

Light Years Ahead Academy Enrollment Form

Date of Enrollment: _____ E-Mail _____

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

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

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

Days of the week in care: M T W TH F Meals while in care: Breakfast Lunch PM Snack

Hours of care: _____ to _____ Public School: _____

Family information:

Mother's Name: _____ Father's Name: _____
Social Security #: _____ Social Security #: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____
Employer Phone: _____ Employer Phone: _____

Other Phone: _____ Other Phone: _____

Other persons to be notified in case of illness, and for emergency pick up

Name: _____ Address: _____
Phone: _____ Relation: _____

Name: _____ Address: _____
Phone: _____ Relation: _____

Name: _____ Address: _____
Phone: _____ Relation: _____

Medical Information: I hereby grant permission for the managing members of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ **Address:** _____ **Phone:** _____

Dentist: _____ **Address:** _____ **Phone:** _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or others areas of concern:

Emergency Care Plan: Instructions including symptoms, medication, and notification in the event of an actual emergency (if Applicable)

IN AND EMERGENCY, I AUTHORIZE NECESSARY TRASPORTATION AND/OR MEDICAL TREATMENT FOR MY CHILD(REN) TO THE NEAREST HOSPITAL OR EMERGENCY FACILITY.

Signature or Parent/Legal Guardian: _____ Date: _____

Update:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Light Years Ahead Academy

398 Douglas Avenue
Altamonte Springs, FL 32714
(407) 862-4737

Tuition Schedule 2023 – 2024

Hours of Operation: Monday through Friday, 7:30 AM– 6:00 PM

Registration Fee: \$105.00 per child - \$115 per family

Weekly Tuition	Full Time	Part Time (2 days or less)
1-Year-Old	\$240.00	\$120.00
2-Year-Old	\$220.00	\$110.00
3-Year-Old	\$195.00	\$97.50
4-Year-Old	\$185.00	\$92.50
5-Year-Old	\$185.00	\$92.50
VPK Wrap Around Care	\$165.00	
Before or After School	\$105.00	
Before and After School	\$115.00	
Full Day Drop In (all ages)	\$105.00 (Daily)	
Summer/Winter Break	\$160.00	\$80.00
Thanksgiving/Christmas Break	\$160.00	\$80.00

Light Years Ahead Academy provides drop off and pick up services to the following Elementary Schools:

Altamonte Elementary, Forest City, Spring Lake & Lake Orienta

Breakfast: Served from 7:30 AM to 9:00 AM Daily

General Policies:

- Two weeks' notice is required to withdraw.
- Children must arrive no later than 9:30 AM.
- Tuition is due every Monday, year-round, and must be paid every week in advance. **Non-refundable.**
- A \$15.00 late fee will be added if tuition is not paid by the end of business on Tuesday.
- Returned check fee: \$35.00.
- Late pick up fee: \$2.00 per minute after 6:00PM.
- 50% of weekly tuition is required when absent.

Holidays

Light Years Ahead Academy will be closed for the following Holidays: **New Year's Day, Martin L. King Jr. Day, Good Friday, Memorial Day, Juneteenth, Day before Independence Day, Independence Day, Labor Day, Indigenous People Day, Thanksgiving Day, The day after Thanksgiving, Christmas Day, and the full week after Christmas.**

If a holiday falls on Saturday and/or Sunday, the Friday prior and/or the Monday after will be observed for those holidays. We reserve the right to increase fees and adjust said holidays.

Light Years Ahead Academy

Weekly Tuition Policies

I _____ agree to pay Light Years Ahead Academy the weekly tuition in the amount of \$ _____. This amount will cover the fees for _____
And _____.

I also acknowledge that I have read the following policies & procedures related to the fees, charges and penalties.

1. Tuition is due Weekly year-round on Monday. Must be paid every week in advance.
Non-Refundable.
2. A \$15 late payment will be added if not paid by closing time on Tuesday. It can be paid by cash or credit/debit card, at the office, by automated payment through Procure, or directly into your Procure account. It can also be paid by check or money order at the office.
3. Children whose parents owe a week or more will not be accepted at the center unless otherwise discussed previously with the administration.
4. A \$95.00 enrollment fee is required at the starting date. (\$105.00 per family).
Non-Refundable
5. The returned check fee is \$35.00
6. Light Years Ahead reserve the right to report to the collection agencies any uncollected balance. Parents will also be responsible for any Attorney's fees necessary for the collection of any unpaid balances.
7. Please notify Light Years Ahead if your child is not going to continue attending the center. We cannot hold your spot for more than two days without communication and the week will be charged.
8. **The weekly rate covers your assigned spot. 50% of the week tuition is required when absent.**
9. **All parents are required to sign in and out your children every day. 4C parents and VPK parents will be responsible to pay for any days not signed and discounted or not paid to us by these agencies for not attending. Again, we are holding the spot for you.**
10. A late charge of \$1.00 per minute will be added for every minute late after 6:00 p.m. After 30 minutes late DCF requires us to call the Police if we haven't been able to get in touch with parents. Excessive tardiness will trigger a dismissal of a child.

11. If your child is absent due to illness, 50% of the weekly tuition is due. The tuition is based on a spot that we are keeping for your child. on a weekly basis.
12. Parents could use one week a year without paying the tuition rate and still hold the space. This is normally used for vacations. The benefit starts after 3 months of consecutives attendance.

Parent Signature

Social Security

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: Light Years Ahead Academy 398 Douglas Ave Altamonte Springs FL 32714

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (407) 862-4737

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)
 Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

STEP 4: Household Income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: Contact Information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Daytime phone #: (____) _____ - _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY: Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed: **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	<ul style="list-style-type: none"> • If you are in the U.S. Military: <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

Light Years Ahead Academy

Allergy Information Form

Please complete this form and return it to the office. This form will be used to update classroom allergy list, and will be kept in your child's file.

My Child: _____

____ Has **NO KNOWN ALLERGIES**

_____ Parent Initial

____ is allergic to:

_____ Parent Initial

_____ Parent Initial

_____ Parent Initial

Allergic reactions may include:

____ Hives

____ Itching

____ Rash

____ Other: _____

_____ Parent Initial

My child:

____ **Needs** emergency care in the event of an allergic reaction.

_____ Parent Initial

____ **Does not Needs** emergency care in the event of an allergic reaction.

_____ Parent Initial

Parent's Name (print) _____

Parent's Signature _____

Date: _____

Light Years Ahead Academy

Food Related Activities Permission

At Light Years Ahead we prepare learning activities with our children that may involve food consumption.

These are just some examples of classroom activities:

- Teachers might develop an activity to teach the children the five senses, this will involve the tasting of sweet and sour food by children.
- Teachers might be performing an activity that involves the learning of letter K and the children will eat a kiwi.
- Birthdays are special days for children, and we understand you may want to celebrate these occasions at the center. If you would like to provide food for the celebration, we ask that all food items be prepackaged from the grocery store with ingredients statements to properly account for child food allergies. We encourage healthy snacks options such as whole-grain items, vegetable dips, or fresh fruit platters. And please, due to allergies and necessary scheduling needs, plan with your center management prior to the special day.

There are many other similar activities. Teachers are aware of the children's allergies and religious preference, and they will consider it when planning.

Please feel free to give us your feedback.

This is a required disclosure by DCF.

Cordially,
LYAA Management Team

Parent Signature

Date

Parent Signature

Date

Light Years Ahead Academy

Discipline Policy

All Children will be disciplined with respect. They will always be corrected to avoid future misbehavior. The disciplinary action used is called "S.T.A.R."

We begin by using the "S.T.A.R." technique, which is to calm the child down. We then help them see what the situation is and what the consequences of their actions are. We try and teach acceptable social skill that enable a child to interact with their peers and adults.

Child's Name

Parent's Signature

Date

Light Years Ahead Academy

Illness Policy

If Children are displaying any one of these signs, children will not be allowed to remain at the center.

- Runny nose with thick, yellow, or green mucus
- Yellow or Green mucus or crust eyes
- Continuous cough resulting in spiting up plegm or food
- Vomiting, twice
- Fever over 100 degrees
- Rash or open wounds
- Head lice, child must be free of lice before returning

DCF guidelines allows for one-hour maximum pickup time for sick children. The wait period is 24 hours before returning to the center with a doctor note. Light Years Ahead Academy must be notified in writing when a child is taking any medicine (antibiotics) as allergic reactions can occur.

We thank you in your efforts with us to keep all our children healthy.

Parent's Signature

Date

Light Years Ahead Academy

Parent Authorizations and Permissions

I. TRANSPORTATION

*I give permission to my child _____
to be transported by LYA in field trips that will be properly announced. (Summer Camp –
Fall Break – Winter Camp – Spring Break- Special Events)

*My Child, _____, has permission to ride the LYA van
to and from school. (Before-After school Program).

Parent Signature

II. EMERGENCY MEDICAL AND FIRST AID

Note: LYA personnel has training in CPR and First aid. Our emergency plan requires us to
call 911 and the parents in case of any emergency. We also need to have parent
authorization for care in our files in case it is needed.

*I hereby authorize the staff of LYA to give consent for any and all necessary medical
and first aid care for my child, _____, while he/she is in
LYA custody.

Parent Signature

III. PHOTOGRAPHY

* I give permission for photography, solely for classroom activities.
Child; _____

Parent; _____