



Emergency Information

Child's Name: _____ Nickname: _____

Mother: _____ Home Phone: _____

Mother's Address: _____

City: _____ State: _____ Zip: _____

Mother's Workplace: _____

Work Phone: _____ Cell Phone: _____

Father: _____ Home Phone: _____

Father's Address: _____

City: _____ State: _____ Zip: _____

Father's Workplace: _____

Work Phone: _____ Cell Phone: _____

Who does this child live with? _____

Person responsible for pickup and drop off? _____

Other person(s) allowed to pickup: _____



Summer Program Agreement

Fee Schedule

Registration fee of \$45.00 per child is due prior to enrollment. Tuition will be billed in 3 equal payments. Payments are due **May 1st, June 1st & July 1st**. Activity fees should be included with your tuition amount listed below. These activity fees will be assessed during orientation. Activities are subject to change due to weather, availability, etc. We will notify you of any changes prior to scheduled activity. For your convenience, we accept personal checks, Venmo (@LiveLearnAcademy) and PayPal (livelearnacademy@hotmail.com). However, we have the option at any time to refuse any further payment by check. All checks should be made payable to LIVE & LEARN ACADEMY and can be given to an LLA staff member.

SUMMER CAMP RATES				
Day Options	Preschool	Activity Fee	After-School	Activity Fee
5 Days	\$80.00		\$150.00	
4 Days	\$64.00		\$120.00	
3 Days	\$48.00		\$90.00	
2 Days	\$32.00		\$60.00	

Activity fees may vary. All activity fees are non-refundable.

I, _____, have received a copy of the **Summer Handbook** and agree to the terms therein. I understand that this is a binding contract and agree to pay the sum of \$_____ (total tuition amount) to LIVE AND LEARN ACADEMY for tuition and activity Fees for (my child/children), _____, during the weeks indicated above.

If additional days are requested, additional tuition and activity fees will be assessed and due prior to the days requested.

I understand there will be no refunds or credits issued after May 15th for weeks my child/children do not attend.

I agree to supply all paper work.

I also understand there will be a late fee of 10% of the balance due billed to my account if payment is not received on the 5th of each month.

Signature: _____

Date: _____

*The \$45.00 registration fee is non-refundable and due upon enrollment.



Summer Camp Agreement / Authorization

LIVE AND LEARN ACADEMY requires a \$45.00 non-refundable Registration Fee, per child, at the time of registration. *****The \$45.00 Registration Fee is non-refundable unless placement is not available for your child. The Registration Fee(s) are due at the time of registration.**

LIVE AND LEARN ACADEMY's Summer Camp is based on a 8 week program. Tuition will be billed in three (3) equal payments, which includes activity fees. Payments are due **May 1st, June 1st & July 1st.** All checks should be made payable to LIVE AND LEARN ACADEMY and need to be given to a LLA staff member or placed in your child's lunch box.

Parent Initials Tuition is due on the 1st of each month, and will be considered late on the 5th. There will be a late charge of 10% of the balance owed. If the balance is not paid in full by the 10th day of the month, your child's space may be forfeited. Tuition and activity fees are non-refundable.

Parent Initials All checks will be made payable to LIVE AND LEARN ACADEMY. There will be a charge of \$25 for all returned checks. We have the option at any time to refuse any further payment by check.

Parent Initials A late pickup fee of \$10 for the first 5 minutes and \$1 per minute thereafter will be charged after 1:00PM for half day care and after 5:30PM for full day care.

Parent Initials Activities are subject to change due to weather, availability, etc. If it is necessary to change a scheduled field trip, the staff will send notice of the change via the REMIND app.

Parent Initials If additional days are requested, additional tuition / activity fees will be assessed and due prior to the days requested. I understand there will be no refunds or credits issued for days/weeks my child does not attend.

Parent Initials I grant permission to the staff of LIVE AND LEARN ACADEMY to transport my child off the school property for field trips. I understand that this applies only to school age children over the age of 5 and all children will be properly secured in appropriate child safety seats.

Parent Initials I grant permission to the staff of LIVE AND LEARN ACADEMY to apply sunscreen, insect repellent, and diaper ointment on my child, "as needed". I understand it is my responsibility to apply sunscreen on my child before bringing them to LIVE AND LEARN ACADEMY each day. The staff at LIVE AND LEARN ACADEMY will administer additional sunscreen during outside play time as needed.

Parent Initials I grant permission to have photographs or videos taken of my child, as part of the general program activities and for LIVE AND LEARN ACADEMY's records. I also understand that LIVE AND LEARN ACADEMY may use these photographs for advertising and/or social media.

Total Tuition Amount \$ _____ 3 Equal Payments of \$ _____

I, _____, the parent/guardian of _____ have read and received the LIVE AND LEARN ACADEMY Handbook and the above disclosures including the financial agreement and agree to abide by the terms therein. I understand this is a binding contract and agree to pay the total tuition amount indicated above, to LIVE AND LEARN ACADEMY for child care for my child during the 20 __ and 20 __ school year.

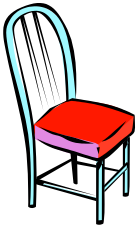
Signed: _____ Date: _____

Discipline

We use a praise and positive reinforcement method of behavioral management for children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities and self-discipline. Based on this belief of how children learn and develop values, LIVE AND LEARN ACADEMY will practice the following discipline and behavior management policy. If a behavior problem occurs that cannot be adequately solved at our center, a Parent / Teacher / Director conference may be requested. If the uncooperative behavior continues, the parent will be asked to remove the child from our facility.

We do.....Praise, reward and encourage the children; reason with and set limits; model appropriate behavior; modify the classroom environment to attempt to prevent problems before they occur; listen to the children; provide an alternative for inappropriate behavior; provide natural and logical consequences of behavior; treat the children as people and respect their needs, desires and feelings; ignore minor misbehaviors; explain things to the children on their level; stay consistent on our behavior management program; use short, supervised period of 'Time-Out' (described below).

We do not.....Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children; make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children; shame or punish the children when bathroom accidents occur; deny food or rest as punishment; relate discipline to eating, resting or sleeping; leave the children alone, unattended, in a separate room or without supervision; place the children in locked rooms, closets or boxes as punishment; allow discipline of children by children; criticize, make fun of or otherwise belittle children's parents, families or ethnic groups; assign chores requiring them to be in contact with hazardous materials.



Time-Out is the removal of a child for a short period of time (2-5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The 'Time-Out' space, usually a chair, is located away from other activities but within a teacher's sight. During 'Time-Out', the child has a chance to think about the misbehavior which led to his or her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to the other children.

Agreement

This is a binding contract between the Parents, Teacher and Director of each child attending LIVE AND LEARN ACADEMY. Once enrolled in our summer camp program, changes in schedules will not be refunded or adjusted. The Director has the right to terminate this contract immediately if the stated policies and guidelines are not upheld by the Parents. The Owner / Director reserves the right to revoke field trip / activity privileges based on behavior and or discipline / or safety concerns. The Parents agree to provide all diapers, wipes, ointments, sunscreens, change of clothes, and lunches that will be needed. The Parents agree and understand that all paperwork / forms (current Emergency Contact Information, Field Trip Permission Forms, etc.) must be completed and returned prior to participation in the program. The Director and Teachers agree to provide a safe and loving environment for each and every child in their care.

Parent/Guardian Signature

Date





Summer Camp Permission Form

I, _____, the parent/guardian of _____, have received the Summer Camp Calendar / Scheduled Field Trips (see attached field trip calendar). I give my permission to the staff of LIVE AND LEARN ACADEMY to transport my child off the school property for the listed field trips. I have acknowledged the scheduled field trips, by initialing each field trip my child is scheduled to attend. I understand that this applies only to school aged children over 5 years old and that they will be properly secured in appropriate child safety seats.

If it is necessary to change a scheduled field trip, the staff will send notice of the change via the REMIND app.

I also grant my permission to LIVE AND LEARN ACADEMY to apply sunscreen, bug screen, and diaper ointment on my child, "as needed". I also understand that LIVE AND LEARN ACADEMY will administer sunscreen during outside play time.

I also grant my permission to LIVE AND LEARN ACADEMY to take photographs or videotapes of my child as part of the general program activities and for LIVE AND LEARN ACADEMY's records. I also understand that LIVE AND LEARN ACADEMY may use these photographs for advertising and/or social media posts.

Signed: _____

Date: _____

Emergency Contact Information:

First Contact:

Name: _____

Phone: _____

Second Contact:

Name: _____

Phone: _____

Alt. Family Member:

Name: _____

Phone: _____

Family Friend:

Name: _____

Phone: _____



Medical History

Child's Name _____

Is your child currently under a doctor's care? _____ If yes, for what? _____

Is your child on any continuous medication? _____ If yes, what? _____

Any previous hospitalizations or operations? _____ If yes, when and what for? _____

Does your child have any mental disabilities? _____ If yes, please describe: _____

Does your child need special assistance, equipment or material to participate in day to day activities? _____ If yes, what are his/her needs? _____

List any allergies your child may have: _____

Please circle any that apply to your child:

Mumps Chicken Pox Red Measles German Measles Rheumatic Fever

Please circle recurring problems your child has:

Bronchitis Croup Asthma Strep Throat Ear Infections Eczema

Other Serious Illnesses: _____

Other important information about your child: _____

Signature _____

Date: _____



Emergency Medical Care Authorization

In case of accident or illness requiring medical attention, the undersigned authorizes LIVE AND LEARN ACADEMY to call a health care provider or take my child _____ to the nearest hospital or doctor; and it is understood that if possible, their services will be obtained. If neither parents nor preferred health care provider can be contacted, LIVE AND LEARN ACADEMY is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of LIVE AND LEARN ACADEMY, are true emergencies. The hospital located closest to LIVE AND LEARN ACADEMY is Lake Norman Regional Medical Center.

Preferred Health Care Provider

Doctor: _____

Office Name: _____

Phone Number: _____



I agree to be responsible to the cost of such emergency medical care.

Signature

Date