

# ENROLLMENT PACKET



**A Special Place Pre-K Academy LLC**

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**424 Lebanon Avenue  
(Upper-Level)  
Belleville, IL 62220  
(618) 416-5442  
asp2steam.com**



## Our Mission

At A Special Place Pre-K Academy LLC, our mission is to set ourselves apart by building a solid academic foundation for our scholars.

We have created a challenging learning environment that encourages extraordinary expectations for academic success. Along with promoting a safe, well-structured environment where each scholar's self-esteem is fostered by positive relationships between students and staff, we have incorporated early introduction to the elements of Science, Technology, Engineering, Arts and Math. As we endeavor to involve our parents, teachers, and community members in our mission, academic success for our scholars becomes infinite.

## Admission Agreement

A Special Place Pre-K Academy LLC provides quality Pre-K education to families in Belleville and the surrounding areas. The hours of operation are from 7:00am to 6:30pm Monday through Friday, except for the non-operating days listed on the "Program Operating Dates and Closures" schedule. This schedule will be included in your **Welcome Packet** provided by your scholar's teacher, posted on our information board, and may be accessed via our website at [asp2steam.com](http://asp2steam.com) for your convenience.

A pre-enrollment interview and tour of our facility is required before the acceptance of any scholar. Upon acceptance, you and the Director will sign and date this Admission Agreement page acknowledging the understanding of the requirements of A Special Place Pre-K Academy LLC.

# Enrollment Information

- ❖ Total Capacity: 25 Children
- ❖ Open to the Community (*Our Mission pg. 2*)
- ❖ 1<sup>st</sup> Enrollment: Year-Round (*Enrollment Form pg.6*)
- ❖ Waiting list will be maintained & notified upon availability.
- ❖ Teacher to Child ratio: (1:5 or 1:10) Depends on Grade Level
- ❖ Grade Levels are as follows:
  - Pre-K Explores - Ages 2-3 (Capacity 5)
  - Early Pre-K Ages 3-4 (Capacity 10)
  - Pre-K Scholars 4-5 (Capacity 10)
- ❖ Hours of Operation: 7am to 6:30pm
- ❖ Academic Hours are from 8am to 11am (Monday - Friday)
- ❖ After School Hours are 4pm-6pm (Activities TBA Monday - Friday)
- ❖ Tuition is invoiced monthly via Brightwheel. Amounts are as follows:
  - \$900 7am-4pm (Autopay 10% off)
  - \$100 4pm-6pm (Scheduled Activities)

(*See pg.7 for important information regarding tuition.*)
- ❖ Discounts Available: Sibling – Quarterly – Annual –
- ❖ Brightpoint – (*See pg.8 for acceptance details.*)
- ❖ Communication: Brightwheel-Website-Posted Flyers-FB (*pg.10*)
- ❖ Dress-Code (Black and White) is required to be followed by all students. (*See pg.11 for additional details.*)

# **Acknowledgement** **of** **Admission Acceptance**

I understand and agree:

- ❖ to pay the Registration Fee of \$150.00 before start-date.
- ❖ to Tuition Cost (Including Brightpoint)
- ❖ to use the Brightwheel Platform when communicating with the Academy.
- ❖ to provide a birth certificate and up-to-date immunization record.
- ❖ to adhere to the Dress-Code (Black and White ONLY)
- ❖ understand the Redirection Policy.
- ❖ understand the Enrollment and Discharge Policy (Late Fee Charge)
- ❖ understand our responsibilities as Mandated Reporters

Please sign and date that you have acknowledged, understood, and agreed to the above statements required by A Special Place Pre-K Academy LLC

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Parent/Guardian Signature

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Date

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Director's Signature

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Date



*Daily agendas are subject to adjustments to meet the needs of our scholars.*

## **Daily Agenda**

- ❖ 7:00 Arrival – (Rear Entrance) Sign-In  
[Designated Areas for Breakfast 7:00am-7:30am]
- ❖ 7:50 Clean-Up & Commence to Assigned Classroom
- ❖ 8:00 Curriculum Academic Learning
- ❖ 9:30 STEAM Power Snack & Restroom Break
- ❖ 11:00 Lunch-Recess Activity
- ❖ 1:00 Naptime
- ❖ 2:00 STEAM Snack & Developmental Activity
- ❖ 3:00 1<sup>st</sup> Departures
- ❖ 4:00 Scheduled After-School Activities
- ❖ 4:30 STEAM Power Snack
- ❖ 6:30 2<sup>nd</sup> Departures

**Transportation is NOT Provided**

# Student Enrollment Form

Welcome to A Special Place Pre-K Academy LLC. Now that your enrollment has been established for your scholar(s) by our Director, you may proceed with our Enrollment Packet that includes a one-time non-refundable registration fee of \$150.00 per child. ALL forms included within the Enrollment Packet and fee must be completed prior to your child's attendance.

Complete and return or email form to [education@asp2steamacademy.org](mailto:education@asp2steamacademy.org) Upon completion, our HR department sets up your account and will email your invitation to Brightwheel.

## **Applicants Information**

Name of Child(ren) \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
\_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

**NOTE: A certified copy of the birth certificate and updated physical/shot record for each child must accompany this form.**

### **Parent or Guardian Placing the Chil**

Mothers Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Tuition

*Please read the following information carefully before completing, and signing the “Financial Service Agreement”*

Tuition is \$900.00 with available discounts and subsidiary assistance with Brightpoint, for those families that may qualify.

Parents may pay the full annual tuition or 3 months in advance and receive the 10 % discount. Monthly tuition is due by the 15<sup>th</sup> of each month, after which a late fee is applied. **A *daily* late fee of \$5 will be applied to the account for all payments past due beginning the 16<sup>th</sup> day of the month. (Maximum \$50.00)**

All account balances must be kept current for scholars to participate in all academy activities, including extra-curricular activities, athletics, graduation, assemblies, concerts, end of year program, field day, etc.

Failure to meet the tuition agreement results in our inability to meet our financial goals for our teaching team and our scholars. Therefore, legal action may be taken against those who do not fulfill their obligation. Legal expenses for remediation will be borne by the defendant.

Thank you for your support.

# Financial Service Agreement

I \_\_\_\_\_, parent of \_\_\_\_\_:  
Parent Name Student Name

- Understand paying tuition is parent responsibility.
- Understand, it is the parent responsibility to read and comply with the requirements outlined in this agreement.
- Understand tuition is invoiced as *full-time* unless an approved amended service agreement has been established in writing.
- Understand it is parental responsibility to notify the Academy via Brightwheel if my child will be absent or late on any given day.
- Understand that medical conditions are only excused with physicians' statements and more than 8 unexcused absences may result in a service review.
- Understand the Academy monthly tuition is \$900.00 and Brightpoint (State Subsidy) only **assist** with tuition, and the parent is responsible for any amount **not** covered by them.
- Understand the parent must notify the Academy of withdrawal **within 2 weeks** of this service agreement or **forfeit** any refunds of fees and payments made.
- Understand that a \$5 daily late fee will be accessed to unpaid monthly tuition after the 15<sup>th</sup> of each month. (Maximum of \$50)
- Understand that after 10 days of nonpayment my scholar will be suspended for nonpayment and may NOT return until the account is paid in full for that month. Failure to bring your account current may result in termination of the agreement. This arrangement will only be extended once per quarter. A second occurrence will be considered as a breach of agreement and result in the termination of the agreement.
- Understand when my payment is declined and/or insufficient payments are made, at the discretion of the Director, the account becomes **cash-only**.

**It is acceptable, in the case of co-parenting families for example, to have monthly tuition payments received from multiple sources, however only one person may be designated as the party responsible for any communication of tuition fees.**



# Responsible Parent

Please indicate which person will be solely responsible for the communication of this financial agreement. This person is the ONE that will be notified if any source of monthly fees is late, and they would be responsible for paying all portions of the fees to continue enrollment.

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\_\_\_\_\_ Responsible Parent Printed

\_\_\_\_\_ Responsible Parent Signature

**Scholars receiving state assistance must select one of the following prior to starting:**

\_\_\_\_\_ Agree to pay 1/2 the regular ASP2 monthly tuition, submit my Brightpoint application, with the understanding that the remaining balance must be paid within 30days while my application is being processed and continue this process until approved.

\_\_\_\_\_ Provide ASP2 with my Brightpoint approval letter, pay the established co-pay plus any amount of monthly tuition not covered by Brightpoint before starting and will continue to be due on the 1<sup>st</sup> of each month.

- . Please **circle** all that apply. I understand and agree that my child will be enrolled in the program below:

[Early Explorers Ages 2-3]

[Early Pre-K Ages 3-4]

[Pre-K Scholars Ages 4-5]

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

# **Dress Code Policy**

A Special Place Pre-K Academy LLC believes that appropriate dress and grooming contribute to a productive learning environment. Parents must respectfully take the lead in following the “**Dress Code Policy**”. Scholars' clothing should not present a health or safety hazard or a distraction which would interfere with their academics. Any parent who violates these standards shall be subject to appropriate action outlined below. The Director has established a reasonable dress code that prohibits students from wearing inappropriate apparel that disrupts or threatens to disrupt the school's activities.

## **A Special Place Pre-K Academy LLC Dress Code**

**Scholars are required to wear any combination of clothing with ONLY the colors Black and/or White only. This includes socks, jackets, and sweaters that will be worn in class. Scholars may wear black and/or white shoes. Additional uniform apparel specific to activities such as dance/gymnastics unitards, lab coats, smocks, safety goggles, will be provided by the academy.**

**Any portion of the scholar uniform not in compliance will be required to change into the approved uniform attire readily available in our ASP Store.**

**1<sup>st</sup> – Parents will be notified and given 30 minutes to bring a change of clothes in which during that time your scholar will be excluded from all academy activities.**

**2<sup>nd</sup> – After 30 minutes – Scholar will be changed into approved attire courtesy of ASP Store, and parents will be invoiced for reimbursement.**

**Payment may be made via CASHAPP \$liaceps**

**Thank You**

# Enrichment Field Trips & Activities

The purpose of the field trips is to expand and reinforce concepts learned in the classroom, as well as provide new and unique experiences not available in the classroom setting. The cost of these trips will be established in advance. Field trips will be affordable and accessible to all qualified and interested scholars. Scholars may be allowed but not required to participate in reasonable group fundraising efforts to defray the cost of field trips. The team involved in planning a field trip will include the Director and/or Instructors in the planning process in accordance with health and safety protocol to determine specific health/medical needs of scholars.

- Fundraisers, activities, and assignments are scheduled throughout the academy year. Parents and family are asked to assist in the responsibility of the scholar to ensure they fully participate.
- Dance and gymnastics will be offered to Scholars 4 years old and up. These classes help round out our curriculum and are enjoyed by all scholars. Scholars' grades will not be determined by talent or ability. Each scholar is expected to participate with a positive attitude and proper academy attire on the scheduled days.
- A Special Place Pre-K Academy LLC event provides opportunities for families to meet other families, get better acquainted, socialize, and just have fun. Be sure to pay attention to our FB reminder post, ASP2 website monthly updates, Brightwheel messages, Posted Information Flyers, Monthly Newsletters and (PRE-K SCHOLARS HOMEWORK folder, which is sent home weekly (TUESDAY & THURSDAY).

*Please sign the following page in acknowledgement of your permission to participate.*



# Permission to Participate

**Child(ren)** \_\_\_\_\_ - \_\_\_\_\_

I hereby give consent for my child(ren) to use all the play equipment and to participate in all the activities sponsored on behalf of A Special Place Pre-K Academy LLC

I hereby give consent for my child to be included in evaluations and assessments connected with A Special Place Pre-K Academy LLC.

I am aware that NO MEDICAL INSURANCE IS PROVIDED by A Special Place Pre-K Academy LLC or ASP2 STEAM Academy Inc.

I am aware that activities and field trips may require additional written permission and my support.

I hereby understand that I am responsible for my child whenever applicable if I fail to give written consent for my child to participate in ASP2 STEAM Inc activities away from school. *Consent forms will be provided prior to each scheduled activity.*

Mother/Co-Parent/Legal Guardian

Date

\_\_\_\_\_  
Father/Co-Parent/Legal Guardian

Date

\_\_\_\_\_  
Director

Date

# Permission to Photograph

I,

\_\_\_\_\_  
(parent's or guardian's name)

give permission for

**A Special Place Pre-K Academy LLC**

to photograph my child,

\_\_\_\_\_  
(child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Photographs:</b>		
Display in provider's & teacher's personal scrapbook		
Display in ASP2 scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on ASP2 website *		
Use still photos in ASP2 promotional materials		
<b>Videos:</b>		
Give video to current parents		
Display video on ASP2 website and Social Media Platforms		
Use videos in ASP2 promotional materials		
<b>Other (please list):</b>		

\* Only first names and last initials (in the event of two or more children with the same first name) will be displayed on the ASP2 website, social media pages, and promotional materials.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment and beyond. Any removal of pre-existing posting must be done in writing and will be considered at the discretion of the Director and the expense of the parent/guardian.

Signed:

\_\_\_\_\_

# Discipline and Redirection

Children need certain rules and limitations established for them, but good discipline is more than simply strict control. It is based on mutual respect and high expectations for responsible behavior. Scholar behavior can best be managed through cooperation and communication between parents and the academy. All instructors are required to follow *A Special Place Redirection Policy*. It is the policy of the academy not to use corporal punishment as a disciplinary measure. Scholars involved in any of the behaviors listed below will be subject to disciplinary action up to and including expulsion based on the seriousness of the offense as determined by the Director. These behaviors include:

- Creating an unsafe environment for other scholars
- Vandalizing academy or personal property
- Using profanity
- Speaking or acting in a lascivious manner
- Hitting, biting, or fighting with malicious intent to inflict injury.

*Any suspension or expulsion will be at the discretion of the Director.*

Please sign the following page in acknowledgement of A Special Place Redirection Policy

# A Special Place Redirection Policy

**Our goal is to prepare scholars for their future in every way possible, even as far as our disciplinary procedures. Each child enrolled deserves the best opportunity for a positive learning experience and positive redirection. We do not have *Corporal Punishment*; however, we will work together to redirect unacceptable behavior.**

Our redirection policy is explained below:

The policy will allow your child to be given *5 chances each day*.

- The first time, redirected for unacceptable behavior and given a verbal warning.
- The second time, placed at the appropriate age "Time Out,"
- The third time, may lose a privilege or may be excused from a specific activity for that day
- The fourth time, the director will be notified of your child's behavior and sent to SMART. (Skills Mastered And Redirection Training)
- The fifth time, at the director's discretion, necessary redirection action will be taken, resulting in a note sent home to explain the behavior and the actions taken. This may consist of in-school detention or suspension depending on the circumstances.

*(A parent/provider conference may be requested, and your child may not be able to attend the academy.)*

This is to certify that my child \_\_\_\_\_ has been informed of the expectations and understands the redirection consequences above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Medical Instruction Form

**Parents are notified immediately if there is an emergency concerning their scholar. If parents are unavailable, this form acknowledges their approval to provide immediate care.**

Scholar's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
*Print* *Signature*

\_\_\_ My scholar is exempt from medical care on religious grounds.

\_\_\_ I give permission to A Special Place Pre-K Academy LLC Director and/or staff

- to provide prompt services by contacting my scholar's physician provided and/or

hospitalization to **Memorial Hospital, 4500 Memorial Drive**, if needed in the event of an emergency.

- to administer the following medication to my scholar, after consulting with the parent.

\_\_\_ Amoxicillin

\_\_\_ Albuterol

\_\_\_ Allergy \_\_\_\_\_

\_\_\_ Tylenol or other pain medication \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

- Medicine in scholar's possession \_\_\_\_\_
- Medicine scholars are allergic to \_\_\_\_\_
- Medical conditions of scholars \_\_\_\_\_

\_\_\_\_\_  
*Director Signature*

\_\_\_\_\_  
*Date*



# IMMUNIZATION WAIVER

**REMINDER:** You are required to provide a certified copy of your child's birth certificate and up-to-date immunization records. Please attach a copy of those required documents with this application for enrollment.

These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the academy.

This form is for \_\_\_\_\_

Child's Name

Completed By \_\_\_\_\_

WAIVERS: For health reasons this student should not receive the following immunizations:

\_\_\_\_\_

(Please list above any immunizations already received).

\_\_\_\_\_  
Physician Signature

For religious reasons this student should not be immunized. For personal reasons this student should not be immunized. This form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

## Emergency Contact Information

Child's Name:	
Home Address:	
City, State, Zip Code:	

Sibling(s) Name:	Birth date:	Living in a Child's Home? (Y/N):

Mother's (Guardian's) Name:	
Home Phone:	

Father's (Guardian's) Name:	
Home Phone:	

Please list alternate to be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

Alternate Contact:	
Relationship to child:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes, _____ No _____	

**Cont,**

Child's Doctor (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

This is a legally binding form. By signing below, you state that all the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainers, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Signature	Date

# Child Pick Up List

**Child's Name:** \_\_\_\_\_

Please list all people who have permission to pick up your child/children from A Special Place Pre-K Academy LLC other than parents or legal guardians. Only those individuals listed on this form will have permission to pick up your child/children and will be required to show a form of legal picture ID. If you need to make changes to this form, please inform the Director or Administrative Assistant as soon as possible before any pick-up changes are to take place. Only a parent/guardian may make changes to this form.

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>

\_\_\_\_\_  
**SIGNATURE PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**



## All About Me!

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Medical Problems

\_\_\_\_\_  
\_\_\_\_\_

Regular Medication \_\_\_\_\_  
(Requires Statement from Physician)

Physical Concerns

\_\_\_\_\_  
\_\_\_\_\_

Restrictions for play

Outdoors \_\_\_\_\_

Indoors \_\_\_\_\_

Allergies

\_\_\_\_\_  
\_\_\_\_\_

Food Likes \_\_\_\_\_

Food Dislikes \_\_\_\_\_

Fears \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_

**All Information Shall Be Perceived and Managed Confidentially**