



# TY-LEXINE EARLY DEVELOPMENTAL CENTER

529 FLINT TRAIL  
JONESBORO, GA 30236

PHONE (770 -756-9949)

## REGISTRATION FORM SCHOOL YEAR

Date of Admission \_\_\_\_\_

Child's Full Name \_\_\_\_\_  
Last First Middle

Child's Home Address \_\_\_\_\_  
Street Address City State Zip Code

Child's Date Of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Child Resides With: \_\_\_\_\_

Mother's Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Mother's SS# \_\_\_\_\_ Drivers License# \_\_\_\_\_ State \_\_\_\_\_

Phone (H) # \_\_\_\_\_ (W) # \_\_\_\_\_ (C) # \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Father's SS# \_\_\_\_\_ Drivers License# \_\_\_\_\_ State \_\_\_\_\_

Phone (H) # \_\_\_\_\_ (W) # \_\_\_\_\_ (C) # \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## CHILD'S RELEASE AUTHORIZATION

*Your child will be release only to person(s) signing the agreement or to the following;*

Full Name	Telephone#	Relationship	Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			

## EMERGENCY CONTACT NUMBER

Name	Phone (H) #	Work #	Address
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\*AFTERSCHOOLERS (Only after schooler parents should fill this part)

Name of Public or Private school your child attend: \_\_\_\_\_



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**OPERATING HOURS**

TY-LEXINE EARLY DEVELOPMENTAL CENTER agrees to provide child care service  
for \_\_\_\_\_ (Name of child)  
for the maximum of 10 hours and 30 minutes each day.

**DAYS: MONDAYS thru FRIDAYS**  
**TIME: 5:30 A.M. To 5:30 A.M.**  
**MONTH: JANUARY thru DECEMBER**

**HOLIDAYS**

NEW YEAR'S DAY                      MARTIN LURTHUR KING JR DAY  
MEMORIAL DAY                      PRESIDENTS' DAY  
INDEPENDENCE DAY              LABOR DAY  
(HALF DAY BEFORE THANKSGIVINGS DAY)  
THANKSGIVING DAY and THE DAY AFTER THANKSGIVING DAY  
(HALF DAY CHRISTMAS EVE)  
CHRISTMAS DAY

**FEES**

<b>REGISTRATION FEES-----</b>	<b>\$65.00</b>
INFANTS (6 weeks old to 18 months) -----	\$175.00
WEEKLY TODDLERS (18 months to 24 months) -----	\$165.00 WEEKLY
TWO YEARS OLD-----	\$155.00 WEEKLY
THREE YEARS OLD-----	\$145.00 WEEKLY
FOUR & FIVE YEARS OLD-----	\$145.00 WEEKLY
BEFORE & AFTERSCHOOL-----	\$85.00 WEEKLY
AFTERSCHOOL-----	\$75.00 WEEKLY
SUMMER CAMP-----	\$145.00 WEEKLY
DROP IN-----	\$40.00 DAILY



# TY-LEXINE EARLY DEVELOPMENTAL CANTER

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CHILD'S INTERESTS (this will help us understand your child)

Please describe your eating habits (food likes and dislikes)

Describe your child traditions:

Does your child have any allergies?      Yes      No (*if yes please list allergies below*)

Does your child have any disability?      Yes      No (*if yes please state disability below*)

Describe your child's toilet and hygiene habits.

Describe your child nap time habits.

Describe the play activities that you like, both indoors and outdoors.

Does your child have any medical problems?

Is there any special information that is important to your childcare?



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**EMERGENCY MEDICAL TREATMENT CONSENT**

*(This form must be notarized)*

I hereby give TY-LEXINE EARLY DEVELOPMENTAL CENTER permission to provide first aid care for my child, \_\_\_\_\_. In the event I cannot be reached, I hereby authorize TY-LEXINE EARLY DEVELOPMENTAL CENTER to transport my child to the emergency room of the hospital(s) listed below, and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment with a physician deems necessary (including anesthesia). If I cannot specify any hospital(s) below, my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred.

Hospital \_\_\_\_\_ Hospital \_\_\_\_\_  
Nearest Hospital

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

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

State of

County of

The foregoing Consent was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By \_\_\_\_\_ and \_\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
***Notary Public***  
My Commission Expires:  
\_\_\_\_\_



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**MEDICAL CARE AND EMERGENCY CONTACT INFORMATION**

Describe past serious illnesses or hospitalization, with dates:

Medicines Taken by Child

Date of last Tetanus Injection

Describe all physical conditions or illnesses that could affect the child's participation in the program or the proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.)

Child's Name:

Birth Date:

Mother's Name:

Phone (Home)

Work

Cell

Father's Name:

Phone (Home)

Work

Cell

Alternate Emergency Contacts:

Phone

Phone

Child's Physician

Phone

Family Physician

Phone

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Known Allergies of Child (medicine, food, etc).

Health Insurance:

Company Policy Number



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## PARENTAL AGREEMENTS WITH TY-LEXINE EARLY DEVELOPMENTAL CENTER

1. TY-LEXINE EARLY DEVELOPMENTAL CENTER agrees to provide daycare for:  
from 5:30 am to 5:30 pm  
(Child's Name)  
my child will participate in the following meal plan (circle applicable meals) Breakfast, Lunch and snacks.
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, if any dosage; date and time of day medications are 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 TY-LEXINE with out being escorted by the parent(s), person authorized by parent(s), or the daycare personnel.
4. I acknowledge it in 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,
5. TY-LEXINE agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. TY-LEXINE agrees to obtain written authorization from me before my child participate in routine transportation, field trips, special activities away from the daycare, and water-related activities occurring in water that is more than (2) feet deep.
7. I acknowledge it is my responsibility to be up to date with the WEEKLY FEES that TY-LEXINE charges to avoid LATE PAYMENT.
8. I have received a copy and agree to abide by the policies and procedures of TY-LEXINE  
Sign (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
TY-EXINE EARLY DEVELOPMENTAL CENTER



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## POLICIES & PROCEDURES

**ADMISSION:** Enrollment of children is on first come, first served basis, depending on the space available. We do not discriminate on basis of sex, color, age, language, religion or national origin. All children are considered for admission. If our program cannot meet your child needs, we will recommend some other program.

**AGES:** This center accepts children from 6 weeks to 12 years.

**BIRTHDAYS:** We are happy to celebrate your child's birthday with you. If you would like to provide a snack, you can find out how many children are in your child class.

**BREAKFAST:** is served from 6:a.m. – 8:30 a.m. Children arriving at the center after 8:30 a.m. should be fed at home. NO BREAKFAST WILL BE SERVED AFTER 8:30AM.

**CLOTHING:** Children are encouraged to wear play clothes that are comfortable. Each child must have a clean, complete change of clothes at all times to be used in emergencies. In the event that your child has to wear clothing belonging to this facility, it is to be laundered and returned the following day.

**COMMUNICATION:** Ty-Lexine early developmental center is committed to open communication between parents and teacher. Any problem that occurs should immediately be brought to the attention of the director.

**DAILY ACRIVITIES:** Ty-lexine has developed age appropriate daily activities for all the children we serve, including active and quiet play. At this center we encourage children to initiate play (which brings out their creativity and thinking skill) and we help them with some directions. Our activities help to stimulate children large (gross) and small (fine) motor skills. We listen and talk to children to help build up their communication skills.

**DISCIPLINE:** We do not administer corporal punishment (padding or spanking); it is against state regulations and is not done at this center, even with written permission from parents. When a child hits on his or her fellow mate, the teacher will explain the wrong action that was done. If it continues the teacher will exercise time out to the child, but not more then four minutes.

**DOCTOR:** The center's Doctor is: Dr. Subramanian P Reddy MD  
Pediatrician  
253 Upper Riverdale Road, Suite A  
Riverdale, Ga. 30274

**DROP-OFF & PICK UP:** Only authorized persons designated on the child's enrollment application will be allowed to pick up your child. NO child will be allowed to enter or leave this center without being escorted by a parent or person of legal aged authorized by the parent(s).

**EMERGENCY INFROMATION:** It is important that we are able to reach the parents or the responsible parties at all times. Parents must notify us every time there is a change in home or work addresses and telephone numbers. We will make every effort to notify parents in case of emergency. (Illness, injury, etc)

**EMERGENCY PROCEDURES:** In case of a fire, severe weather, loss of electricity, loss of water, serious injury to a child, loss of child, death of child and cause of evacuation from the facility. We follow the required procedure by the regulations of the state. An emergency plan has been developed and posted for parents' viewing.

**ENERGENCY TREATMENT:** In case of accident or emergency, your child will be given first aid. We will contact you immediately. If necessary, 911 will be called and  
Your child will be transferred to the Southern Regional Medical Center.

11 Upper Riverdale Road  
Riverdale, GA 30274  
770 -991-8888





**FIELD TRIPS:** We take field trips in a form of learning about different aspects of our surrounding. Written permission is required from each parent and is obtain prior to the trip.

**FOOD:** Balanced, nutritious meals are served each day. Weekly menu are posted up.

We are required to serve meals in accordance with USDA nutritional standards; therefore students may not bring breakfast, lunch, or snacks from home except for special dietary or religious considerations. All babies on formula must have a complete and signed feeding plans form written with the of formula given, instructions for solid food, the amount of food given and notation of any commercial premixed formula which mat not be used in an emergency because of food allergies. Mix the child formula or food for feeding or refrigeration. All babies full name should be written on their bottles.

**INCOME ELIGIBILITY FORM :** Income eligibility must be filled out as a requirement upon registration.

**HEALTH:** Ty-lexine makes every possible way to protect the health and safety of your children. Parents will be notified of any contagious disease that is introduced into this center. Both parent and teacher should work together to prevent the spread of communicable diseases. Parent should keep children at home if the child has diarrhea, vomiting, inflamed eyes, fever of 101 degrees, runny nose with green mucous, chicken-pox and any other communicable disease. A child will not be allow to at this center if the child has the equivalent of 101 or higher or higher oral temperature and another contagious symptom, such as a rash, or diarrhea or sore throat.

**HOLIDAYS:** see holidays updates:

**IMMUNIZATIONS:** Georgia law requires that we have a file for each child and an immunization certificate (DHR form 3227) with the age and the expiration date, signed by a physician of local health department.

**LATE PAYMENT FEES:** All fees are payable in advance.

A \$10 per week late fees is charged to any account with an out standing on each Tuesday.

**MEDICATION:** Before medication is dispensed at Ty-lexine, parents are require to fill out a medication form indicating the child name, the name and prescription number of the medication, the time and dosage to be given. Medication must be in the original container with the child's name marked on it and the prescription number, if any. No medication will be given without the parent having completed this form. Children first and last name must be on each bottle of medication, including non-prescription drugs. Ty-lexine will not be responsible if your child develops allergic from the medication administered as requested by you. (Parent/Guardian). We will read and notice any adverse reactions to prescribed medication(s). During administering medication if we notice any adverse reactions, it will be recorded and parent will be informed. Do not leave medication in the book bags. If a child medication require mechanical operation which Ty-lexine does not have a trained staff to operate, we will not beheld responsible if your child develops allergic reaction from the medication administered as requested by parent/guardian.

**NAPTIME:** Each child in this facility will have the advantage of a mid-nap. At time they may not fall asleep, children are required to lie quietly on mattress without disturbing other children. If they do not fall at sleep shortly, they may play quietly or read a book. If your child has a special blanket, stuffed animal or a child sized pillow they can bring it for naptime. Please label the child's name on the item.

**PARENTS RESPONSIBILITY:** Parent should acknowledge that it is their responsibilities to keep the child's record current and to reflect any significant changes as they occur. E.g. Telephone numbers, change of address, emergency contacts, health status, immunization records and so on. All enrollment form must be filled out completely. Write N/A if the question does not apply to you.

**PAYMENTS:** Fees are due on Monday. We accept checks, money order and cash. There is a \$35.00 charge for any returned checks including those we are asked to redeposit. If your child is absent for any day of the week, you are to pay the full amount for that week. However if your child is absent for a week or more including spring break, you are to pay half of your weekly payment in order to retain your child registration status. This policy also applies to holidays and bad weather.



**TOYS FROM HOME:** Please do not allow your child to bring toys from home. Also there should be no candy, gum, and snack. Balloons, beads in hair are not allow, they could pose health and safety problems. Ty-lexine will not be responsible for toys brought from home. We have show and tell days, where children can bring toys from home.

**TRANSPORTATION:** There is transportation provided for pick up and drop off.

**VISITING:** Even though we ask that we would appreciate if do not disrupt program, parents are welcome to visit Ty-lexine at any time. Parents are permitted to access to all areas of this facility when your child is present. No parent should talk to a teacher with children for more then two minutes. When a parent needs to talk at length to us about a child, a conference should be scheduled.

**WITHDRAWALS:** A two-week written notice is required for withdrawal from Ty-lexine. Parents are require to pay for two weeks if withdrawn without notice.

I the undersigned hereby read understood and acknowledge these policies and procedures of **TY-LEXINE EARLY DEVELOPMENTAL CENTER.**

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Parent's Full Name

Parent's Signature

Date

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Director's Signature

Date



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AUTHORIZATION TO DISPENSE MEDICATION

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

Name of Medication or Prescription \_\_\_\_\_

Prescription

Time of Day Medication is to be given: \_\_\_\_\_ A.m. \_\_\_\_\_ A.m. \_\_\_\_\_ p.m. \_\_\_\_\_ P.m.

Physician's Name and Phone Number: \_\_\_\_\_

Amount (Dosage) of Medication to be given: \_\_\_\_\_

Dates to be given:

Date

(Parent/Guardian Signature)

FOR OFFICE USE

Date	Time given	Amount	Any adverse Reactions	Administered by
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

If noticeable adverse reaction to medication what action was taken? Describe