

PURPOSE POINT LEARNING ACADEMY



4801 HWY 58, CHATTANOOGA, TN 37416

NOTE: \$50 Registration fee MUST accompany this application along with health and immunization records. Please give complete information.

WELCOME TO OUR CENTER

Enrollment Date _____

CHILD'S INFORMATION

Child's full name _____ Age _____

Child's birthdate _____ Child's Address _____

Telephone _____ Email Address _____

THIS STATEMENT IS FOR SCHOOL AGE CHILDREN ONLY:
MY CHILD ATTENDS _____ AND SHOT RECORD IS
LOCATED AT HIS/HER SCHOOL.

Parent Signature _____ Date _____

Child's Special
Needs/Likes/Dislikes _____

FAMILY INFORMATION

Mother's Name _____

Address _____ Zip Code _____

Telephone # _____ Cell # _____ Work # _____

Employer _____ Address _____

Father's Name _____

Address _____ Zip Code _____

Telephone # _____ Cell # _____ Work # _____

Employer _____ Address _____

Other Household Members _____

Authorized released Adults:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

PARENT

SIGNATURE _____ DATE _____

**The Total Fees is \$ _____. Fees are due every week/biweekly.
Payments for childcare are due every Friday or Monday before**

services are rendered. Form of payments accepted: Cash, Money Order, Check, or DHS Certificate.

PURPOSE LEARNING ACADEMY WILL MAKE EVERY EFFORT TO KEEP EACH FAMILY INFORMED OF ALL ACTIVITIES. THEREFORE, WE WILL HAVE "PARENT MEETINGS." WE WILL MAKE SURE THAT YOU ARE INFORMED AT LEAST A WEEK IN ADVANCE OF A PARENT MEETING. THANK YOU FOR TRUSTING US WITH YOUR MOST PRECIOUS GIFT.

PPLA ANNUAL CHILD HEALTH HISTORY/ASSESSMENT

Child's Name _____ Date of Birth _____

Please check all that apply and list any health information needed to care for your child.

Pregnancy and Birth

- | | | |
|-----|----|---|
| Yes | No | 1.) Were there any problems with pregnancy or your child's birth? |
| Yes | No | 2.) Was his/her birth weight under 5 ½ pounds? |
| Yes | No | 3.) Did the baby have any problems in the hospital? |

Medical Problems

- | | | |
|-----|----|---|
| Yes | No | 4.) Has your child ever been in the hospital overnight? |
| Yes | No | 5.) Is your child taking any medicine? If yes, what _____ |
| Yes | No | 6.) Any allergies or reactions to medicine, DTP or other shots, or insects? |
| Yes | No | 7.) Has your child had asthma or wheezing? |
| Yes | No | 8.) Does your child have speech or hearing problems? |
| Yes | No | 9.) Has your child had more than two ear infections in a year? |
| Yes | No | 10) Has your child had tonsillitis? |
| Yes | No | 11) Does your child have trouble with his/her eyes or seeing? |
| Yes | No | 12) Has your child had a bladder or kidney infection? |
| Yes | No | 13) Does he/she have burning when urinating? |
| Yes | No | 14) Does he/she have seizures, fits or shaking spells? |
| Yes | No | 15) Have you ever been told your child has a heart murmur? |
| Yes | No | 16) Is your child able to play as hard as other children? |
| Yes | No | 17) Has your child ever had a bumpy, swollen reaction to the TB skin test? |
| Yes | No | 18) Has your child ever been with anyone having TB? |
| Yes | No | 19) Has your child ever had worms? |
| Yes | No | 20) Does your child scratch his/her genitals? |
| Yes | No | Is his/her bottom or genitals red or sore? |
| Yes | No | 21) Is your child a hemophiliac (free bleeder)? |
| Yes | No | 22) Is your child on a heart monitor? |
| Yes | No | 23) Does your child have tubes in his/her ears? |

General Development

- Yes No 24) Is your child in a special education program in school?
Yes No 25) Does your child get along with other children?
Yes No 26) Is he/she usually happy?
Yes No 27) Does your child have any special problems not indicated above?
Yes No 28) When did your child last see a doctor? _____

Any known allergies/sensitivities to: No Yes If yes, please list

▪ Medications	_____
▪ Foods	_____
▪ Others	_____

Any chronic illness	No	Yes	Any Disabilities:	No	Yes
Or medical conditions:			Hearing Impairment		
Asthma			Visual Impairment		
Diabetes			Developmental Delay		
Seizures			Physical Impairment		
Heart Problems			Emotional Problems		
Other _____			Other _____		

Please have physician documentation on any illness or disabilities.

Parent Signature _____ Date _____

PPLA PERMISSION FOR HEALTHCARE

PURPOSE POINT LEARNING ACADEMY HAS PERMISSION TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD. I WILL BE RESPONSIBLE FOR ANY AND ALL CHARGES ABOVE INSURANCE BENEFITS THAT ARE INCLUDED AS A RESULT OF THE MEDICAL TREATMENT FOR MY CHILD.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Child's Name _____ DOB _____

Child's Physician _____ Phone _____

Address _____

AUTHORIZED ADULTS:

In the event of an emergency, please indicate your name and number and another authorized person that can be reached:

Parent/s Name/s _____ Phone _____

Another authorized person: _____

Phone _____

Another authorized person: _____

Phone _____

FIRST AID:

In the event of an emergency, I authorize the staff of Purpose Point Learning Academy to provide any first aid care deemed necessary for my child.

Signature & Date

EMERGENCY CARE:

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature & Date

HEALTH RECORD TRANSFER:

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature & Date

Statement of Understanding and Agreement

I _____ have read and understand the policies and procedures of Purpose Point Learning Academy in which I agree upon.

Parent's Signature _____ Date _____

Purpose Point Learning Academy Requirement Notice:

1. I have received a summary of licensing requirements and a parent handbook.
2. I do hereby authorize emergency medical care to my children.
3. I understand Financial Requirements, Dress Code, toys, and late pick up policy.
4. I have toured the facility before enrolling my child.

Parent's Signature _____ Date _____

PPLA STUDENT MEDIA CONSENT AND RELEASE FORM

Throughout the school year, students may be highlighted in efforts to promote Purpose Point Learning Academy activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspaper, radio, TV, the web, DVDS, displays, brochures, and other types of media.

I, as the parent/guardian of _____, hereby give Purpose Point Learning Academy and its employees permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

1. This is with the understanding fully aware that I will not receive monetary compensation for my child's participation.

2. I further release and relieve Purpose Point Learning Academy, its employees, and other representatives from any liabilities, known, or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Parent's Signature _____ Date _____