



About the Owner

Natasha Hashim, M.A.

- * **Bachelor's Degree in Early Childhood Education**
 - (Boston, MA - 1995)
- * **Master's Degree in Child Therapy**
 - (Los Angeles, CA - 1997)
- * **Childcare Teacher and Director**
 - (Atlanta, GA - 1997-1999)
- * **Director/Operator of Ashford Academy**
 - (Dunwoody, GA - 1999 to present)

Childcare Philosophy:

“Experts in childhood development strongly agree that early experiences during the first years of a child’s life—beginning at birth—are critical for the child’s development. These experiences contribute significantly to the child’s physical, social/emotional, and intellectual growth. Our goal at Ashford Academy is provide a safe environment to facilitate such positive experiences. Activities in our curriculum have been created with two goals in mind: 1) To make learning a **pleasure**, and 2) To build a child’s **self confidence** in being able to learn new concepts.”

Natasha Hashim



Ashford Academy

Hours of Operation: 6:30 AM to 6:30 PM; Monday through Friday

Prices: Payment is due on the Monday for the week of services. We accept cash, checks, or money orders. Prices are for one week of care and include: tuition, breakfast, lunch, snacks, and transportation (where applicable).

	Full Week	Half Week
Baby	\$230	N/A
Toddler	\$220	\$110
2-3 Years Old	\$210	\$105
3-4 Years Old	\$207	\$105
Pre-K (Georgia Funded)	—	—
Pre-K Meals	\$30	N/A
Pre-K Extended Day	\$90	\$45
After School	\$90	N/A
Summer Camp	\$230	N/A

Prices are subject to change with two weeks notice

Registration Fee: \$75 **Non-Refundable**

Family Discount: 10% off older child. Discount does not apply to special programs such as school-age summer camp, after school, and registration fees.

School Holidays: \$40-50 per day, other rates may apply.

Drop In: Please inquire at the front desk for availability and cost.

Payment: Payment is due on the Monday for the week of services.
If your child is present three to five days, you pay for a full week.
If your child is present two days or less, you pay for half a week (where applicable).
If your child is absent for the entire week, you pay for half a week.
Infant Room, Pre-K Meals, and Summer Camp charges full week regardless of number of days present.

Late Payment: A \$25 late fee will be charged if payment is not received by close of business Tuesday.

Returned Checks: If your check returns for any reason, \$30 will be charged, and only cash or money orders will be accepted for future payments.

Late Pick Up: After 6:30 PM, there is a late pick up fee of \$1 per minute, per child. Time is based on our clock.

Holidays: Ashford Academy will be closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. Parents will be notified of any other instances of closing or adjustments of hours at least two weeks prior.

Georgia Law: Children with communicable diseases, diarrhea, or a temperature of 101 degrees Fahrenheit may not attend the center. Your child's immunization form (3231) must be provided upon enrollment.

Administrative: If your child does not adjust to the program, we reserve the right to withdraw him or her. Please label all clothing with your child's name. Toys and food from outside the center are not permitted in the center. Products with nuts are not allowed in the center.

2. **Required:** Emergency Contact and Release Person (when parent cannot be reached):

Name	Address	Phone Number	Relationship

3. I, _____, agree to pay the total weekly fee of \$ _____ on Monday for the week of service. Penalties are incurred for the late payment, returned checks and late (after stated closing hours) pick up of child(ren). The current price and policies sheet outlines penalties. Should my account become delinquent, my child(ren) will be disenrolled from Ashford Academy and my account will be referred to an independent collection agency and I will be responsible for repayment for all costs incurred by Ashford Academy in their effort to collect payment.
4. I agree to provide the center with all necessary information pertaining to administering medication to my child(ren).
5. I understand that my child(ren) will be provided all snacks, breakfast, and lunch served daily during their hours of attendance.
6. I understand that, according to the State of Georgia regulations, it is my responsibility to escort my child(ren) in and out of the center.
7. If my child wears diapers, I will provide whatever disposable diapers necessary for my child(ren). I cannot request Ashford Academy staff to borrow diapers from another family. If Ashford Academy provides diapers, I will pay Ashford Academy in accordance with current policy.
8. I understand that I am totally responsible for any special diet required by my child(ren). If my child(ren)'s diet consists of formula taken from a bottle, I will provide Ashford Academy the appropriate number of bottles containing formula necessary for my child(ren) each day. I will clearly label each bottle with my child(ren)'s name and the date per State of Georgia regulations.
9. Should my child(ren) become ill during the time he or she is in the care of Ashford Academy or suffer an accident of any nature, the center shall undertake all steps to contact me immediately and shall be authorized to secure such medical attention and care for my child as may be necessary. I am responsible for payment for any services required. If my child(ren) is ill, including, but not limited to: a severe cough or sore throat, undetermined rash or spots; a temperature over 100 degrees; severe headaches; upset stomach or diarrhea, he or she cannot be accepted into the center until well by State of Georgia regulation. In the event that my child has a communicable disease, a release from a medical source may be required before my child reenters the center. Ashford Academy will notify parents if a communicable disease is introduced into the center.
10. I agree to keep the center informed as to changes in telephone numbers, addresses, and places of employment, emergency contacts, etc.
11. Should I wish to withdraw my child from Ashford Academy, I will give Ashford Academy two weeks notice.

I agree to abide by all policies and procedures of Ashford Academy as outlined in this agreement, the Parent's Handbook, and the current Policies and Prices sheet.

Signed _____ Date: ____/____/____
 Parent or Guardian #1

Signed _____ Date: ____/____/____
 Parent or Guardian #1



Ashford Academy
Health and Emergency Permission Record

Please fill out one per child

Child's Name _____ Age _____

Child's Primary Health Source (Physician or Clinic) _____

Address and Phone No. _____

Does the child have physical problems, mental health disorders, mental retardation, or developmental disabilities which would limit the child's participation in the center's program or activities?

Yes _____ No _____

Please explain: _____

Does the child have allergies? (foods, medications, insects, etc.)

Yes _____ No _____

Please explain: _____

Are any special procedures required in caring for your child? (including dietary restrictions such as milk sensitivity, vegetarianism, etc.)

Yes _____ No _____

Please explain: _____

I, _____, give permission to Ashford Academy to seek medical attention for my child _____ in the event of an emergency if I cannot be reached and to hold harmless and release Ashford Academy from all liability. I further agree to keep the facility informed of changes in phone numbers, etc. where I can be reached.

Parent Signature _____ Date ___/___/___

Ashford Academy Emergency Medical Procedure:

1. Contact Parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. We will seek medical attention from:

Doctor: Georgetown Pediatrics (770) 392-6555

Hospital: Scottish Rite (404) 303-0383



Ashford Academy

Vehicle Emergency Medical Information

Please fill out one per child

Child's Name _____ Date of Birth ___/___/___

Child's Address _____

Parent/Guardian #1 _____ Home/Mobile ___-___-___ Work ___-___-___

Parent/Guardian #2 _____ Home/Mobile ___-___-___ Work ___-___-___

In an emergency and parents cannot be reached:

1. Name _____ Home/Mobile ___-___-___ Work ___-___-___
Relationship to child _____

2. Name _____ Home/Mobile ___-___-___ Work ___-___-___
Relationship to child _____

Child's Doctor _____ Phone ___-___-___

Center's Medical Facility: **Scottish Rite** Phone: **(404) 303-0383**

Address: **780 Johnson Ferry Road**

Child's Allergies _____

Child's Special Medical Needs and Conditions _____

Current Prescribed Medication _____

In the event of an emergency involving my child, and if Ashford Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release Ashford Academy from all liability.

Parent or Guardian _____ Date ___/___/___

Witnessed by _____ Date ___/___/___



Ashford Academy

Dear Parent,

Welcome to Ashford Academy. Please take a few minutes to complete this very important part of the application. This page will be put in our emergency binder and not in your child's folder. Therefore, although this information that we are requesting may seem redundant, in an emergency, we will use the emergency binder to get in contact with the parents. For this reason, it is vital and your responsibility to keep this information updated and accurate.

Thank you in advance for your cooperation.

Child's Name _____

Date of Birth ___/___/_____

Home Phone Number ____ - ____ - _____

Parent/Guardian #1 Name _____

Cell ____ - ____ - _____ Work ____ - ____ - _____

Parent/Guardian #2 Name _____

Cell ____ - ____ - _____ Work ____ - ____ - _____

Emergency Contact & Relationship to Child

Cell ____ - ____ - _____ Work ____ - ____ - _____

Please list any medical issues allergies, medication, etc.



Ashford Academy

Authorization to Dispense External Preparations

590-1-1.20 (1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include—when applicable—date; full name of the 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 Ashford Academy 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

Other (please explain)*: _____

Parent/Guardian Signature _____ Date: ___/___/___

***Sunscreens, bug repellants, and other non-prescription ointments must be provided from home.**