

# ENROLLMENT PACKET



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

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**ASP2 STEAM Academy Inc**

# Enrollment Information

- ❖ Total Capacity: 70 Children
- ❖ Open to the Community
- ❖ 1<sup>st</sup> Enrollment: Begins May 1<sup>st</sup> – May 30<sup>th</sup>.
- ❖ 2<sup>nd</sup> Enrollment: August 1<sup>st</sup> – August 15<sup>th</sup> .
- ❖ Waiting List will be maintained & notified upon availability.
- ❖ Teacher to Child ratio: (1:10 or 1:15) Depends on Grade Level
- ❖ Grade Levels are as follows:
  - Early Pre-K
  - Pre-K Scholars
  - Kindergarten
  - Grade 1
- ❖ Hours of Operation: 7am to 6:30pm
- ❖ Class Hours are from 8am to 3pm (Attendance Monday - Friday)
- ❖ After School Hours 4:00 to 6:00 (Activities TBA Monday - Friday)
- ❖ The dress code (Black and White) is required to be followed by all students. (See Handbook for additional details.)
- ❖ Monthly Fee: \$600 7am-4pm \$700 7am-6:30 (Autopay 10% off)
- ❖ Sibling Discount of 25% = \$450 7am-4pm \$525 7am-6:30
- ❖ CHASI Accepted with Approval Letter and \$300 Non-Refundable
- ❖ Tuition Payment Methods: AutoPay-Brightwheel-Cash-Check-Zelle
- ❖ Communication: Brightwheel-TextScan-Website-FaceBook-Flyers



## Daily Agenda

- ❖ 7:00 ASP2 Arrival – Assigned Area for Breakfast
- ❖ 7:50 Clean-Up & Commence to Assigned Classroom
- ❖ 8:00 Curriculum Academic Learning
- ❖ 10:00 STEAM Power Snack
- ❖ 11:30 Lunch-Recess-Rest
- ❖ 2:00 Commence to Assigned Classrooms
- ❖ 2:15 STEAM Assignments and Clean Up
- ❖ 3:00 1<sup>st</sup> Departures
- ❖ 3:15 STEAM Power Snack
- ❖ 4:00 After-School Activities
- ❖ 6:00 2<sup>nd</sup> Departures
- ❖ 6:30 Closed



## Our Mission

A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc. will strive to create a challenging learning environment that encourages extraordinary expectations for success, through development from proper education. We will promote a safe, well-structured, technical, and artistic environment where each student's self-esteem will be fostered by positive relationships between students and staff. We will endeavor to involve our parents, teachers, and community members in our STEAM Academy programs. We will provide hand-on activities involving a combination of Science, Technology, Engineering, Arts and Math that will help them to be fully prepared for the future.

## Admission Agreement

A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc, provides quality Pre-K to 1<sup>st</sup> Grade 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 "**Holiday Schedule**". You can find these listed days in your Enrollment Packet, the Parent/Student Handbook, and our website.

Prior to enrolling your child, we require that you schedule a pre-enrollment interview and tour of our facility. You will be informed of both parental and personal rights, which are included in your Enrollment Packet. Each child must be clocked in and out each day, using the kiosk via Brightwheel. Each child will be required to wear the required colors of **Black and/or White**. This agreement may be terminated by the parents' written notice of withdrawal or by the Director if warranted conditions are found. Please sign and date that you have acknowledged and agree to ASP2 STEAM Academy Admission Agreement. \_\_\_\_\_

Parent Signature

If you are interested in enrolling your child at ASP2 STEAM Academy Inc, please fill out our Enrollment Form and email form to [education@asp2steamacademy.org](mailto:education@asp2steamacademy.org) Upon completion, our personnel will call to offer your child a space. If at that time our program is full, you can be placed on our waiting list and notified when an opening is available. Please be mindful that children are placed on a first come, first serve basis. Feel free to contact us during business hours (7am-6:30pm) if you have any questions at 618-416-5442 or 618 416-8181.

Once enrollment has been established for your child, you will be provided with our ASP2 Registration 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 attending.

### **Application**

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

Address \_\_\_\_\_

### **Parent or Guardian Placing the Child**

Name \_\_\_\_\_ Date \_\_\_\_\_

Relation to child \_\_\_\_\_ Alternative Contact \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Contact \_\_\_\_\_

## Use of ASP2 Computers

As a part of my schoolwork, my school gives me the use of computers and storage space on the server for my work. My behavior and language are to follow the same rules I follow in my class and in my school. To help myself and others, I agree to the following promises:

1. I will use the computers only to do school work, and not for any other reason. I will not store material that is not related to my schoolwork.
2. I will use the Internet only with my teacher's permission.
3. I will not give my password to anyone else, and I will not ask for or use anyone else's password.
4. I will not put on the computer my address or telephone number, or any other personal information about myself or anyone else.
5. I will not upload, link, or embed an image of myself or others without my teacher's permission.
6. I will not play games that a teacher has not approved.
7. I will be polite and considerate when I use the computer; I will not use it to annoy, be mean to, frighten, threaten, tease, bully, or poke fun at anyone; I will not use swear words or any other rude language.
8. I will not try to see, send, or upload anything that says and/or shows bad or mean things about anyone's race, religion or sex.
9. I will not damage the computer or anyone else's work.
10. I will not take credit for other's work.
11. If I have or see a problem, I will not try to fix it myself, but I will tell the teacher.
12. I will not block or interfere with school or school system communications.
13. My teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer.
14. I know that the conduct that is forbidden in school is also forbidden when I use computers outside of school if it interferes with other students' education, and if I break the rules there will be consequences.

Print Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: I have read and discussed with my child the Acceptable Use Agreement, and I give permission for his or her use of the resources. I understand that computer access is conditional upon adherence to the agreement. Although students are supervised using computers, and their use is electronically monitored, I am aware of the possibility that my child may gain access to material that school officials and I may consider inappropriate or not of educational value.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENTS MAY NOT USE COMPUTERS UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE TEACHER.**

**Permission to Photograph**

I,

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

give permission for

\_\_\_\_\_  
(name of child care provider or facility)

to photograph my child,

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

for the following purposes:

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

\* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

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.

Signed:

\_\_\_\_\_  
(parent or guardian signature, and date)

# IMMUNIZATION

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 \_\_\_\_\_ (Parent Name)

\*It is anticipated that varicella vaccine or history of disease will be required for students entering pre-k and kindergarten in IMMUNIZATION HISTORY. Please attach a copy of your child(ren) physical/shot record with this application for enrollment.

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

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



## Dress for the Future

A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc believes that appropriate dress and grooming contribute to a productive learning environment. The Board expects students to give proper attention to personal cleanliness and to wear clothes that are suitable for the school activities in which they participate. Students' clothing must not present a health or safety hazard or a distraction which would interfere with the educational process. Students and parents/guardians shall be informed about dress and grooming standards at the beginning of the school year and whenever these standards are revised. A student who violates these standards shall be subject to appropriate disciplinary action. 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. The dress code is as follows:

**Students are required to wear any combination of clothing with the colors black and/or white only. Black and/or white shoes of your choice may be worn, but preferably sneakers, without any color logos. Lab coats, smocks, safety goggles, and any other required dress items for specific classes will be provided.**

Responsible Party:

\_\_\_\_\_ Print      Date \_\_\_\_\_

\_\_\_\_\_ Signature

# Service Agreement

*Please read the following agreement carefully, fill out your child's name and attendance information, sign, and return it prior to your child's first day of attendance.*

It is my responsibility to read and comply with ASP2 STEAM Academy's Parent Handbook. It is my responsibility to notify the Academy Administration or my scholars teacher if my child will be absent or late on any given day. Failure to notify does not excuse tuition or academic requirements. Attendance is highly important to receive the full expectations of the curriculum. If a student has 8 unexcused absences in one quarter, the student may be subject to suspension until the next quarter. Medical conditions are excused with doctor's documentation.

I hereby agree to notify ASP2 STEAM Academy Inc in writing in advance of my child's withdrawal **within 2 weeks** of this service agreement or **forfeit** any refunds of fees and payments made on my child's behalf.

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

Early Pre-K      Pre-K Scholars      Kindergarten      1<sup>st</sup>      After-School

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

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

I will bring my child(ren) at: \_\_\_\_\_ and pick up at: \_\_\_\_\_

Responsible Party:

\_\_\_\_\_ Print      Date \_\_\_\_\_

\_\_\_\_\_ Signature

## **Permission to Participate in Academy Activities:**

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

I hereby give consent for my child(ren) to use of all the play equipment and to participate in all the activities of A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc.

I hereby give consent for my child to be included in evaluations and assessments connected with A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc.

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 field trips will require additional written permission.

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 A Special Place Pre-K Academy LLC and/or ASP2 STEAM Inc activities away from school. *Consent forms will be provided prior to each scheduled activity.*

### **Please Initial**

\_\_\_\_\_ A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc. will not be responsible for anything that may result from false information given by parent or guardian.

\_\_\_\_\_ A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day or who has not been signed out.

Father/Co-Parent/Legal Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

Mother/Co-Parent/Legal Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

Director

Date

\_\_\_\_\_

\_\_\_\_\_

# Financial Agreement

## **For All Parents/Legal Guardians:**

- I hereby agree to notify A Special Place Pre-K Academy LLC and/or ASP2 STEAM Academy Inc, in writing, of my child's withdrawal by the 10<sup>th</sup> of the current month. Failure to do so results in full payment for that month due.
- There is a \$1 per minute fee after the required pickup time of 6:30pm.
- A \$5 daily late fee will be assessed to unpaid monthly tuition after the 15<sup>th</sup> of each month. (Maximum of \$50)
- After 10 days of nonpayment your scholar will be suspended for nonpayment and may NOT return until your account is paid in full for that month. Failure to bring your account current will 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 termination of the agreement.

## **Responsible Party:**

Please indicate which person will be solely responsible for the communication of this financial agreement. *It is acceptable, in the case of co-parenting families for example, to have monthly fee payments received from multiple sources, however only one person may be designated as the responsible party for any communication of tuition fees.* This person is the one that will be notified if any source of monthly fees is late, and they would be responsible to pay all portions of the fees to continue enrollment.

Responsible Party:

\_\_\_\_\_ Print                      Date \_\_\_\_\_

\_\_\_\_\_ Signature

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

Father's Name:	(Guardian's)	
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 _____	

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 retainer, 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 persons who have permission to pick up your child/children from A Special Place Pre-K Academy LLC and/or ASP2 STEAM Academy Inc., 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

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

Physical Concerns

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Restrictions for play

Outdoors \_\_\_\_\_

Indoors \_\_\_\_\_

Allergies

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

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

Fears \_\_\_\_\_

Comments

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



## REDIRECTION ACKNOWLEDGEMENT

At A Special Place Pre-K Academy LLC and ASP2 STEAM Academy Inc, our goal is to prepare the children for their future in every way possible, even as far as our disciplinary actions. Each child enrolled deserves the best opportunity for a positive learning experience. We do not have *Corporal Punishment*; however, we will work together to redirect unacceptable behavior.

Our redirection policy is explained in the **Parent/Student Handbook**. The policy will allow your child to be given *4 chances each day*.

- The first time your child is redirected for bad behavior, he/she will be given a verbal warning by his/her teacher.
- The second time your child will be placed in "Time Out," which involves writing.
- The third time your child may lose a privilege or may be excused from that day's activities.
- The fourth time the director will be notified of your child's behavior. 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.

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

\_\_\_\_\_  
Date

