

Foundations Early Learning Academy Full Time 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

Full Time 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 _____



PLEASE RETURN BY MARCH 15, 2025

**FULL TIME STUDENT REGISTRATION / TUITION AGREEMENT
FOUNDATIONS EARLY LEARNING ACADEMY**

My child, (Please print) _____ is seeking enrollment for Foundations Early Learning Academy 2025-2026 school year.

Check ALL that apply:

_____ Please hold a Summer 2025 (June and July) Full Time spot for my child.

_____ I do not need a Summer 2025 (June and July) spot for my child.

_____ Please hold a Full Time spot for my child August 1, 2025- May 31, 2026

_____ I do not need a 2025-2026 spot for my child. If registering for PreK or K please list school attending: _____

Tuition payment in the amount of \$700 due monthly.

The parent agrees to be responsible for the tuition payment for the 2025-2026 School Year.

The parent agrees to pay the tuition payment on the first day of attendance each month or split payment by the 1st (\$350) and 15th (\$350) of each month.

The parent understands that if payment is not made in full by the 15th, 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 they are subject to a \$35.00 fee assessed for a returned check which must be paid by the end of the month during which the fee was assessed.

The parent/guardian understands that scheduled closures are established by Foundations Early Learning Academy and released at time of registration.

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.

All payments can be made in the form of cash or autodraft (forms available at request).

A locked dropbox is located in the lobby. Please make sure to include your child's name on a sealed envelope if you wish to pay in cash.

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 (updated copy is available at www.foundationsearlylearningacademy.com).

A \$310 (half of a month's tuition) cancelation fee will apply after June 1, 2025, if you decide you no longer need a spot at Foundations. This fee will be automatically drafted from the checking account you have provided.

Parent / Guardian Signature _____ Date: _____

Parent / Guardian Name (please print) _____

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.

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.

Parent/ Guardian Signature

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)
- 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 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