



**CONSENT FOR PICK-UP /EMERGENCY CONTACTS:**

**Persons to be contacted and who can assume responsibility if parent cannot be reached: (2 required)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

*Note: Photo ID is required for all individuals picking up a child from school.*

**If there is a person who may NOT HAVE ACCESS to child, please indicate:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Order of Protection exists? \_\_\_\_\_

**MEDICAL CONSENT**

I, \_\_\_\_\_ (parent/guardian), hereby give my consent to any emergency medical, surgical, or dental treatment for my child \_\_\_\_\_ (child's name) deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible. I further agree to bear any, and all expenses incurred as a result of such treatment.

**AUTHORIZED MEDICAL INFORMATION:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital of Choice: \_\_\_\_\_ Address: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**REGISTRATION SUMMER 2023**

Month: July \_\_\_\_\_ August \_\_\_\_\_

Days of the week: TWO DAYS: Tuesday & Thursday \_\_\_\_\_  
THREE DAYS: Monday, Wednesday, and Friday \_\_\_\_\_  
FIVE DAYS: Monday to Friday \_\_\_\_\_

Half days, morning, or afternoon time:

HALF DAYS: \_\_\_\_\_ AM OR \_\_\_\_\_ PM \$ \_\_\_\_\_

FULL DAYS: \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fee (\$100): \$ \_\_\_\_\_

Security deposit: \$ \_\_\_\_\_

(see last page for information on security deposit)

*Please check here if you want to send your child to extended care*

**AM Extended care:** 6:30 am \_\_\_\_\_ 7:30am \_\_\_\_\_

**PM extended care:** 3:30pm \_\_\_\_\_ 4:30pm \_\_\_\_\_ 5:30pm \_\_\_\_\_

Which days will your child attend **AM** extended care?

\_\_\_\_\_

Which days will your child attend **PM** extended care?

\_\_\_\_\_

Total for Extended Care: \$ \_\_\_\_\_

Total amount received: \$ \_\_\_\_\_

## PICTURE CONSENT

We would like to have your permission to take your child's photograph throughout the school year for bulletin boards, projects, class photos, website, and class photo albums.

*Please check below:*

\_\_\_\_\_ **Yes**, I give permission to have my child photographed

\_\_\_\_\_ **No**, I do not give my permission to have my child photographed

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*Parent/ Guardian's Signature*

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*Date*

## PARENT CONTRACT

- We understand that our child is not officially enrolled until Registration fee, security deposit, and one month's tuition is paid in full.
- **Security deposit** will go towards the last month of my child's enrollment month.
- **Security deposits** are **only** refundable if Little Excellence is notified by a written notice a month before withdrawal date requested.
- Security deposit amount will be adjusted if my child's schedule changes throughout the year.
- I understand that I will continue to be billed if I decided to leave Little Excellence without a written notice, and I'm responsible to pay any outstanding balances.
- **Tuition is due every 1<sup>st</sup> of the month**. If tuition is not paid by the **5<sup>th</sup> of the month** there will be a **late fee of \$50**. My child will not be able to attend until tuition and late fee is paid in full. Little Excellence has the right to disenroll my child from school if payment is not made.
- Bounced Check fees are **\$50.00**. If checks bounce more than twice a year you will only be able to pay tuition by cash or money order
- I understand that there are no make-up days for non-attendance days. (Ex: Vacation, feeling ill, school events, holidays, snow closures, etc.)

**By signing below, you acknowledge receipt of the Parent Contract, and agree to the terms outlined in this contract**

Parent/ Guardian's Signature \_\_\_\_\_

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

Director's Signature \_\_\_\_\_

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