

SHERWOOD CHRISTIAN ACADEMY

Elementary Enrollment Packet

Welcome to Sherwood Christian Academy! To provide you and your family with the best services, we need the following information at enrollment:

- Enrollment form with Copies of Photo ID
- Service Agreement
- Center Policies
- Pick-up Authorization
- Discipline Policy
- Medical Information and Consent to Medical Care
- Immunization Record/Exemption Letter
- Birth Certificate
- \$250.00 Non-refundable registration fee

You can find us on the web at: www.sherwoodchristianacademy.com

Thank you so much for your interest in Sherwood Christian Academy. We look forward to serving you and your family soon!

Sincerely,

Ronda Sobczak, Owner
Sherwood Christian Academy
1061 Lantrip Road
Sherwood, AR 72120
501-833-2277
www.sherwoodchristianacademy.com

***IF THERE HAVE BEEN ANY CHANGES TO YOUR DEMOGRAPHICS, PLEASE CHECK THE BOX SO THAT THE APPROPRIATE UPDATES CAN BE MADE IN OUR SYSTEM.** ☐

Student's Last Name: _____

Student's Name _____ Date of Birth _____ Grade _____

Teacher's Name _____

Father's Name _____ Mother's Name _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ If parents are separated, with whom does the child reside? _____

Father's Place of Employment _____ Phone _____ Hours _____

Mother's Place of Employment _____ Phone _____ Hours _____

Father's Mobile _____ Mother's Mobile _____

E-mail Address _____

Siblings/Grade _____ Other Siblings/Age _____

Name of Child Care _____ Phone _____

Name of person to call if parents cannot be reached _____ Relationship _____

Phone (must be accessible) _____ Address _____

Is this person authorized to take student from school? Yes _____ No _____ List ALL other adults who may take student from school:

Name	Relationship	Address	City	Telephone

Emergency and Medical Information

Permission to Treat: Yes _____ No _____

Allergies: Yes _____ No _____ If yes, please list: _____

Existing Medical Condition(s):

____ Asthma ____ Recurring Illness ____ Diabetes ____ Cardiac ____ Epilepsy ____ Other: _____

Comments: _____

Current Medication(s): _____

Emergency Contacts (other than parent/guardian):

Name	Relationship	Address	City	Telephone

Consent for Emergency Medical Care

Parents are contacted first in case of illness or accident. In cases of extreme emergency or life threatening situations, SCA is authorized to obtain medical treatment at a local hospital/doctor on our behalf until parental/guardian arrival at _____ hospital.

Physician's Name _____ Phone _____

I/We _____ (Mother/Father/Guardian) of above named child do hereby request and give consent to the principal of the school or his/her duly appointed representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the principal or his/her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

Parent/Guardian Signature _____ Date _____

Kindergarten- Fifth Grade Enrollment Form

Name of Child: _____

Date Entered Care: _____ Birthdate: _____ Race _____

Address: _____, City: _____ ST _____ Zip _____

Email: (mom) _____ (dad) _____ Phone _____

Allergy Alert: Does your child have allergies? Yes No To What?

Parent(s) or Guardian(s) Contact Information:

Name: _____ Relationship: _____

Phone _____

Name/Nickname of child: _____ Sex _____ Age _____

Name/Nickname of child: _____ Sex _____ Age _____

Name/Nickname of child: _____ Sex _____ Age _____

We always try to contact parents first. However, we are **required** to have an emergency contact **OTHER THAN** parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate: (These people will need to show photo ID before they will be allowed to pick up your child.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

If yes, please list his/her name and attach the required documentation.

Name _____ Relationship to Child _____

Are there custody arrangements we need to be aware of? _____

Service Agreement

Name: _____ Date enrolled: _____

Please print

Age: _____ Phone: _____ Email _____

(Mom) _____ (Dad) _____

I, _____, hereby enroll and agree to pay for my child's schedule and programs as listed below. I understand that I am reserving this space for my child, I agree to pay the fees set forth below for that space and understand that I will NOT receive a refund when my child misses a day (i.e. for illness, vacation, etc.).

I understand that this agreement incorporates, and is subject to, the policies and procedures of Sherwood Christian Academy, including all terms and conditions outlined in the Payment Policy and the Parent Handbook.

Programs/Fees:

Cost:

Enrollment Fee (paid annually, every February)

\$250.00 (NON-REFUNDABLE)

Educational Program

● Kindergarten-5th grade

\$9,100

Hours 7:45-2:45

After Care

\$50 per week

Other Services *After Care hours 2:45-5:30

*before care hours 7:00-7:45

Parent/Guardian Signature: _____ Date: _____

My child WILL / WILL NOT be attending After Care

The \$50 fee will be deducted through Brightwheel every Friday.

Pick-up Authorization Form

The following people are authorized to pick up your child from the center in non-emergency situations - anyone other than the listed people must be called in to the office to make us aware. Everyone will be asked to provide a photo ID.

MEDICATIONS

All medications MUST be labeled with the child's name and date. Medication Log must be filled out by parent/guardian with signature and date, dosage, and time to be given daily. Prescription drugs and other medications required by the child must be in the original container and clearly marked with the child's name and dosage schedule. By signing below, you understand the above statement and allow a staff member to administer daily ONLY the medications logged-in.

Parent/Guardian Signature: _____

SCA Owner/Director Signature: _____

Release and Request

Child's Name (please print): _____

Phone: _____

My signature below gives permission for the following:

In an emergency Sherwood Christian Academy has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, the child is transported to the nearest hospital and seen by the doctor on call. (Parents are always notified as soon as possible).

My child may be given sunscreen, skin so soft, anti-itch spray, anti-bacterial first aid cream and diaper ointment, as needed. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. (All medications must be current and require permission slips for each medication).

I, _____, hereby give permission that my child, _____, may be given emergency treatment to include First Aid and/or CPR by a qualified child care staff member at Sherwood Christian Academy. I further authorize and consent medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital, when deemed immediately necessary or advisable by a physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent for such treatment.

I also give my permission for my child to be transported by personal vehicle, ambulance or aid car to an emergency center for treatment.

Emergency Phone Numbers: (Where Parent/Guardian can be reached, listed in order)

1. Number:		Location:		Ask for:	
2. Number:		Location:		Ask for:	
3. Number:		Location:		Ask for:	
4. Number:		Location:		Ask for:	
5. Number:		Location:		Ask for:	

Signature of Parent/Guardian

Date

Print

Medical Information

Name of Child: _____

Date Entered Care: _____ Birthdate: _____

Address: _____, City: _____ ST _____ Zip _____

Medical Information:

Medical Provider: _____

Address: _____ Phone _____

Child's Dentist: Address: _____ Phone _____

Disabilities: Does your child have any diagnosed disabilities? (please circle) Yes No
If yes, please describe:

Does your child have a plan of treatment for their disabilities? (please circle)** Yes No
If yes, please describe

NOTE: SCA may have students assessed for speech therapy by Kids Source upon recommendation by their teacher. All assessment results will be shared with parents.

****If your child has a plan for an allergy or a disability we must have a copy of the plan signed by their physician on file before we may provide care.****

Medications: Does your child take any prescription medications? (please circle) Yes No
If yes, please list name of medication and dosage your child takes (including any medication taken only at home):

****Medications must be current, have your child's name on it clearly and require a signed and dated "Medication Administration" Form or a prescription signed by your physician****

Other pertinent Information/ Special Requests:

If your child has a *special diet, medical allergies, skin allergies or food allergies*, please describe:

SHERWOOD CHRISTIAN ACADEMY PRIVACY PERMISSION AGREEMENT

Our first priority is to protect your family's health and safety. To ensure that we are operating with your full understanding and agreement about your privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

Placing photos of you, your spouse or co-parent and your children around the center.

Giving copies of photos of you, your spouse or co-parent and your children taken at the facility to families in our care.

Placing photos of you, your spouse or co-parent and your children in photo albums for viewing by prospective clients and families in our care.

Using photos of you, your spouse or co-parent and your children in our marketing flyers.

Using photos of you, your spouse or co-parent and your children on our Website and social media.

Posting artwork and other crafts that include your children's names around our center.

Using an electronic monitor to watch and listen to you, your spouse or co-parent and your children from another room while on the premises.

Listing you, your spouse or co-parent and your children's names in our client newsletter and posting this information on our bulletin board.

Parent/Guardian Signature

Date