



BEREA EARLY LEARNING ACADEMY

16779 Lucas Ferry Road · Athens, AL 35611

(256) 530-4332 · mybela.org

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BELA PRESCHOOL ENROLLMENT FORMS

Please fill out completely and print legibly. Thank you.

NAME OF CHILD _____

(please print)

Check one: MALE _____ FEMALE _____ DATE OF BIRTH: _____

Birthdays must be by October 15th of the enrolling year.

SCHOOL YEAR OF CHILD'S ENROLLMENT: _____ *

PRESCHOOL PROGRAM ENTERING: (Please check one)

* K2 Program (8:00 am – 12:30 pm Tue / Thr) \$60 / wk _____

* K2 Program (8:00 am – 12:30 pm M / W / F) \$85 / wk _____

* K2 Program (8:00 am – 12:30 pm M - F) \$135 / wk _____

* K3 Program (8:00 am – 12:30 pm M - F) \$135 / wk _____

* K4 Program (8:00 am – 12:30 pm M – F) \$135 / wk _____

* K3 Program (8:00 am – 3:30 pm M - F) \$150 / wk _____

* K4 Program (8:00 am – 3:30 pm M - F) \$150 / wk _____

K3 and K4 programs: All children enrolling must be capable of using the toilet.

Curriculum Fee: \$150.00 (non-refundable / nontransferable)

Registration Fee: \$50.00 (non-refundable / nontransferable)

*Fees must be collected at time of enrollment

*Tuition fees are subject to change each school year. Contact BELA for more information.

Parent's Names: (mom) _____ (dad) _____

Mailing Address: _____

Physical address (if different from above) _____

Telephone Numbers: Home: _____ Work _____ Cell _____

Email: (mom) _____ (dad) _____

NOTE: Enrollment papers can be printed off the website and need to be returned to school upon registration. Confirmation of your child's enrollment will be sent to you via email. Enrollment papers are on the website: mybela.org. Registration secures placement of your child at Berea Early Learning Academy (BELA) for the year indicated above. I agree to contact BELA if circumstances indicate the need to withdraw my child from enrollment for any reason.

PARENT SIGNATURE: _____ Date: _____

CHILD'S INFORMATION RECORD

Please fill out completely *include addresses and phone #'s*

CHILD'S NAME: _____ ADDRESS: _____ <i>(street, city, state)</i> _____ _____	D.O.B.: _____
MOTHER'S NAME: _____ ADDRESS: _____ <i>(street, town, state)</i> _____ HOME PHONE #: _____ CELL PHONE #: _____ Employer: _____ ADDRESS _____ <i>(street, town, state):</i> _____ WORK PHONE#: _____	FATHER'S NAME: _____ ADDRESS: _____ <i>(street, town, state)</i> _____ HOME PHONE #: _____ CELL PHONE #: _____ Employer: _____ ADDRESS _____ <i>(street, town, state):</i> _____ WORK PHONE#: _____

Name of person(s) to be reached in case of emergency: (other than parents) / (must live locally)

Name: _____ Relation to child: _____ Address: _____ Phone #: _____ Cell # _____	Name: _____ Relation to child: _____ Address: _____ Phone #: _____ Cell# _____
Who has permission to pick up child other than parent: (if different from above)	
Name: _____ Address: _____ Phone #: _____ Cell# _____	Name: _____ Address: _____ Phone #: _____ Cell# _____

Child's Physician: _____ Address: _____ Phone#: _____

Child's Dentist: _____ Address: _____ Phone #: _____

CHILD'S INFORMATION RECORD – CONTINUED (Medical Authorization Form)

Does your child have any known allergies or health conditions? YES _____ NO _____
if yes, please list below

Does your child have any special needs? YES _____ NO _____
if yes, please list below
(Example: Asthma inhaler, EpiPens, etc...)

Please include any other important information regarding your child we should know.

Please sign below:

I give Berea Early Learning Academy permission to seek medical assistance (*hospital, physician*) if my child needs quick medical attention if no parent or listed party can be reached. Medical Emergency card offers all pertinent information.

Parent/Guardian signature: _____ Date: _____

BEREA EARLY LEARNING ACADEMY PRESCHOOL

FINANCIAL AGREEMENT

For the school year: _____

CHILD'S NAME: _____

AGE GROUP ATTENDING: (check one)

* K2 Program (8:00 am – 12:30 pm Tue / Thr) \$60 / wk _____

* K2 Program (8:00 am – 12:30 pm M / W / F) \$85 / wk _____

* K2 Program (8:00 am – 12:30 pm M - F) \$135 / wk _____

* K3 Program (8:00 am – 12:30 pm M - F) \$135 / wk _____

* K4 Program (8:00 am – 12:30 pm M – F) \$135 / wk _____

* K3 Program (8:00 am – 3:30 pm M - F) \$150 / wk _____

* K4 Program (8:00 am – 3:30 pm M - F) \$150 / wk _____

___ I agree to make weekly payments based on my selection above.

___ I agree to pay Curriculum Fee: \$150.00 (non-refundable / nontransferable)

___ I agree to pay Registration Fee: \$50.00 (non-refundable / nontransferable)

*Fees must be collected at time of enrollment

PLEASE READ CAREFULLY:

The monthly payments run for a 10-month period, from August through April at full price and half month payment for May. The payments should be made promptly the first of each month. Payment will be made via credit card, through www.procaresoftware.com. If your child leaves the program after enrollment, the parent will offer a 2-week notice, and be required to uphold the financial requirements during that 2-week period. If you leave in the middle of the month, a complete month's payment is required.

I have read the agreement above and understand my financial obligations.

Signature of parent _____ DATE _____

PARENT PERMISSION / RELEASE FORM

For the school year: _____

In this day and age with a concern for privacy, we are asking that you sign the following form allowing Berea Early Learning Academy permission to take photographs of your child for the following purposes:

IDENTIFICATION

A photograph of your child associated with the **child's emergency medical information** for added identification of your child.

CRAFTS-SCHOOL PHOTOS/DVD-ADVERTISING-WEBSITE

Pictures may be taken of your child for reasons of identification (as above), **crafts activities, school photo/DVD year-end, advertising, or newspaper articles** reflecting events at the school (on/off campus). Photos will be randomly selected for the mybela.org website.

PICTURE DAY

Berea Early Learning Academy will be offering individual and class pictures. This photo shoot is optional to parents. You need not have individual shots taken, but have your child present for the class photo. More information will be offered at Open House and in a handout. Class photos will be announced in advance.

If you choose NOT to have your child photographed, Berea Early Learning Academy will honor that request.

Please check the appropriate box reflecting your wishes: *(read carefully)*

I give permission for Berea Early Learning Academy to take photos of my child for all reasons stated above

I DO NOT want my child photographed for any reason

I DO NOT want my child photographed for the following:

school photo/DVD year end

activities/field trips

advertising/website

newspaper articles

Comments:

A QUICK CHILD SURVEY

Check the answer that best describes your child.

	Never	Sometimes	Mostly	Unable to Answer
Naps during the day				
Likes to do things on own/independent				
Willing to try new things				
Shows interest in large motor activities				
Enjoys coloring and drawing				
Can cut with a pair of scissors				
Speech is difficult to understand				
Has difficulty with transition				
Has difficulty sitting still				
Accepts correction				
Asks for help when needed				
Displays good self-control				
Will pick up belongings/toys				
Is respectful with toys, peers, teachers				
Recognizes numbers 1-10				
Recognizes letters				
Recognizes simple colors and shapes				
Recognizes name in print				
Can dress and undress (zip, snap, button, Velcro)				

Thank you for taking the time to answer the questions honestly - BELA staff.