KIP LA
KEEPING IT POSITIVE LEARNING ACADEMY
Teach • Train • Motivate • Love

A Positive Start Shapes Everything That Follows.

KIPLA #1 · AUSTELL
1920 Veterans Memorial Hwy SW · Austell, GA 30168 · 770-672-7800
KIPLA #2 · LITHIA SPRINGS
2548 Vulcan Drive · Lithia Springs, GA 30122 · 678-483-5160
www.kiplakidz.com

STANDARD ENROLLMENT APPLICATION

1. SCHOLAR INFORMATION

Scholar's Full Legal Name: _____ Date of Birth: _____

Preferred Name / Nickname: _____ Start Date: _____

Gender: ☐ Male ☐ Female ☐ Other Classroom / Program: _____

Campus / Location: ☐ KIPLA #1 — Austell ☐ KIPLA #2 — Lithia Springs

Scheduled Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Arrival: _____ Departure: _____

2. STUDENT ADDRESS

Street Address: _____

Apt/Suite: _____ City: _____ State: _____ ZIP: _____

3. ADDITIONAL INFORMATION

Currently enrolled in another childcare or Pre-K program? ☐ Yes ☐ No Where? _____

How did you hear about KIPLA? ☐ Family/Friend ☐ Social Media ☐ Website ☐ Referral

Other: _____

Receiving special services (speech, OT, behavioral support, etc.)? ☐ Yes ☐ No

FOR OFFICE USE ONLY

Application Received: _____ Start Date Confirmed: _____

Classroom Assigned: _____ Approved By: _____

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4. PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

Name: _____

Relationship: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

Employer Address: _____

PARENT / GUARDIAN 2

Name: _____

Relationship: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

Employer Address: _____

5. CUSTODY & AUTHORIZED PICK-UP

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Legal guardian(s): ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Custody restrictions/orders KIPLA should know about? ☐ Yes ☐ No

Pick-Up #1 Name: _____ Relationship: _____ Phone: _____

Pick-Up #2 Name: _____ Relationship: _____ Phone: _____

Pick-Up #3 Name: _____ Relationship: _____ Phone: _____

Authorized pick-up persons must be 18+ and may be required to present valid photo identification.

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6. EMERGENCY CONTACTS

Emergency Contact #1: _____ Relationship: _____ Phone: _____

Emergency Contact #2: _____ Relationship: _____ Phone: _____

Emergency Contact #3: _____ Relationship: _____ Phone: _____

School Child Attends (if applicable): _____

7. MEDICAL & HEALTH INFORMATION

Doctor / Clinic: _____ Phone: _____

Hospital Preference: _____

Special Needs / Diagnoses: _____

Allergies / Health Concerns: _____

Long-Term Medications: _____

Immunizations current? ☐ Yes ☐ No

8. EMERGENCY MEDICAL AUTHORIZATION

If my child suffers an injury or illness while in KIPLA's care and I cannot be reached, I authorize KIPLA to secure emergency medical attention and care as necessary. I understand that I am responsible for charges not otherwise covered.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

KIPLA Management/Administrator: _____ Date: _____

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PARENT / GUARDIAN AGREEMENT

1. MEAL PARTICIPATION

My child will participate in the meals applicable to the program and schedule selected.

Initials: ☐

2. MEDICATION AUTHORIZATION

I will provide written authorization and properly labeled medication before medication is dispensed.

Initials: ☐

3. ARRIVAL, DEPARTURE & AUTHORIZED PICK-UP

My child will enter and leave KIPLA only with an authorized adult or KIPLA staff member as applicable.

Initials: ☐

4. PARENT/GUARDIAN RESPONSIBILITY

I will keep contact, emergency, health, feeding-plan and immunization information current.

Initials: ☐

5. ACTIVITIES & TRANSPORTATION

I understand additional written authorization may be required for transportation, field trips and special activities.

Initials: ☐

6. FAMILY PARTNERSHIP

I understand KIPLA will communicate regarding my child's progress and needs and encourages family participation.

Initials: ☐

7. POLICIES & PROCEDURES

I acknowledge receipt of KIPLA policies and procedures and agree to follow applicable academy policies.

Initials: ☐

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TUITION & FINANCIAL AGREEMENT

TUITION INFORMATION

Weekly Tuition Amount: $ _____ Effective Date: _____

Registration Fee: $ _____ Other Recurring Fee: $ _____

Payment Frequency: WEEKLY Parent/Guardian Initials: _____

PAYMENT TERMS

- Invoices are issued Friday.
- Payment is due Monday.
- A $45 late fee is applied Tuesday when payment is late.
- If payment is not received by the end of Monday, the scholar must be picked up and may not return Tuesday until the account is current.
- Returned payments may incur applicable fees under current KIPLA policy.
- I acknowledge the weekly tuition amount written above as the agreed tuition for this enrollment, subject to future written updates.

CACFP ENROLLMENT STATEMENT

Child's Name: _____ Age: _____

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Hours — From: _____ To: _____

Meals: ☐ Breakfast ☐ Lunch ☐ PM Snack ☐ Dinner

Parent/Guardian Signature: _____ Date: _____

KIPLA MANAGEMENT ACKNOWLEDGMENT

KIPLA Management/Administrator Signature: _____ Date: _____

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PERMISSIONS & RELEASE AUTHORIZATION

1. EDUCATIONAL / PROGRAM RECORDS

I authorize KIPLA to provide necessary enrollment/program information to authorized agencies when required or permitted by law. ☐ YES ☐ NO

2. PHOTO, VIDEO & AUDIO — INTERNAL USE

I authorize internal educational use, including classroom documentation and secure family communication. ☐ YES ☐ NO

3. PHOTO, VIDEO & AUDIO — PUBLIC / PROMOTIONAL USE

I authorize use on KIPLA's website, official social media, brochures, newsletters, advertising and promotional materials. ☐ YES ☐ NO

4. DECAL / AUTHORIZED AGENCY MEDIA

I authorize DECAL or other authorized agencies/partners to record my child in connection with applicable program activities. ☐ YES ☐ NO

5. NO PUBLIC MEDIA OPTION

☐ I do not authorize my child's image, video, audio, likeness, or identifying information for public promotional use.

FINAL AGREEMENT & SIGNATURE

I certify that the information provided in this enrollment application is true and correct. I acknowledge the KIPLA policies, agreements and authorizations selected in this packet.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

KIPLA Management/Administrator Printed Name: _____

KIPLA Management/Administrator Signature: _____ Date: _____