am aware that all my account information and sign in/sign out logs are accessible to me online through Cake Childcare and all requested copies are 25 cents and require a written request to receive within (2) business days. \_\_\_\_\_
- Personal belongings such as (but not limited to): blankets, toys, electronic devices, jewelry (that can be easily removed by child) are to be left at home or in the vehicle. \_\_\_\_\_
- I understand that I must keep a change of weather appropriate clothing, a coat during cold months and a blanket (all labeled with child's name) at Prestige Academy each day. \_\_\_\_\_
- Staff is required by law to report child neglect, abuse and any suspected child abuse to Bright From The Start. \_\_\_\_\_
- I understand that I must bring in a minimal of 25 diapers and 1 full pack of wipes on Monday (or first day of service) each week. If I fail to do so I will be charged a diaper/wipe fee of \$5 per day on my account. \_\_\_\_\_
- I understand that there are and will be many new, changing rules regarding COVID-19 from both CDC, local authorities and BFTS. I am aware that these changes will be posted on the front door of the facility and verbally given to each parent/guardian. I agree to abide by all policies and procedures set forth in order to keep children, staff and families as safe as possible during this pandemic. The following policies are current as of January 4<sup>th</sup> 2021 and are subject to change and or cease. \_\_\_\_\_
  - \*No visitors, parents and or state officials are permitted to enter the facility unless required and approved by local authorities and the facility director on duty\_\_\_\_\_*
  - \*All children and staff are required to have their temperatures checked upon entry of the facility and may be permitted if their temp is below 100.4\_\_\_\_\_*
  - \*All children and staff are required to wash their hands upon entry with soap and water for at least 20 seconds or alcohol based sanitizer\_\_\_\_\_*
  - \*All staff members are required to wear a mask the entire time they are inside the facility*
  - \*Drop offs for the day are between 6am-9am daily\_\_\_\_\_*
  - \*Pick-up times are 12pm-7pm unless scheduled and approved by the director on duty or in the case of an emergency\_\_\_\_\_*
  - \*School age children will no longer wait the 2 week period that returned to school in order to attend Prestige but they will still need to wear a mask to the facility each day.*
  - \* All change of clothes, infant food/bottles or paperwork must be left in designated crates in labeled Ziploc bags on the benches in front of the building\_\_\_\_\_*
  - \*No child is permitted to come in with food/drinks in their hands upon drop off\_\_\_\_\_*
  - \*Prestige Academy will provide face masks for ages 5 and up each day\_\_\_\_\_*

*\*Tours of the facility have been stopped until further notice, all paperwork and questions will be done via email and telephone\_\_\_\_*

*\*Families must keep 6 feet distance from other families during drop off and pick up times\_\_\_\_*

*\*If your child has been directly in contact (within 6 feet for more than 15 minutes) of anyone who has COVID-19 they must self- quarantine for 10 days or submit a negative COVID test to Prestige\_\_\_\_*

*\*Any child or staff that have been exposed to COVID while at the facility will be notified on Brightwheel as soon as the information is received. Children who were exposed and notified must be picked up as soon as possible and may return after the 10 day quarantine or return with a negative COVID test (submitted via email or in person)*

*\*Staff interviews will be done over the phone and final in person with a face mask\_\_\_\_*

**I have read and understand the terms of this contract and have been given the opportunity to ask any questions grading any doubts. I understand that this is a legal binding contract between myself and Prestige Academy Preschool, LLC .**

***\*NOTARY IS NOT REQUIRED AT THIS TIME DUE TO COVID-19 BUT THE DOCUMENT MUST BE SIGNED AND DATED BY BOTH PARTIES\****

**\*\*Only sign at facility or in front of a Notary\*\***

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**Parent/Guardian Signature**

**Date**

**\*\*Only sign at facility or in front of a Notary\*\***

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**Director Signature**

**Date**

**This contract was signed and acknowledged before me on \_\_\_\_\_ by**

\_\_\_\_\_ **with** \_\_\_\_\_ **as a witness.**  
**Name of Parent/Guardian Administrator/Director**

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**Georgia Notary Stamp**

# Prestige Academy

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## Classroom Discipline/Rules & Regulations

(1) Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the center shall not be detrimental to the physical or mental health of any child.

(2) Personnel shall not:

(a) Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the center;

(b) Inflict corporal/physical punishment upon a child;

(c) Shake, jerk, pinch or handle a child roughly;

(d) Verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family;

(e) Isolate a child in a dark room, closet or unsupervised area;

(f) Use mechanical or physical restraints or devices to discipline children;

(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

(h) Restrict unreasonably a child from going to the bathroom;

(i) Punish toileting accidents;

(j) Force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks;

(k) Force or withhold naps;

(l) Allow children to discipline or humiliate other children;

(m) Confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jump seat;

(n) Commit any criminal act, as defined under Georgia law which is set forth in O.C.G.A.

Sec. 16-1-1 et seq., in the presence of any child enrolled in the center.

(o) Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

By signing below, I acknowledge the Bright from the Start, State of Georgia rules and regulations and understand that the rules are in place to be followed and protected.

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Parent Signature

Date

---

Director Signature

Date

---

# Prestige Academy

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## Authorization to Dispense External Preparations

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give *Prestige Academy Preschool, LLC* permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container. I understand and acknowledge that if and when medication is completed or past the directed time frame, I will have (2) days to take the medication home or it will be disposed of.

☐ Baby Wipes  
☐ Band-Aids  
☐ Neosporin or similar ointment  
☐ Bactine or similar first aid spray  
☐ Sunscreen  
☐ Insect Repellent  
☐ Non-Prescription ointment  
☐ Baby Powder Other (please specify)  
\_\_\_\_\_

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

\_\_\_\_\_  
Administrator/Director Signature      Date

### **Online Parent View Cameras Questions & Answers**

- Is there a contract for the parent view cameras?

No, there is no contract. You may pay for (1) week or you can pay for (1) month. Once you pay for the access, there is no refund for any reason.

- If I pay on a Wednesday will I have access for the rest of that week?

No, you must pay no later than Tuesday of each week to have access for the FOLLOWING week. There has to be time for front office to receive your payment, submit the payment, get confirmation from PB&J and approve the user access and information which takes up to (4) business days.

- What is considered a business day?

A business day is Monday-Friday 8am-4pm excluding holidays and or business closings.

- How much access do I have each day on the cameras?

Each user is allowed up to (5) 5 minute log ins per day. A user is solely meant for the person that requested and was approved to view the cameras. If you have a spouse or grandparent that would like to view, they will be considered a separate user and must pay a separate fee after they are approved.

- Why is unlimited viewing not available?

Our servers are equipped to handle multiple devices, cameras, security, computers and other equipment without crashing or slowing the internet speed. In order to keep everything running efficiently PB&J has set a limit in which our system can handle so that all users may view without being logged off or not connecting at all. Users appreciate being able to log in daily with no interruptions and within a timely matter.

- What if I make payment at 6:30 pm when I pick up my child on Tuesday, will I still get access for Monday morning?

No, because the office is closed at 4:00 pm and will not re-open until Wednesday at 8:00 am which misses the Tuesday deadline. Access may not begin until Tuesday or Wednesday the following week.

- If my child's classroom travels to the enrichment classrooms, may I also have access to those rooms as well?

Yes, you will also have access for those as well.

- What happens if I pay for (1) month of service but end up moving and needing to switch daycare facilities, do I get reimbursed for the weeks my child is not in care?

No, there are no reimbursements. We suggest that you pay 1 week to 1 month in advance at a time.

- How do I pay for cameras each week?

You will simply add in the weekly fee with your tuition or it may be separate but you will need to notate this on your child's payment envelope. Remember to notate which week you are paying for and keep in mind of the payment due date for access.

If you have any further questions, please see front office or you may email us at

[prestigeacademypreschool@gmail.com](mailto:prestigeacademypreschool@gmail.com)

## **Thank You!**

## Online Viewing Agreement

I understand that I have enrolled my child or children at **Prestige Academy Preschool, LLC** located at **2077 Atlanta Hwy SE Statham GA 30666**, also referred to herein as the “Child Care Center”. The Child Care Center has a program whereby webcams are in use and my children are under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with the Peanut Butter & Jelly, LLC website (also referred to herein as “PB&J”). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named above. I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member’s account activity associated with my child or children. Copyrighted work includes all web streaming and video/audio recordings. I understand that legal action can be taken against me by PB&J or Child Care Center for such copyright infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

*\*Please review online security features, privacy policy, and terms of service made available on pb&j TV’s website.*

Since my child/children is/are under the age of 18: I, \_\_\_\_\_, certify that I am the parent/legal guardian of the individual named above, I have read this release and agree to and approve of its terms.

Child(ren) Name(s): \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Bright from the Start: Georgia Department of Early Care and Learning**  
**Child Adult Care Food Program**  
**Income Eligibility Statement**

**PART I: Child(ren) or Adult enrolled to receive day care-**

Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDIPIR case number, Assistant Unit (AU), or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for <u>Adults</u> . Note: Do not use EBT numbers.	Head Start Participant	Foster Child
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART II A:		B. Gross income and how often it is received Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly				C. Check if NO Income
A. Name (List everyone in household, including foster and non-foster children)	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income		
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>	
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>	
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>	
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>	
5. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>	
6. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>	
7. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>	

**PART III: ENROLLMENT INFORMATION: Children Only**

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm] on the following days:

☐ Check here if only before/after school care is provided.

(Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:

(Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

**PART IV: Signature and Social Security Number (Adult must sign).**

An adult household member must sign this form. If Part II is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next page).

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. **This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care.***

Signature: **X** \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: GA Zip \_\_\_\_\_ Phone \_\_\_\_\_

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_ ☐ I do not have a Social Security Number

**PART V: Participant's ethnic and racial identities (optional)**

<b>Mark one ethnic identity:</b> <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Not Hispanic/ Latino	<b>Mark one or more racial identities:</b> <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

Total income: \_\_\_\_\_ Per: ☐ Week   ☐ Every 2 weeks   ☐ Twice a month   ☐ Month   ☐ Year   Household Size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date withdrawn \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_ Tier I \_\_\_\_\_ Tier II \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Prestige Academy

**Price Sheet (Effective January 4<sup>th</sup> 2021)**

**2077 Atlanta Highway Southeast**

**Statham, Georgia 30666**

**678-726-7187**

[www.prestigeacademypreschool.com](http://www.prestigeacademypreschool.com)

## **Full Time (Monday-Friday) 6:00 am-7:00 pm**

\*Children may not exceed a (12) hour school

4 weeks-18 months \$140

19 months-35 months \$135

3 year olds \$130/(not potty trained) \$135

4 year olds \$125

School age children (5 years and up) \$120

Before School \$35 (6:00am-8:00am)

After school \$45 (elementary-middle schools)

After school \$55 (not potty training)

Shadower Fee \$380

\*Rates are per week

## **Part Time (2 & 3 full day programs) 6:00 am-7:00 pm**

\*Children may not exceed a (12) hour school day\*

Monday, Wednesday & Friday \$85

Tuesday & Thursday \$60

Monday-Friday 8am-3pm \$100/week

## **Non-Regular Drop ins**

\*Children may not exceed a (12) hour school day\*

\$10 (1) hour

\$20 (2) hour

\$35 Full Day

\*Rates are per day

Unlimited Vacation/Absent Weeks \$60/week (emailed 2 week notice)

Registration/Enrollment Fee is per child and due annually by January 31<sup>st</sup>

Any child past **7:05pm** will be charged **\$9 per hour**. PB&J weekly camera fee is \$5 per week and must be paid by Tuesday of each week for viewing access of the following week.

\*There is an annual \$100 enrollment/registration fee per child due at time of sign up and each year thereafter due by January 31<sup>st</sup>. We offer FREE enrollment for officers and military. Credit/debit cards are accepted with a 10% transaction fee applied. Checks are accepted. There is a \$30 fee for checks that bounce, at which time checks will no longer be accepted. Money orders are not accepted at this time. Tuition is due the first day of service each week. A daily late fee of \$10 will be assessed to all accounts not paid in full. If your child is out a day or a week, tuition is not pro-rated or waived. If a child misses more than a week and tuition is not paid, services will cease and a new enrollment fee will be assessed if there is an opening available. Drop in care that goes over the 2 hour point will automatically be charged for the full day rate of \$35



# USDA Food Program Infant Affidavit

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According to USDA regulations, as an institution participating in the Child and Adult Care Food Program, *Prestige Academy Preschool, LLC* must offer to provide meals to all infants enrolled for care at Prestige Academy. Please check all that apply below:

\_\_\_\_\_ *Prestige Academy Preschool, LLC* will provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed below to my infant and I will provide clean, sanitized, and labeled bottles daily. Provided formula and cereal are: Simillac Organic with Iron and Earth's Best Organic Cereal.

\_\_\_\_\_ *Prestige Academy Preschool, LLC* will provide their fruit, vegetable, meat and or wheat.

\_\_\_\_\_ *Prestige Academy Preschool, LLC* will provide their snacks.

\_\_\_\_\_ I will provide \_\_\_\_\_ (Milk- based Iron-fortified formula/Breast Milk) on a daily basis with their name and date on the bottles.

\_\_\_\_\_ I will provide \_\_\_\_\_ (Iron-fortified cereal) on a daily basis.

\_\_\_\_\_ I will provide their fruit, vegetable, meat and or wheat daily.

\_\_\_\_\_ I will provide their snacks daily.

I would like for my child, \_\_\_\_\_ to follow the following meal plan while in care *at Prestige Academy Preschool, LLC*.

\_\_\_\_\_  
Director/Teacher Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and or a snack.

# INFANT FEEDING PLAN

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Child's full name

Date of birth

Does child take bottle? Yes ☐ No ☐

Is the bottle warmed? Yes ☐ No ☐

Does the child hold own bottle? Yes ☐ No ☐

Can the child feed self? Yes ☐ No ☐

Does the child eat: (Check all that apply)

Strained foods ☐

Baby foods ☐

Formula ☐

Whole milk ☐

Table foods ☐

Breast Milk ☐

What type of formula used?

Amount of formula/breast milk to be given?

Updated amounts of formula/breast milk:

Amount:                      Date:

Amount:                      Date:

Amount:                      Date:

Amount:                      Date:

Does the child take a pacifier? Yes ☐ No ☐

If yes, when?

Food likes:

Food dislikes:

Allergies? (Include any premixed formula):

Instructions for the introduction of solid foods:

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.

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**PARENTS' SIGNATURE:**

**DATE:**

# SIDS Guidelines

## Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed.
- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director has advised me of the safe sleep practices followed by the facility.

X \_\_\_\_\_  
Parent Signature Date

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