



Achieve Community Alliance
Achieve Kids
9720 N. Rodney Parham Road
Little Rock, AR 72227
EIN: 71-0304327

Our Statement of Purpose:

Achieve Kids exists to provide an accepting, safe, and developmentally appropriate environment for children.
Our focus is to provide a loving and stimulating early care and education experience which promotes each child's
social/emotional, physical, and cognitive development.

2024 Summer Enrollment Packet

Today's Date: _____

Child's Name: _____
(First) (Middle) (Last)

Birth Date: _____ Age: _____

Name of parent enrolling the child: _____

Are you the custodial parent: Yes ☐ No ☐ If not, who is? _____

FAMILY INFORMATION

Legal Guardian: _____ Primary Language _____

Child's place of residence: ☐ with mother ☐ with father ☐ both parents ☐ with guardian

Name of Mother: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Where Employed: _____ Work Hours: _____

Name of Father: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Work Hours: _____

Status of Parents: ☐ Together ☐ Not Together

Siblings: _____

Others living in the home: _____

EMERGENCY CONTACTS

If parents cannot be reached, please give emergency numbers: **must list at least 2 people.**

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ Zip: _____

May we contact you by email? Yes ☐ No ☐

If yes, please provide a good working email address that you check regularly: _____

Two non-custodial emergency contacts (who are authorized to pick up the child):

Please give name, phone number, and primary address:

1. _____

2. _____

PERSONS AUTHORIZED TO PICK UP AND /OR RECEIVE YOUR CHILD:

_____	_____
_____	_____
_____	_____

May the non-custodial parent pick up the child? Yes ☐ No ☐

Name of the non-custodial parent: _____

***No child will be released to any person(s) not unauthorized by parent or guardian. If we have any doubt the person picking up your child is not authorized by parent or guardian, we will not release the child until we contact you and receive electronic verification for authorization.**

CHILD HEALTH AND PERSONAL INFORMATION

Child's Primary Care Physician: _____ **Phone #:** _____

Address _____ **City:** _____ **Zip:** _____

List any medical conditions: _____

Allergies: _____

Please list and identify reactions: _____

(Children with food allergies **MUST have a note from PCP on file)**

List any medications your child is currently taking:

MEDICATION REQUEST FORM **must** be filled out and signed by parent/guardian. If medication is needed more than twice a day, Achieve Kids can only administer one dose per day.

If a child takes medication during the school year, we require that they continue to stay on medication during the summer as well.

MEALTIME INFORMATION:

Would you classify your child as a: GOOD: _____ AVERAGE: _____ POOR: _____ eater?

Does your child feed him/herself? ____ Yes ____ No

What type of food does the child eat? REGULAR _____ BLENDED _____ CHOPPED _____ TUBE FED _____

Does your child have a special diet? ____ Yes ____ No If yes, please explain: _____

Dietary restrictions (a note **MUST be provided prior to starting at the center):**

List any medical history or information that would be beneficial to your child's needs in the classroom?

Statement authorizing the posting of allergies:

I, _____, parent/guardian of _____

authorize Achieve Community Alliance and Achieve Kids to post my child's allergy/medical alert in his/her assigned classroom, in the kitchen, and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

Parent/Guardian Signature

Date

Parent Authorization Form Emergency Medical Action & First Aid

Child: _____

(I understand every effort will be made to contact the parents/guardian or an authorized representative in the event of a medical emergency (accident or sickness)).

I parent of _____, do hereby request and give consent to Achieve Community Alliance and Achieve Kids, or it's duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by duly licensed or recognized physician or surgeon in case of an emergency when the parents can't be reached.

Signature of Parent/Guardian

Date

County of: _____

State of: _____

Witnesses:

1. _____

2. _____

Name of Insurance Company

Insurance ID Number

Authorized Representative: _____

Address: _____

Business Phone: _____

Home Phone _____

.....

I have received information about **AR Kids First** and about a medical home.

Signature of Parent/Guardian

Date

TYLENOL RELEASE

If your child has a temperature of 100 degrees or more, may we give your child the age-appropriate weight & age dosage of: (Tylenol will not be given by Achieve Kids until further notice)

Children's Tylenol? Yes ☐ No ☐

Infant Tylenol? Yes ☐ No ☐

Signature Parent/Guardian

Date

LICENSURE INTERVIEW

This is a statement of verification that I have been informed that Child Care Licensing/ Investigators/Law Enforcement may possibly interview my child.

In accordance with Minimum Licensing Requirements: DCCECE / Child Care Licensing Unit 200.3

Parent Signature

Date

SUNTAN/SUNSCREEN RELEASE

I give written permission for the use of suntan lotions/sunscreens for my child when the weather permits. In accordance with Minimum Licensing Requirements: DCCECE/Childcare Licensing Unit: 1101.16

Parent Signature

Date

ATTENDANCE POLICY

Achieve Kids has limited space to serve children with special needs. To maximize opportunities for the children in need of our services, we have adopted the following attendance policy.

If your child's attendance falls below 80% of scheduled days for any given month, an automatic review of your child's enrollment status will be conducted. Please help us serve your child by notifying the preschool office if your child is going to be absent for more than one day. Failure to abide by this policy will result in the consideration of discharge procedures for your child.

The purpose of this policy is to increase the opportunities for children to learn and develop while ensuring ACA the capability to continue operating Achieve Kids at the low staff: child ratios currently in place.

I have read and understand the above policy.

Parent/Guardian Signature

Date

LIABILITY WAIVER

I understand and agree to release Achieve Community Alliance, aka: United Cerebral Palsy of Central Arkansas from any responsibility for property damage, illness, accidents, or injury incurred by me or my child at the Center not due to any negligence on the part of staff personnel working with me or my child while in attendance at any program function.

Signature of Parent/Guardian/Client

Date

PHOTO RELEASE

I understand each classroom has a camera whereby staff may take photos of the children throughout the day. I hereby give my permission to Achieve Kids to photograph, film, videotape, audiotape or utilize any other forms of audiovisual media to further the aims of the agency in the future including publicity purposes. I also give permission for the use of these mediums for any therapy needs.

 Signature of Parent/Guardian/Client

 Date

☐ **I do not wish for my child to be photographed.**

DISCIPLINE POLICY

Minimum Licensing Requirements for Childcare Facilities

Achieve Kids uses the following methods of discipline:

Discipline and guidance at Achieve Kids will be consistent and based on the child's individual needs and development. We will promote self-control with every child; however, when needed, due to noncompliant behavior in the preschool, time-out will be used for children ages two years to five years. Staff will be trained in the correct use of time-out. There will be a designated area in each room for time-out and each time-out period will be no longer than one minute per year of the child's age. For children under the age of two years, time-out will not be used. Under no circumstance will staff members use any type of physical punishment. The following age-appropriate methods will be continually used for all children at the center: encouragement of acceptable behavior, modeling acceptable behavior, redirection, and recognizing and encouraging good behavior. Children will be helped to understand why their behavior is unacceptable and what is acceptable in any given situation. If self-discipline through positive reinforcement or time-out is not effective with the child, a conference will be held with the parents at which time other options will be discussed. If the decision of the conference concerning discipline is different from the center's policy, a written report must be placed in the child's record.

I have read and understand the Achieve Kids discipline policy. I give permission for the use of all methods set out above.

 Parent/Guardian/Signature

 Date

If the Parent/Guardian disagrees with any disciplinary method set out above, please list the preferred method (s).

RECEIPT OF HANDBOOK

My signature below verifies I have received and read this copy of Achieve Community Alliance's, Achieve Kids's Parent Handbook.

 Parent/Guardian Signature

 Date

The Achieve Kids Director, office staff, and teaching staff have an open-door policy. Parents are welcome to come at any time during operating hours. We are looking forward to a fun and exciting summer.

IMPORTANT PHONE NUMBERS:

OFFICE	501-228-3868
PRESCHOOL DIRECTOR	501-228-3830
THERAPY DIRECTOR	501-228-3895