

## **TLC for Kids Before and After School Care**

Registration is \$75.00 annually and is non-refundable

Tuition is \$65.00 Weekly for Before and After Care

\*Ask about a sibling discount

**TUITION IS DUE EVERY WEEK GWINNETT COUNTY SCHOOLS ARE OPEN  
EVEN IF YOUR CHILD DOES NOT ATTEND.**

**IF GWINNETT COUNTY SCHOOLS ARE NOT OPEN A FULL 5 DAY WEEK,  
YOUR STUDENT'S STATEMENT WILL REFLECT THE CHANGE.**

**Payment Schedule:** Whether tuition fees are paid monthly or weekly, payment is due on the Friday prior to TLC 4 Kid's services. An exception to this rule would be when school is closed due to a holiday, it will be due on the first day back to school.

**Additional Fee for FULL-DAY CARE is \$30.**

If we have enough requests on a day where Gwinnett County Public Schools are closed, we will consider opening our doors. If we do so, the cost is \$30 a day with no sibling discounts. Because staffing is based on sign-ups, parents who sign up for a full day and do not show up, are required to pay for that service.

**Late Pick-up fee:** \$1.00 per minute for arrivals after 6:30 p.m. Only (1) warning will be given. This will be strictly enforced!

**TLC 4 Kids  
Registration Checklist**

Office 678 344-3575  
Communityschools@tlc-lilburn.org

School Year \_\_\_\_\_

Name of child \_\_\_\_\_

\_\_\_ TLC 4 Kids Enrollment Form

\_\_\_ Verification of Day Care Enrollment Form

\_\_\_ Transportation Parent Authorization Bus Form

\_\_\_ Homework Form

\_\_\_ Current Vaccination Form 3231

\_\_\_ Allergy Form if applicable

\_\_\_ Asthma Form if applicable

\_\_\_ Contract (Director will provide this at time of registration.)

**OFFICE USE ONLY**

Tuition \_\_\_\_\_ Registration Fee \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

**B**

**A**

**B/A**

**TLC 4 Kids**  
**ENROLLMENT FORM**  
**School Year \_\_\_\_\_**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary Email \_\_\_\_\_

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

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

Mother's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

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

Mother's Email Address \_\_\_\_\_

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

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

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

Father's Email Address \_\_\_\_\_

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

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**Permissions: (circle one)**

- I give TLC 4 Kids permission to apply bug spray/sunscreen to my child. YES / NO
- I give TLC 4 Kids permission to photograph my child during school events and use those pictures on our church social media sites. YES / NO
- I give TLC 4 Kids permission to show Disney PG movies (ex: Bolt, Finding Dory, Coco) YES/ NO

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Parent/Guardian Signature

Date

## Emergency Medical Authorization

In the event neither parent or guardian can be reached, and medical treatment is indicated, TLC 4 Kids has my permission to authorize medical treatment for my child, \_\_\_\_\_ . TLC 4 Kids uses Emory Eastside Medical Center for emergency treatment.

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

\_\_\_\_\_  
Date

### Child may be released to the person(s) signing this agreement or to the following:

\* Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

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

Other identifying information (if any) \_\_\_\_\_

\* Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

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

Other identifying information (if any) \_\_\_\_\_

### Persons to contact in case of emergency when parent/guardian can't be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Doctor/clinic phone number \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# GWINNETT COUNTY PUBLIC SCHOOLS VERIFICATION OF DAY CARE ENROLLMENT School Year \_\_\_\_\_

NOTE: This form is required for GCPS students being transported to a day care facility by a GCPS bus.

Student: \_\_\_\_\_  
(Child's Full LEGAL Name)

School: \_\_\_\_\_  
(GCPS School)

Day Care Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Day Care Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My child will be attending day care: **Monday Tuesday Wednesday Thursday Friday**  
(Circle days attending)

Starting on: \_\_\_\_\_ in the  AM only,  PM only or  AM & PM  
(Date)

\* Parent please note daycare requirement below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Relation to Child

**DAYCARE USE ONLY:**

Before the student can be transported on the GCPS bus to your facility, the school must receive a copy of this Verification of Day Care Enrollment that must include the parent signature, the start date and day care director or designee signature.

\_\_\_\_\_  
Day Care Facility Director/Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Care Facility Director/Designee Printed Name

\_\_\_\_\_  
Position

My signature verifies that the above student information is correct and the student attends this day care facility.

\* DAYCARE DIRECTOR PLEASE NOTE: A daycare employee must accompany students to the bus stop in the morning and be at the stop at least 5 minutes before the bus is scheduled to arrive. In the event that the students are not at the stop ready for pick up in the morning GCPS transportation will not send a bus back to your center. In the PM, there must be a daycare employee at the bus stop to receive the students. In the event that there is no daycare employee waiting at the stop to receive the students, they will be returned to school. Failure to comply with these guidelines may result in termination of GCPS transportation to your facility.



# TRANSPORTATION PARENT AUTHORIZATION (Regular Ed Only)

Student Name: \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Apt/Bldg#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Students eligible to ride the GCPS bus are allowed one (1) address for morning service, one (1) address for afternoon service, and must have a transportation tag on their book bag at all times indicating their pm permanent form of transportation.

## PARENT/GUARDIAN STATEMENT

At the end of each school day, \_\_\_\_\_ has authorization to dismiss my child to:

Check the box next to one of the five (5) cards (transportation tag) below. Any change of transportation mode requires a new Parent Authorization Form.

SCHOOL USE ONLY (optional)

STUDENT NAME # \_\_\_\_\_ STU ID: \_\_\_\_\_

BUS TAG CREATED \_\_\_\_\_ ENTERED IN Synerov \_\_\_\_\_

GCPS BUS # AM \_\_\_\_\_ PM \_\_\_\_\_ PERMIT CODE \_\_\_\_\_

DAY CARE VAN \_\_\_\_\_ V. LTR \_\_\_\_\_  
Check if Attached

WALKER \_\_\_\_\_  CAR RIDER # \_\_\_\_\_  
Principal Initial

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Alternate Approval by Transportation is:

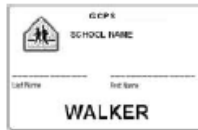
Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Transportation Supervisor/Designee Signature \_\_\_\_\_

Students with NO Parent Authorization Form on file with the school will be transported on GCPS bus to their assigned bus stop for their home address.



OR



OR



AM  PM  BOTH

AM  PM  BOTH

AM  PM  BOTH

KINDERGARTENERS - GCPS BUS TO HOME ADDRESS - GREEN  
1st - 5th GRADES - GCPS BUS TO HOME ADDRESS - YELLOW

WALKER - WHITE

CAR RIDER - BLUE

\*Day care enrollment verification letter required and must be attached to Parent Authorization form before service begins. Alternates must be 5 days a week.



OR



AM  PM  BOTH

AM  PM  BOTH

\*GCPS BUS TO DAY CARE - YELLOW \*DAY CARE VAN - ORANGE

AM ALTERNATE ADDRESS:

\_\_\_\_\_  
(Street Address) (Apt #) (City) (Zip Code)

PM ALTERNATE ADDRESS:

\_\_\_\_\_  
(Street Address) (Apt #) (City) (Zip Code)

\*Name of daycare facility/sitter: \_\_\_\_\_

\*Daycare Phone: \_\_\_\_\_

DATE TO BEGIN:

- This information is required and daycare enrollment will be verified. The Alternate Bus Stop goes into effect after this request has been approved by your Transportation Supervisor and entered into Synergy. This process could take up to 10 business days.

By signing below I agree to the following: I have read and understand the guidelines on the back of this sheet. The safety of my child while walking to, from, and waiting at the bus stop is my responsibility. The above information I have provided is correct, and I am the Parent/legal guardian of the child listed above. Signature is required to process this request.

Parent/Guardian Name (print): \_\_\_\_\_

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

Date \_\_\_\_\_

# GUIDELINES

**The safety of your children while walking to, from, and while waiting at the bus stop is the parent's responsibility.**

**Student Bus Stop Assignment:**

- ⇒ Students are assigned to the stop closest to their home address
- ⇒ Change of bus stop for personal preferences such as, but not limited to, to get on/off the bus sooner/later or being with other friends in the neighborhood are NOT allowed

**Transportation Tags:**

- ⇒ The address that your child uses three or more days during the week is the address that is applied to the transportation tag
- ⇒ Do not remove tag – Only the school may remove or attach a new transportation tag to your child's book bag
- ⇒ Only one tag issued per child
- ⇒ The school must be notified in writing to request a transportation change for your child different from the original agreement made at time of enrollment

**Official Bus Pass:**

- ⇒ Will not be issued for play dates, birthdays, Girl/Boy Scouts, weekend sleepovers or any other reason except for an emergency as determined by a school official
- ⇒ Are valid for up to 10 consecutive school days and cannot be Xerox copies

**Emergency situations:** To obtain a temporary bus pass the parent must notify the school in person and/or in writing with the following information:

- ⇒ Parent and student name, contact phone number and address of student your child is going home with
- ⇒ Parent (requesting emergency transportation) contact phone number for verification
- ⇒ Day of week and date(s) that you are requesting a bus pass not to exceed 10 consecutive school days
- ⇒ Parent signature and date

**Permissive Transfers:**

- ⇒ Transportation for students on permissive transfer is the responsibility of the parent /guardian
- ⇒ For additional information see the GCPS website at [www.gwinnett.k12.ga.us](http://www.gwinnett.k12.ga.us)

**Car Rider:**

- ⇒ Must obtain official bus pass (valid for up to 10 consecutive school days) from the school main office to ride the GCPS bus home or designated emergency address

**Walker:**

- ⇒ Must be approved by the school Principal
- ⇒ Must obtain official bus pass (valid for up to 10 consecutive school days) from the school main office to ride the GCPS bus to home or designated emergency address

**GCPS School Bus to daycare facility 5 days a week – Address other than the home address requires:**

- ⇒ Students being transported to a day care facility by a GCPS bus must provide the school with a copy of the daycare enrollment verification letter
- ⇒ School approval and/or transportation supervisor's approval and signature prior to start date of service
- ⇒ Student meets eligibility within the school's assigned attendance zone
- ⇒ For reasons other than daycare; Transportation supervisor approval, and must be the same for all 5 days of the week

**Service address MUST be:**

- ⇒ The same for all 5 days
- ⇒ Within the school's assigned attendance zone or the daycare facility/sitter provides all transportation
- ⇒ An approved and/or current GCPS bus stop and in compliance with GCPS Transportation "safe stop" guidelines

**This form is to be completed for every elementary child with each transportation change.**

# TLC 4 KIDS Homework Form

Please check all that apply.

In so far as is possible, I/we prefer that \_\_\_\_\_ do his/her homework:

\_\_\_\_\_ at home.

\_\_\_\_\_ at **TLC for Kids** everyday.

\_\_\_\_\_ at **TLC for Kids** only on days when we have sports, etc. We will get the staff a schedule when we have one.

I/we prefer that the child complete the following amount of homework:

\_\_\_\_\_ strive to complete 100% of homework.

\_\_\_\_\_ be released from homework after a diligent effort of \_\_\_\_\_ minutes.

\_\_\_\_\_ be released from homework after completing \_\_\_\_\_% of the total assignment.

\_\_\_\_\_ complete the following subjects: \_\_\_\_\_

I/we prefer that the following types of homework be left for working with the parents:

\_\_\_\_\_ generally, any type may be done at **TLC for Kids**

\_\_\_\_\_ exclude studying for tests, quizzes

\_\_\_\_\_ exclude spelling practice

\_\_\_\_\_ exclude reading out loud

\_\_\_\_\_ exclude independent reading

\_\_\_\_\_ exclude \_\_\_\_\_

When the TLC for Kids staff checks homework, I/we prefer that they check for:

\_\_\_\_\_ Completion only



# Allergy Action Plan Form

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

## Allergy (check applicable)

- Foods (list) \_\_\_\_\_
- Medications (list) \_\_\_\_\_
- Stinging Insects (list) \_\_\_\_\_
- Latex

## If these symptoms: (to be determined by physician authorizing treatment)

- |  |                                      |  |
|--|--------------------------------------|--|
| • If food is ingested but no symptoms                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth: Itching, tingling, swelling of the lips or tongue | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin: Hives, itchy rash, swelling of face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • GI: Nausea, abdominal cramps, vomiting, diarrhea         | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Tightening of throat, hoarseness, hacking cough          | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Shortness of breath, repetitive coughing, wheezing       | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Thready pulse, fainting, pale, blueness                  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Other _____  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Several of the above areas affected                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

**Antihistamine: give** \_\_\_\_\_

**Medication/dose/frequency**

**Epinephrine: inject intramuscularly (circle all that apply)** EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg

(If Epinephrine is administered during a reaction, CALL 911. State that an allergic reaction has been treated and additional Epinephrine may be needed. Send used Epinephrine device with student to the Emergency Room.)

**Other:** \_\_\_\_\_

## Parent or Guardian Information (Please Print)

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide necessary supplies including EpiPen and Antihistamine. Parent agrees to notify TLC Community Schools of any changes in the student's health status. Parent agrees to allow TLC Community Schools to act upon these instructions.

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

# Asthma Action Plan Form

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency action is necessary when the child has symptoms such as \_\_\_\_\_

## Step 1.

### Emergency Asthma Medication:

Name	Amount	When to use

## Step 2.

### Seek emergency medical care if the child has any one of the following:

- No improvement minutes after initial treatment with medication
- Struggling to take a breath
- Chest and neck pulled in with breathing
- Child having trouble walking or talking
- Lips or fingernails are gray or blue

Special Instructions \_\_\_\_\_

### Parent Information: (Please print)

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide medication(s) needed to treat asthma symptoms. Parent agrees to notify TLC Community Schools of any changes in the child's medical status. Upon signing this form, parent agrees to allow TLC Community Schools to treat child for asthma symptoms or to call 911 if asthma symptoms do not improve.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_