



Growing Gardens Learning Center, LLC
815 US Highway 27
Cataula, Ga 31804
762-524-3074(o) 762-524-7652(f)

CHILD'S INFORMATION:

Child's Name _____ Date of Birth _____

Male / Female _____

Allergies:

What should we do in case of allergic reaction?

Physician's Name _____ Address _____

Phone No. _____

Special Medical

Conditions/Needs _____

Current Prescription Meds (taken daily for chronic conditions)

(2nd) CHILD'S INFORMATION:

Child's Name _____ Date of Birth _____

Male / Female _____ Allergies

What should we do in case of allergic reaction?

_____ Physician's



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Name _____ Address _____

Phone No. _____ Special Medical _____

Conditions/Needs _____

Current Prescription Meds (taken daily for chronic conditions)

PARENT'S INFORMATION:

Mother's Name _____

Home Address _____ City/State _____
_____ Zip _____ Cell# _____

Work# _____ Email _____

Employer _____ Address _____

City _____ State _____ Address _____ City _____ State _____

Child's Home Address _____ City _____

Father's Name _____

Address _____ City/State _____ Zip _____

Home# _____



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Employer _____ Address _____

City _____ State _____ Address _____ City _____ State _____

Child's Home Address _____ City _____

State _____ ZIP _____

Who does child live with? _____ Who has custody? _____ May either parent pick up at will? _____

If parents are divorced or separated, we must have a copy of the legal document indicating custody/visitation arrangements.

The signature of the presiding judge must accompany the legal document. Authorized

Pick-Ups: (1) Name _____ Phone _____

Address _____

Relationship to child _____

Emergency Contact? Yes _____ No _____

2. Name; _____ Phone _____

Relationship to Child _____

Emergency Contact? Yes _____ No _____

3. Name: _____ Phone _____

Relationship to Child _____

Emergency Contact? Yes _____ No _____



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4. Name: _____ Phone _____

Relationship to Child _____

Emergency Contact? Yes _____ No _____

Parent Signature _____ Date _____

Medical/Educational History:

1. Has your child ever had any surgery? _____ What type? _____

When? _____ 2. Has your child ever had a serious accident? _____ If yes, please describe _____

3. Does your child have any vision problems? _____ Hearing problems? _____

4. Has your child ever been in-group care (child care center or home center)? _____ Please list reason for leaving group care: _____

5. Does your child have physical or emotional developmental needs of which we need to be aware of?

Please explain: _____
If yes, does your child have an IEP? _____ Please provide a copy upon enrollment.

6. Any behavioral characteristics of which we need to be aware?



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7. Are there any food restrictions for medical or religious reasons? _____ YES or NO
List _____

8. How does your child indicate toileting needs?

9. Does your child have or has he/she ever had any of the following? HIV/Aids _____ Diabetes
_____ Seizures _____ Hepatitis, Type _____ Attention Deficit Disorder _____ Persistent
vomiting or spitting up _____

10. Health Insurance: Company _____ Policy

11. Please share any additional information that would help better care for your child:

Child's Name _____

Permission for Emergency Medical Care I grant permission for the management of Growing Room Child Development Centers to obtain emergency medical care for my Child as follows:

1. Attempt to reach a parent or guardian, my Child's physician or the person(s) listed as Emergency Contact on this agreement.
2. If unable to reach any of the above persons, Growing Gardens staff may accompany and transport my Child by Growing Gardens vehicle or approved staff member's car to the Medical Center Emergency Room for medical care. An ambulance may be called if my child's medical condition warrants it. All expenses acquired for medical treatment are the parent(s) responsibilities. I will have read and signed the liability waiver.



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3. I give my permission for Growing Gardens staff to give written consent for medical care for my Child. This includes, but may not be limited to: examination by a physician, laboratory tests, x-rays, or other procedures ordered by a physician.

4. Expenses incurred for the above medical care and ambulance transportation is the sole responsibility of the parents or guardian.

Parent(s)/Guardian's Signature

Date

Immunization Requirements:

All children enrolled in our Schools must have a current Georgia Immunization Certificate on file in our Schools at all times.

Parents are given 30 days from the date of enrollment to provide their School's Front Desk Manager with the appropriate Immunization Certificate from the child's physician or the local health department.

Transportation Policies for Preschool Children Certain preschool classes will participate in field trips to various locations within our surrounding community.

I understand that I will receive and must sign a field trip permission form prior to the trip. It will include the time, date and location of the trip with fee information.

Please note: If a child is unable to follow basic safety instructions, the parent may be required to accompany the child on the field trip.

All children must comply with these rules for safety reasons. Parents of children who are disruptive on our buses will be called in for a Parent Conference. Safety is our Number One Concern!

Parent/Legal Guardian Signature

Date



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Transportation Release for School-Age Children I give my permission for my child,

_____ to be transported by the Growing Gardens buses as follows:

Before School Transportation: _____ From Growing Gardens at _____ a.m.
to: _____.(Name of School)

After School Transportation: From _____ located
at _____ (School Name) (School Address)

To Growing Gardens, 815 US Highway 27, Cataula GA 31804.

I have read and agree to discuss transportation rules listed in the Parent Handbook with my child.

All children must comply with these rules for safety reasons.

Parents of children who are disruptive on our buses will be called in for a Parent Conference.

Safety is our Number One Concern!

Parent/Legal Guardian Signature Parent Date