



## Aftercare Enrollment Agreement

It is my desire to enroll my child, \_\_\_\_\_, in Druid Hills Child Development Center, Inc. (DHCDC)

The Druid Hills Child Development Center, Inc. agrees to provide care for my child Monday through Friday from 2:30 pm to 6:00pm.

### General Permission

**1. Transportation:** I understand that my child will be transported from their designated school to DHCDC, by DHCDC staff, using the DHCDC minibus. DHCDC agrees to obtain specific authorization from me using the Transportation Form where I will indicate the days of the week I intend to have DHCDC offer this service.

In the event my child is not to be transported as outlined in the Transportation Agreement, I agree to notify DHCDC within 24 hours and immediately in the case of an emergency. Notification should happen via center telephone (404-875-5019) and email ([sgage@dhcdc.com](mailto:sgage@dhcdc.com) and [aftercare@dhcdc.com](mailto:aftercare@dhcdc.com)).

More than **two changes in one month** of transportation requirements will result in a request to change your Transportation Agreement and a \$25.00 penalty will be assessed.

To the extent transportation permission is granted, I hereby release and hold harmless DHCDC, including its employees, agents and assigns from any and all liability, claims, suits, causes of action, damages and remedies of any type arising out of or relating to such field trips, special activities and transportation to and from DHCDC.

**2.** I further understand that water play is part of the child development program and I permit my child's participation in this activity. DHCDC agrees to obtain authorization from me before my child participates in water-related activities occurring in water that is more than two feet deep.

**3.** I understand that any time the center does not agree to provide routine meals and/or snacks, as appropriate, for the children, I as the parent or guardian agree to provide the child with nutritious meals and snacks daily as appropriate. This would typically occur for the purpose of a sack lunch or snack during a field trip as the center currently provides breakfast, lunch and snack to all children enrolled at the center.

**4.** My child will not be allowed to enter or leave the facility without being escorted by the parent/guardian(s), persons authorized by parent/guardian(s) or facility personnel.

**5.** In order to release a child to anyone other than the child's parent or guardian, the parent or guardian must provide the contact information (full name, address, phone number) of the person coming to pick-up the child if the person has not already been identified on the Emergency Contact Form as an authorized pick-up option. The parent/guardian can provide this information in writing to the Director or Assistant Director via email or in person. The alternate person picking up must provide their photo ID to a member of the Leadership Team in order to compare the information with what has been provided by the parent/guardian.

**6.** I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, including, but not limited to telephone numbers, work location and address, emergency contact information, child's health status, infant feeding

plans, and immunization records.

7. DHCDC agrees to keep me informed of any incidences, including illness, injuries, adverse reactions to medications, etc. which include my child.

8. I understand the center 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.

#### Policies and Regulations

I have received a copy of terms under which child care is provided, and rules, and policies presently in force. I agree to abide by all policies and regulations adopted by DHCDC. The Parent Handbook can be viewed on the DHCDC website ([www.dhcdc.com](http://www.dhcdc.com)).

#### Medical Authorization

1. In the event that I cannot be reached at the time of illness or accident involving my child, or if the emergency is such that time does not permit contact, DHCDC is hereby authorized to contact the health providers listed below. If the provider I have named cannot be reached, permission is hereby granted to DHCDC and its employees to secure such medical attention and care for my child as may be necessary. In the event of an emergency, DHCDC will request transportation from emergency services for children to be taken to the closest emergency facility.

2. I understand that in the event of an emergency, DHCDC staff and employees may administer First Aid and CPR to my child as they are trained to do so. I understand that, in accordance with Georgia's Good Samaritan Law, O.C.G.A. § 51-1-29, et seq., neither DHCDC nor any employee who in good faith renders emergency care may be held liable for any act or omission by such person in rendering the emergency care.

3. I understand my child will not be admitted to DHCDC until a completed immunization certificate is on file and if my child appears ill he/she will not be admitted to DHCDC.

4. The Center reserves the right to refuse to administer medication for reasonable purposes and to adjust the policy as needed. If any side effect occurs when dispensing medication, the parent and doctor will be notified immediately.

#### Termination

I further understand that DHCDC reserves the right to terminate the care of my child.

#### Child Abuse Reporting:

I understand that all staff are obligated by state law to report any cases of suspected child abuse, neglect, and/or exploitation, to the proper authorities.

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Confidentiality:

I understand that information pertaining to the children enrolled at a center is considered confidential and may not be released by the center staff without first obtaining written permission signed by the parents or guardian except in the following situations: Relevant information relating to the children's family situations, medical status and behavioral characteristic on the children enrolled at the center at any time shall be shared by the center staff among caregivers on the center caregiver staff, with members of the department or with other persons authorized by these rules or the law to receive such information, or with other persons in an emergency situation involving the child. Information about children or guardians and family members will not be shared with any other children or families including contact information like email addresses and phone numbers.

I hereby release and hold harmless DHCDC, its agent and employees harmless from any and all claims, damages or other liabilities for injuries to my child, inflicted intentionally or unintentionally by another child.

I hereby agree to indemnify and hold harmless DHCDC for any and all liabilities for injuries or damage caused by my child which were not a result of negligence or misconduct by DHCDC, its agents or employees.

Financial:

I understand that all late tuition and pick up fees apply to the After Care program as out lined in the aforementioned Parent Handbook.

I understand that my tuition is due monthly and that my care will be terminated without payment.

I understand that once the deposit has been paid it will only be refunded in the form of a credit toward After Care and will not be credited toward other programs at DHCDC.

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Signature of Parent/Guardian

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Date