

# Foundations Early Learning Academy Student Registration Packet

**Student's Name:** \_\_\_\_\_

\_\_\_\_\_ Student Information Page

\_\_\_\_\_ Tuition Agreement

\_\_\_\_\_ Child Pick-up Authorization

\_\_\_\_\_ Consent for Emergency Medical Care

\_\_\_\_\_ Emergency Allergy Questionnaire

\_\_\_\_\_ Photo / Video Release

\_\_\_\_\_ Acknowledgement of receipt of family handbook

\_\_\_\_\_ Current Immunization Record

## Student Information Page

Date: \_\_\_\_\_ Start Date \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Name Used by Student (nickname):** \_\_\_\_\_

Birthdate: \_\_\_\_\_ (please circle) boy or girl

Address: \_\_\_\_\_

**Mom's Name** \_\_\_\_\_ **Dad's Name** \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

email \_\_\_\_\_ email \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ phone # \_\_\_\_\_

Does student have any medical issues that preschool staff should be aware of? YES or NO

If YES, please describe: \_\_\_\_\_

Does student have a current Individualized Education Plan (IEP)? YES or NO

If YES, please attach a copy of the IEP with this form.

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

**STUDENT REGISTRATION  
TUITION AGREEMENT FOUNDATIONS EARLY LEARNING ACADEMY**

My child, (Please print) \_\_\_\_\_ is seeking enrollment for Foundations Early Learning Academy.

**Registration Fee of \$100 must be paid (non-refundable) in full to secure enrollment for the coming school year. Parent must agree to pay the non-refundable registration fee upon registration. Enrolment in Foundations Early Learning Academy will not be guaranteed until registration is paid in full. THIS IS A ONE TIME REGISTRATION FEE**

Monthly tuition payment in the amount of: (initial one)  
\_\_\_\_\_ \$600 (full time)

\_\_\_\_\_ \$360 (Monday/ Wednesday/ Friday)

\_\_\_\_\_ \$240 (Tuesday/ Thursday)

The parent agrees to be responsible for the tuition payment.

The parent agrees to pay the tuition payment on the first day of attendance each month or split payment (for full time only) by the 1<sup>st</sup> (\$300) and 15<sup>th</sup> (\$300) of each month.

The parent understands that if payment is not made in full by the 15<sup>th</sup>, they are subject to a late fee of \$25.00 which will be added to the balance **each week** until the balance is paid in full.

The parent understands payments must be made in cash or by auto draft.

The parent/guardian understands that scheduled days are established by Foundations Early Learning Academy.

Fees will not be waived or refunded for school days missed due to family vacations, illness, unforeseen closures due to inclement weather or for any other reason.

By signing this enrollment/tuition agreement I understand and will abide by the terms of the Registration and Tuition agreement, as well as all conditions for attending Foundations Early Learning Academy outlined in the Family Handbook.

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name (please print) \_\_\_\_\_

**WE DO NOT SEND OUT PAYMENT STATEMENTS! YOU WILL GET AN ANNUAL STATEMENT IN JANUARY.**

# Child Pick-Up Authorization

Student Name: \_\_\_\_\_

Children are only permitted to be picked up by those the enrolling parent(s) authorize. Keep this list up-to-date. If you need to ask someone to pick up your child who is NOT on the authorization, please notify us ahead of time by adding them in writing to your child's pick-up authorization. Anyone picking up a child should be prepared to supply photo identification.

## Authorized Pick-Up Person(s)

Name	Relationship	Phone Number

Authorized by:

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Consent for Emergency Medical Care

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_

In an emergency situation, if parent (s) cannot be reached, the student will be transported by ambulance to the hospital emergency room. Efforts to notify parent (s) will continue until they are reached.

Allergies/ allergic reactions \_\_\_\_\_

Conditions/ Concerns \_\_\_\_\_

Name of Doctor's Office \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's phone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Emergency Allergy Questionnaire

Please complete the following questions in order to be sure that your child is safe while attending our preschool program. We need to know if your child has any food allergies and or insect sting allergies. In addition, we need to know if our child has an EpiPen and/or **rescue** asthma inhaler.

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

Is your child allergic to peanuts? YES or NO

Is your child allergic to tree nuts? YES or NO

Does your child have any other food allergies? YES or NO

If yes, please list ALL food allergies: \_\_\_\_\_

Is your child allergic to any biting insects? YES or NO

If yes, please list ALL insect allergies.

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Does your child have an EpiPen? YES or NO

If yes, we MUST have a doctor's order and EpiPen on campus AT ALL TIMES.  
Parent is responsible for replacing the EpiPen prior to expiration date.

Does your child have asthma or other breathing conditions? YES or NO

Does your child have a rescue inhaler? YES or NO

If yes, we must have a doctor's order and inhaler on campus AT ALL TIMES.  
Parent is responsible for replacing the inhaler prior to depletion and/or expiration date.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Illness Policy

Do not bring your child to school with any potentially communicable disease including, but not limited to; a cold, discharging eyes, rash, fever over 100.0, diarrhea, head lice/nits, upset stomach (vomiting) or fever within the past 24 hours. Until your child has been fever-free and symptom-free, without medication for 24 hours, he can still be contagious.

If your child has been placed on an antibiotic, please keep him at home until he has been on the medication for at least 24 hours.

If your child becomes ill or injured at school, they will be isolated and made comfortable. Parents will be called and asked to make arrangements to have the child picked up within one hour.

No one can care for your sick child like you, so please let us know if any of your Emergency Contact numbers change during the school year. This information must be updated in advance, in writing, on your child's information page.

If your child is sent to school with any of the above listed symptoms, or symptoms develop during the day, they will be sent home. Children should NEVER be medicated and then sent to school (i.e. given Tylenol to break fever). You should arrange for back-up care when your child is sick, and there are no refunds or discounts for days that your child does not attend Foundations.

If your child will not be attending school due to illness or any other reason, please let someone at the center know as soon as possible. Please provide the reason they will not be attending.

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Parent/ Guardian Signature

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Date

## Permission to Photograph

Children may be photographed while engaging in classroom or school supervised activities. Children may be included in videos while participating in activities at school. Photographs and/ or videos may be used in the following ways:

- On Preschool website ([www.foundationsearlylearningacademy.com](http://www.foundationsearlylearningacademy.com))
- On preschool Facebook page
- In preschool newsletter
- In preschool displays
- Shared with local media (may include television or newspaper)
- Marketing or other business purpose

Please indicate if you give permission for your child to be included in photographs or videos.

### INITIAL ONE

\_\_\_\_\_ I give permission for my child to be included in photographs and videos

\_\_\_\_\_ please DO NOT photograph or video my child. School does not have  
Permission to include my child in photographs or videos.

Student Name \_\_\_\_\_

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

Parent Printed Name \_\_\_\_\_

Date \_\_\_\_\_



## **Classroom use of Movie, Video and/ or Computer Games**

Preschool children will have opportunities to learn and to practice skills with computer technology (which may include iPad/tablet, computer, interactive board and other forms of electronic technology). All programs which students may access are appropriate for preschool age children. In addition, all computer systems are equipped with filtering software in order to prohibit access to inappropriate websites. School staff will closely supervise students' choices during computer based activities.

Throughout the year, children will have opportunities to see educational and/or entertainment movies. All movies will be rated G (for all audiences) and/or approved for preschool educational purpose.

Please sign below in order to verify you have been informed regarding classroom use of movies, computer, video and any other technology.

Student Name \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Foundations Early Learning Academy

## Acknowledgment of Receipt of Family Handbook

### PARENT/ GUARDIAN MUST INITIAL EACH LINE AND SIGN BELOW

\_\_\_\_\_ I acknowledge that a copy of the Foundations Early Learning Academy, Parent Handbook is available to me in the following formats:

\_\_\_\_\_ Online at the [www.foundationsearlylearningacademy.com](http://www.foundationsearlylearningacademy.com) under Family Handbook

\_\_\_\_\_ Reference copy available for review in my child(s) classroom

\_\_\_\_\_ Reference copy available for review in the director's office

\_\_\_\_\_ A hard copy available to me upon request

\_\_\_\_\_ I acknowledge that I have read the Foundations Early Learning Academy Family Handbook and understand it's content.

\_\_\_\_\_ I will utilize this handbook as a reference to help clarify and interpret the program, philosophy and policies of Foundations Early Learning Academy

\_\_\_\_\_ I understand that the information contained within the Foundations Early Learning Academy Family Handbook is considered property of the Foundations Early Learning Academy and may not be reproduced written permission of the Director.

\_\_\_\_\_  
Parent Signature / Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Additional Student