



FOUNDATIONS EDUCATION ACADEMY: PLAY TO LEARN PRESCHOOL

Enrollment Application

Date Application Completed: _____ Date of Enrollment: _____

Information: Date of Birth: _____ CDSA: _____ Yes _____ No

Child's Name: _____

Address: _____

Parent's Information:

Name(s): _____

Contact Number(s): _____

Contacts: Please list the names of individuals to whom the center may release the child(ren), as authorized by the person who signs the application. The Executive Director, Administrative Assistant, and Staff shall release a child only to an individual(s) listed on the application. No Exceptions.

Please list your child's allergies of health concerns (if applicable):

My child may share food with other children during snack time: _____ Yes _____ No

Medication(s): _____ Yes _____ No

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency by calling 911. _____ Yes _____ No

Signature: _____

Hospital Preference: _____

Parent(s) Signature or Completion: _____

Date: _____

Signature of Executive Director or Administrator: _____

Date: _____

For Office Use Only:

1st wee tuition received: _____ Yes _____ No _____ Date \$ _____ Amount

Cash Visa/MC Check# _____ Initials: _____

Registered Days of Attendance:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Amount Due Each Week: \$ _____



FOUNDATION EDUCATION ACADEMY, LLC

PERMISSION TO PHOTOGRAPH

I, _____ (Print name), give permission for Foundations Education Academy, LLC to photograph/video my child(ren), for the following purposes only:

	<i>Accept</i>	<i>Decline</i>
Display in FEA scrapbook		
Classroom photographs for display		
Bullentin boards		
FEA website		
FEA Social Media Pages		
FEA marketing materials (brochures,etc)		
FEA training purposes		

- Only first name or initials will be displayed when using child’s photo is used for promotional purposes.
- I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect until parent updates and/or terminates authorization.

Parent/Guardian Signature: _____

Date: _____



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Parent Agreement Form

I, _____, the parent of _____
_____ agree to the following:

- I (We) will ensure that my child attends their designated day for Early Intervention Therapy (*Developmental Play, Speech, Social, Cognitive, PT and/or OT*) at Foundations Education Academy, LLC.
- I (We) acknowledge that drop off time is 9am and pick up time is 12:30pm.
- I (We) will provide a health snack for our child(ren) on their designated day of attendance.
- I (We) will not bring our child to school if they are experiencing any of the following symptoms: vomiting, diarrhea, fever greater than 101.0 or any contagious rash or illness.
- I (We) agree to pay our tuition balance (if applicable) on the Friday prior to the week of attendance.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Executive Director/Administrator: _____