



Student Enrollment Paperwork

Welcome to JJ!



1. Fill out the enrollment packet below.
2. Review the parent handbook and sign below acknowledging your agreement.
3. After submitting your enrollment packet, please Download the Procure app to your smart device. You will receive an email invitation with a code to register your account. Each parent/guardian will have their OWN account. It is mandatory to have this app, as it is what we use for parent communications, billing, payments, and attendance.
4. For your first week: Please gather the following documents to turn in on first day for enrollment:
 - Immunization Record: Form 3231
5. After enrolling in Procure, log in to your account to setup your billing preferences.
6. Your child's registration fee and first week's tuition are due by Tuesday on their first week.

Parent Handbook Acknowledgement

****Please sign this acknowledgement prior to enrollment.***

The handbook may be updated from time-to-time, and notice will be provided as updates are completed. Thank you for your cooperation, and we look forward to getting to know you and your family.

I have received the Joyful Journeys Parent Handbook. It is my responsibility to understand and familiarize myself with the Parent Handbook and to ask center management any questions. I may have regarding any policy, procedure or information contained in the handbook. My signature below states I have read, understand, and agree with the policies and procedures of Joyful Journeys CEC.

Recipient Signature:

Date:

X

Signature:

Center Staff Signature:

Date:

X

Signature:



Child Information:

First Name:	Last Name:
D.O.B.(MM/DD/YR)	Middle Name/Initial:
Home Address:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
City:	State:
Zip:	County:

Parent/Guardian Information:

Parent One First Name:	Parent One Last Name:
Email Address:	(If different from child) Home Address:
City:	State:
Zip:	County:
Cell Phone:	Work Phone:
Place of Employment:	Does Child Live with you? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer Address:	City:
State:	Zip:
Parent Two First Name:	Parent Two Last Name:
Email Address:	(If different from child) Home Address:
City:	State:
Zip:	County:
Cell Phone:	Work Phone:
Place of Employment:	Does Child Live with you? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer Address:	City:
State:	Zip:



Emergency contacts and persons authorized to pick up:

At least one emergency contact is mandatory.

These are the **only** individuals that will be allowed to pick up your child from the center outside of the guardians previously listed. The persons listed below are also the individuals we would contact if a parent/guardian could not be reached. All listed individuals must be 18 years or older.

A written notice is required to add or remove someone from this list.

First Name:	Last Name:
Cell Phone:	Work Phone:
Address:	City:
State:	Zip:
Relation to child:	

First Name:	Last Name:
Cell Phone:	Work Phone:
Address:	City:
State:	Zip:
Relation to child:	

First Name:	Last Name:
Cell Phone:	Work Phone:
Address:	City:
State:	Zip:
Relation to child:	

First Name:	Last Name:
Cell Phone:	Work Phone:
Address:	City:
State:	Zip:
Relation to child:	

First Name:	Last Name:
Cell Phone:	Work Phone:
Address:	City:
State:	Zip:
Relation to child:	



Physician Information:

Child's Physician/Physician's Office:	Phone Number:
Address:	City:
State:	Zip:
I allow Joyful Journeys to obtain emergency medical care for my child. This is provided by Piedmont Columbus Regional at 700 Center Street, Columbus, GA. 31909.	<div style="text-align: center;"> _____ Parent Signature</div>

Health Information + Allergies:

Please list all drug and food allergies:

Disorders/special procedures:

Please list any physical, mental, or health disorders, or developmental disabilities which would limit your child's participation in our program and activities. Or any special procedures that need to be followed:

Medications:

Please list all prescription medications that your child takes on a routine basis: Please note that any medications given at the center must have a completed medication form filled out by the parent.



Photograph Release:

IN HOUSE PHOTOGRAPHS:

I grant permission for Joyful Journeys to photograph my child (Please print name of child) _____ for the purpose of news releases and center use without restrictions and limitations. The undersigned hereby releases, acquits, forgives and discharges Joyful Journeys CEC from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings and suits, whether arising in equity or in law regarding such participation and appearance by said child

PRIVATE PARENT FACEBOOK PHOTOGRAPHS: I grant permission for Joyful Journeys to photograph my child (Please print name of child) _____ for the purpose of sharing to the Joyful Journeys private Facebook group. The undersigned hereby releases, acquits, forgives and discharges Joyful Journeys CEC from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings and suits, whether arising in equity or in law regarding such participation and appearance by said child.

To Join our private, parent's Facebook group please visit our Facebook page and click the Visit/Join Group button. You will be required to submit a member request and answer security questions before being approved to join this group. We will strictly enforce that only current parents join this group to maintain our student's privacy.

X

Parent Signature

Date: _

Parent agreements: (initial by each)

- ____ I agree to pay each week's tuition by Tuesday at 6:00pm.
- ____ I am aware that I will be charged a fee for payments received after 6pm on Tuesdays and 6pm on Fridays.
- ____ I am aware that I will be charged a fee for late pickups in the amount of \$5 per minute after close of business.
- ____ I am aware that I will be charged a fee of \$40 for any checks returned for insufficient funds or a \$9 fee for any returned checks that are required.
- ____ I agree to fill out a medication form completely for Joyful Journeys to dispense medication to my child.
- ____ I am aware that Joyful Journeys provides breakfast, lunch and a 2pm snack to all children.
- ____ I will provide Joyful Journeys with a form 3231, Georgia immunization record within one week of enrollment. If not received after one week enrollment, your childcare services will be terminated.
- ____ I agree to escort my child in and out of Joyful Journeys. I understand that my child(ren) may not enter or exit the building without adult supervision.
- ____ I am responsible for keeping JJ advised of any/all changes in the information I have provided.
- ____ I agree to inform JJ of any information that has changed on my child's enrollment form monthly.
- ____ I allow the exterior posting (for all to view) of any allergies my child may have.
- ____ I have received the JJ policy and procedure handbook and my signature below acknowledges that I have fully read, understand, and accept the terms of Joyful Journeys Child Enrichment Center.

Parent Signature:

Date:

Authorization to Dispense External Preparations

591-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medication will include, when applicable, date; full name of 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 Joyful Journeys CEC INC., 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.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A&D, Destin and Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/ Guardian Signature

Date

INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a 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 [] Whole Milk []
Baby Foods [] Table Food []
Formula [] Other []

What type formula used, if applicable? _____

Amount and time of formula/breast milk to be given? _____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [] No [] If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [] No [] Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady? Yes [] No []
Opens mouth/leans forward in anticipation of food offered? Yes [] No []
Closes lips around a spoon? Yes [] No []
Transfers food from front of the tongue to the back and swallows? Yes [] No []

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

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

PARENT'S SIGNATURE: _____ **Date:** _____

Safe Sleep Practices Policy

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

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. This facility will adhere to the following practice:

- 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 or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____



WELCOME TO JOYFUL JOURNEYS!



WHAT TO BRING FOR YOUR FIRST DAY IN THE INFANT ROOM @ JJ:

- PRE-MADE BOTTLES, LABELED WITH CHILD'S NAME AND DATE
- DIAPERS (A SLEEVE, A PACK OR A BOX, PLEASE!)
- 3 PACKS OF WIPES (PER MONTH)
- DIAPER CREAM (LABEL W/ CHILD'S NAME)
- SEVERAL CHANGES OF CLOTHES
- A PACIFIER
- A FAMILY PHOTO

WE CAN'T WAIT TO
SEE YOU!

