

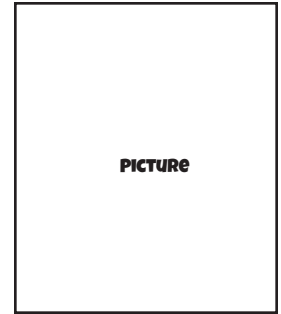


ENROLLMENT REGISTRATION INFORMATION PACKET



ENROLLMENT REGISTRATION INFORMATION

PAGES 1 AND 2 MUST BE UPDATED EVERY JULY.



Parent Updates _____

(Signature) _____

(Date) _____

Parent Updates

(Signature) _____

(Date) _____

Date of Registration: _____

Date of Termination Status: _____

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

DOB: _____ Age: _____ Sex: _____

Nickname: _____

Child's Primary Language: _____

Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status:

Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian

List the family members your child lives with—include names and ages of siblings:

Circle Days to AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Attend: PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in A.M. Snack _____ Lunch _____ P.M. Snack _____
Care:



PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of sixteen (16), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Mandatory:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

PARENT/GUARDIAN SIGNATURE:



DATE:

Optional:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

Optional:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

Optional:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

Optional:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. If you must pick up your child after closing time, you will be charged a late fee of \$1 per minute, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your director for additional information.

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____

Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ REGISTRATION FEE: I understand that Success Academy provides care for children ages 2 to 12 years of age. There is a required \$100 non-refundable registration fee due at the time of enrollment.

_____ TUITION AND MODIFICATIONS CONDITIONS: \$_____ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices. I have enrolled my child in the following program(s): _____

_____ PAYMENT OF TUITION: I understand that tuition is due and payable, on the first and 15th day of attendance each month.

_____ LATE OR UNPAID TUITION: I understand that if my account is delinquent for more than one week, without making arrangements with management, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

_____ CHARGES AND PROCEDURE FOR LATE PICK-UP: My school is open from 7 a.m. to 6 p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$5 per every minute, per child, until the child is picked up.

_____ DISCOUNTS: I understand that there are no current discounts.

_____ RETURNED CHECKS: I understand that a processing fee (\$35) will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURES

_____ HOURS OF OPERATION: Success Academy is open from 7am-6pm. Children must be dropped off before 8:30am to receive breakfast.

_____ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

_____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly within ONE HOUR or make arrangements for an authorized emergency contact person to pick up. If my child is exposed to or contracts a contagious disease, I agree to notify the school and understand that the child may return only with a physician/health care professional's documentation indicating that he/she is no longer contagious.

_____ MODEL RELEASE: Success Academy may may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

_____ PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

Name of Child: _____ Date: _____ Parent/Guardian Initial _____

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

_____ HOLIDAYS: I understand the school is closed on holidays. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ ABSENCES: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e. sickness).

_____ VACATIONS: I understand that I am eligible to receive a discounted rate for vacations. I understand that these must be taken in either two increments of 5 consecutive business days or one increment of 10 consecutive business days. I also understand that I must submit the Vacation Notice Form no later than 30 days prior to the first day of vacation.

_____ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company’s intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster.

_____ WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, and I are bound by state childcare regulations, the *Parent Handbook*, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by, all policies and state regulations.

_____ INDIVIDUALIZED CARE PLANS: I understand that should my child have an IEP or IFSP, it must be shared with the director so the school can support my child’s needs.

_____ BEHAVIOR MANAGEMENT: I understand that positive redirection and offering choices to children are techniques used to guide children’s behavior at the school. I also understand that I may refer to the *Parent Handbook* for additional information on behavior management at the school.

_____ PARENT HANDBOOK: I have received a copy of the *Parent Handbook*. I have read and understand its contents and policies and agree to be bound by same.

These policies have been reviewed with me by center management. I understand and will comply with the policies included in the this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: _____ Date: _____

MEDICAL INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

CHILD'S NAME: _____
DATE OF BIRTH: _____
EMERGENCY CONTACT (NAME AND PHONE NUMBER):

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____.

I (we), _____ authorize, for emergency purposes only, a center-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Allergies to Drugs, Foods, or Other: _____

Please list any special medications or pertinent information:

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the emergency preparedness plan.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks or exploring areas outside of the fenced areas. These times will be closely supervised. I give the school permission to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____ Date: _____ Parent/Guardian Initial _____

MEDICAL HISTORY

Height: _____

Hair Color: _____

Weight: _____

Eye Color: _____

Distinguishing Marks: _____

Date of Birth: _____

1. Medication that will be administered regularly at the school:

2. Special Dietary Needs:

3. Can your child effectively communicate his or her needs? Yes No

Explain: _____

4. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary:

Allergies (please check and list all that apply)

Medications Allergen:

Reaction: _____

Food Allergen: _____

Reaction: _____

Other Allergen: _____

Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Name of Child: _____ Date: _____ Parent/Guardian Initial _____

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

5. Who also cares for your child(ren)?

6. What language is spoken in your home?

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best? _____ Least? _____

10. What are your child's mealtime routines at home?

11. How many hours of sleep does your child receive at night?

12. Does your child need to be awakened in the morning to attend the school?

Name of Child: _____ Date: _____ Parent/Guardian Initial _____

13.What are your child’s sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

14.What are your child’s bedtime rituals?

15.Does your child take naps? Yes No How long?

16.Does your child need a comfort item for a nap? Yes No

17.What words are spoken in your house for toileting?

18.How does your child express anger or react to frustration?

19.Does your child have any particular fears?

20.How does your child react to change (such as being left by parents)?

21.How does your child comfort himself/herself?

22.What are your child’s play interests (preference for creative, dramatic, or construction play)?

23. How do you discipline your child?

24.When did your child begin to use language?

25. How would you describe your child (personality characteristics)?

26. What do you enjoy the most about your child?

27.Is there anything else in your child’s experience you would like to tell us so we can better meet your child’s needs?

28.Has your child had previous preschool experiences?

29.Are you available to help us with field trips or other special events?

30.Do you have a special interest or hobby you would like to share with the children?

31.What family or cultural traditions are important in your home?

32. Would you be willing to share these traditions with the children?

Name of Child: _____ Date: _____ Parent/Guardian Initial _____

ENROLLMENT CHECKLIST

Please review the entire *Enrollment Registration Information Packet* and *Parent Handbook* with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed *Enrollment Registration Information Packet*
 - Parent Handbook Acknowledgment*
 - Child Information Card* (if applicable)
 - Other state or federal required forms:
-

REVIEW WITH FAMILY

- The child's first day
- Immunization/health information
- Child guidance and classroom management (discipline policy)
- Annual registration fee
- Late fees
- Tuition payment schedule, amounts and due dates
- Special needs
- Parent conferences and other communications - what to expect daily and/or weekly
- Absenteeism policy
- Sick policy
- Process and Procedures of Security Access
- Meals
- Authorized pick-up, late pick-up policy
- Allergies
- Medication policy
- Child Custody Documents (*if applicable*)
- Relevant curriculum features for child's age group
- Clothing and other items to bring (labeled)
- Review Emergency and Disaster Plans
- Any pick-up restrictions
- Any field trip restrictions
- Any photo restrictions

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Success Academy policies.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Name of SA Administrator: _____

Signature of SA Administrator: _____ Date: _____

ACCESS SWIPE CARD WAIVER

I, _____, the parent/guardian of, _____, agree to the responsibility of maintaining the access swipe card for entry into Success Academy. I understand that to utilize this entry method, i must digitally sign my child in and out each day AND complete the daily health screening. I understand that there is a \$5.00 fee to replace lost or damaged swipe cards. I also understand that anyone picking up or dropping off my child needs this card. Additional cards may also be purchased for \$5.00 each. I agree that when my child no longer attends the program for any reason, I must return these cards prior to their last day of attendance. Cards must be given to the administrative team of Success Academy. If cards are not returned, families will be billed a fee of \$25.00 per card.

NAME OF PARENT / GUARDIAN: _____
RELATIONSHIP: _____
SIGNATURE: _____ **DATE:** _____

NAME OF DIRECTOR: _____
SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

DATE CARD ASSIGNED: _____
NUMBER OF CARDS: _____
DATE CARDS RETURNED: _____
INITIALS OF PERSON RECEIVING CARDS: _____



