



Dear Parent or Guardian,

We are thrilled that you are planning to enroll your child in preschool at Imagine Learning Academy. We provide a safe, loving and encouraging place for children to dream, learn and create.

Attached, you will find the registration paperwork. The first form is a checklist for you to use as you complete the registration process. The second form is a Class Choice Form. You will have the opportunity to rank your first and second choices for the class you wish to register your child.

Please take time to complete the enrollment packet in its entirety. This will require attaching a copy of your child's immunization records to the form. In addition, we would love for you to attach a current small photo of your child to the first page of the registration form. We love being able to attach a child's face to their name before they are a part of our school. You will also find a Photo Use Permission form and a Contract Agreement in the packet.

Once your registration packet is complete, please contact Jen Clintworth, the director of Imagine Learning Academy so that you can turn it in to her in person. However, if you prefer to mail the registration packet to the Academy, you may.

In order to secure a position for your child, a \$125 non-refundable registration fee needs to accompany your completed packet. These registration fees not only secure your child's spot in a class but provide the funds for necessary items in the classroom such as pencils, paints, paper and other educational items. Your registration fee can be paid by cash or checks made out to Imagine Learning Academy. Please place your child's name in the memo section of the check.

We are excited that you have chosen to partner with us in your child's educational journey and look forward to the 2020-2021 school year!

Gratefully yours,

Jen Clintworth
Academy Director

Imagine Learning Academy

2020-2021

Child's Photo

CHILD REGISTRATION-PAGE 1

Child's Full Name _____ Gender _____ Birthdate _____

Nickname _____ Class (Teacher/Days) _____

Parent/Guardian's Name _____ Relationship _____ Occupation _____

Parent/Guardian's Name _____ Relationship _____ Occupation _____

Siblings/Ages _____

Family Pets _____

Church Currently Attending _____

1. Briefly describe your child's personality: _____

2. We want your child to have a positive preschool experience. Please help by listing any special needs (allergies, other medical concerns, social or academic challenges): _____

3. Which is your child's dominant hand? Right _____ Left _____ Undertermined _____

4. Is your child toilet trained? Yes _____ No _____ Working on it _____ *(All students must be potty-trained before entering Imagine Learning Academy)*

5. My child's immunizations are up to date. Yes _____ No _____ *(Please attach a copy of your child's immunization records to the back of this page)*

6. Language(s) spoken at home: _____

7. Your child's favorite games, toys and activities: _____

8. What are the most important do's and don'ts in your family and for your child? _____

9. What ways of setting limits or reinforcing family rules have you found most successful with your child? _____

10. What do you hope your child gains from his or her preschool experience? _____

11. Does your child have any special fears? _____

12. Prior preschool experience (when and where), if any? _____

Other information: _____

Imagine Learning Academy

2020-2021

CHILD REGISTRATION-PAGE 2

Child's Name: _____ Class: _____

Please list a minimum of two emergency contacts other than parent/guardians. We will make sure every effort to contact you in the event of an emergency. Should we not be able to get ahold of you, you authorize our staff to contact the following people.

You may also authorize people other than your child's parent/guardians to pick up your child from school. If someone not listed below is picking up your child, they must show their driver's license as identification, which should correspond with the note given to the teacher at the beginning of class. If the information is conflicting, the teacher is not to let the child go until proper confirmation has been made.

For each contact, check the appropriate boxes below. Your parent/guardian information is already on file.

In the event there is a medical emergency involving my child during the school hours at Imagine Learning Academy, and I am unable to be contacted, I hereby give my permission for appropriate medical treatment to be given to my child by a licensed healthcare professional.

Contact Information	Does this person have permission to pick up your child?	Is this person an emergency contact?
Name 1: _____ Relationship: _____ Phone #: _____	Yes No	Yes No
Name 1: _____ Relationship: _____ Phone #: _____	Yes No	Yes No
Name 1: _____ Relationship: _____ Phone #: _____	Yes No	Yes No
Name 1: _____ Relationship: _____ Phone #: _____	Yes No	Yes No

Doctor's Name _____ Phone #: _____

Preferred Hospital: _____

Insurance Carrier/Number _____

Legal Guardian's Signature: _____ Date: _____

Class Choice Form

Name of child _____ Birthdate: _____

At Imagine Learning Academy we offer the following two programs. Depending on enrollment for the 2020-2021 school year, we may only offer the AM classes.

<u>DREAMERS</u>	<u>INVENTORS</u>
3 Year Old Program	4 or 5 Year Old Program
9:00-11:30am or 12:30-3:00pm	9:00-11:30am or 12:30-3:00pm
Thursdays & Fridays	Monday, Tuesdays, Wednesdays
Tuition: \$175/month (Due the 1 st of each month)	Tuition: \$195/month (Due the 1 st of each month)
10 students with 2 Teachers	12 students with 2 Teachers
*Children must be 3 by August 31 & Potty-trained	*Children must be 4 by August 31

For the 2020-2021 School Year, these are my first and second choices for my child's class placement. (Please place a 1 on the line of your first choice and a 2 on your second choice.)

DREAMERS		Inventors	
_____	9:00-11:30am	_____	9:00-11:30am
_____	12:30-3:00pm	_____	12:30-3:00pm

PHOTO USE PERMISSION

Parent Name: _____ Child's Name: _____

Yes, I give permission for Imagine Learning Academy to use pictures of my child
_____ for the purpose of public relations.
Your Child's Name

No, I do not give permission for Imagine Learning Academy to use pictures of my child
_____ for the purpose of public relations.
Your Child's Name

Signature of Parent or Legal Guardian

Date

CONTRACT AGREEMENT

Parent Name: _____ Child's Name: _____

initials **Registration:** I understand a \$125 non-refundable registration fee shall be charged upon enrollment. This \$125 non-refundable registration fee secures my child's spot at the Imagine Learning Academy.

initials **Attendance:** I understand that when I enroll my child, I am reserving a space for him or her on the days of the week of the program that I commit to. I agree to notify staff the Academy by phone, text or email anytime my child will be absent. There are no credits given for absences.

initials **Holidays/Breaks:** I understand that the Imagine Learning Academy will be closed for the following holidays and breaks and I may need to make alternate childcare arrangements. Additional planned closure days will be announced at least 1 month in advance. No credit or alternate days of care will be offered for holidays and breaks.

*November 11th-Veteran's Day

*November 26-27-Thanksgiving

*December 21- January 1st – Christmas Break

*January 18th-Martin Luther King Day

*February 15th-19th –Mid Winter Break

*April 19th-23rd –Spring Break

initials **Inclement Weather:** I understand that Imagine Learning Academy follows the Enumclaw School Districts decision for weather related closures, late starts, and early closures. When the Enumclaw School District (ESD) schools are closed due to weather, the Imagine Learning Academy will be closed. When ESD is running one hour late, the Academy will also start one hour late and end at its regularly scheduled time. When the ESD is two hours late, the Academy will be closed for the morning classes. The afternoon classes will meet as usual, unless notified by the Academy director. To allow our teachers safe travel, if snow accumulations or icy/unsafe roads present a travel hazard during the first hours of Academy classes, the school will close and parents will be notified to pick up their students. I understand that inclement weather will cause school closures and those days will not be credited. Imagine Learning Academy will do its best to have make-up days for an excessive days missed because of weather.

initials **Monthly Tuition:** I understand that my monthly payment of \$175 or \$195 is due on the 1st of each month. A late fee of \$25.00 will be assessed after the 5th of the month, if tuition is not collected. I understand that if my child's monthly tuition is one month delinquent, he/she will not be allowed to attend their class until tuition is paid in full.

initials **NSF:** I understand that there is a \$25.00NSF charge for checks returned for non-payment. I understand if a check is returned for non-payment, all future payments must be made by credit/debit card, cash, or money order.

initials **Late Pick Up Fee:** I acknowledge there is a \$1.00 per minute, per child, late fee for picking up late. Exceptions may be made for unusual circumstances.

initials **Withdrawal from Program:** If I plan to withdraw my child from the program, I will submit written notice 30 days prior to withdrawing them from Imagine Learning Academy. I understand that if I do not give prior written notice I will be responsible for one month's tuition, despite my child not attending.

Parent Signature

Date

Director's Signature

Date

Imagine Learning Academy

REGISTRATION CHECKLIST

_____ Child Registration page 1

_____ Child Registration page 2

_____ Copy of my child's immunization record (stapled to Registration page 1)

_____ A small photo of my child attached to Child Registration page 1

_____ Class Choice Form

_____ Photo permission form

_____ Contract Agreement

_____ \$125 Registration fee (check made payable to Imagine Learning Academy)