

ST. PETER'S ACADEMY

ENROLLMENT APPLICATION AND AGREEMENT

Please print or type all information

DATE: _____

Child Information

(please print name as it appears on the birth certificate)

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHILD'S BIRTH DATE: _____

BROTHERS/SISTERS WITH BIRTH
DATES: _____

CHILD'S PHYSICIAN OR CLINIC'S NAME (Child's Primary Health Source):

ADDRESS: _____ PHONE: _____

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG TERM
CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ILLNESS,
HEALTH CONDITONS, MENTAL CONCERNS OR DIETARY RESTRICTIONS:

IF NONE, PLEASE CHECK

MY CHILD HAS THE FOLLOWING ALERGIES: IF NONE, PLEASE CHECK

YOUR CHILD MUST HAVE A CURRENT IMMUNIZATION RECORD ON SCHOOL FILE AT ALL TIMES TO COMPLY WITH STATE LAW.

I ACKNOWLEDGE RESPONSIBILITY FOR KEEPING MY CHILD'S IMMUNIZATION, AS WELL AS ALL OTHER SCHOOL RECORDS

CURRENT, WHEN AND IF ANY SIGNIFICANT CHANGES OCCUR (e.g. emergency contacts, phone numbers, work locations, etc.)

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Parent/Guardian Information

HOME STREET ADDRESS: (if different than child's): _____

STATE: _____ City: _____ ZIP: _____ COUNTY: _____

MOTHER'S LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____

HOME PHONE: _____ DAYTIMEPHONE/CELL: _____

EMAIL: _____

PLACE OF EMPLOYMENT: _____

WORK HOURS: _____

EMPLOYER'S STREET ADDRESS: _____

COUNTY: _____ City: _____ STATE: _____ ZIP: _____

FATHER'S LAST
NAME: _____ FIRST: _____ MIDDLEINITIAL: _____

HOME STREET ADDRESS: (if different than child's)

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

WORK PHONE: _____ HOME PHONE: _____

DAYTIME PHONE/CELL: _____ EMAIL: _____

PLACE OF EMPLOYMENT: _____

WORK HOURS: _____

EMPLOYER'S STREET ADDRESS:

COUNTY: _____ CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____

CHILD'S LEGAL GUARDIAN: (check one)

BOTH PARENTS MOTHER FATHER OTHER (explain)

PARENTS: (check one) MARRIED SEPARATED DIVORCED OTHER
(explain)

CHILD'S LIVING ARRANGEMENTS: (check one) BOTH PARENTS MOTHER (
 FATHER OTHER (explain)

ARE THERE ANY SPECIAL CIRCUMSTANCES RELATING TO WHOM THE CHILD
MAY BE RELEASED? (check one) NO YES

IF "YES", PLEASE EXPLAIN:

IF APPROPRIATE, PLEASE ATTACH A COPY OF YOUR OFFICIAL COURT ORDER TO KEEP ON FILE AT THE SCHOOL.

MY CHILD HAS THE FOLLOWING SPECIAL CIRCUMSTANCE(S) OR NEED(S), PLEASE EXPLAIN:

Child Release Authorization

ST.PETER'S ACADEMY, UNDER NO CIRCUMSTANCES WILL RELEASE YOUR CHILD WITHOUT YOUR WRITTEN AUTHORIZATION. PLEASE COMPLETE THE INFORMATION BELOW TO GIVE THE SCHOOL PERMISSION TO RELEASE YOUR CHILD TO ANOTHER PERSON.

NAME: _____

RELATIONSHIP TO CHILD: _____

- I AGREE TO NOTIFY THE SCHOOL OF ANY ADDITIONS OR CHANGES TO THIS LIST OF APPROVED PERSONS AND DATE AND SIGN SUCH CHANGES ON THIS ORIGINAL APPLICATION OR ON A SCHOOL PROVIDED ATTACHED SHEET. I WILL ENSURE THESE PERSONS ARE AWARE AND WILL COMPLY WITH THIS SAFETY RELEASE POLICY AND WILL NOTIFY THEM THAT THEY MUST SHOW LEGAL ID UPON ARRIVAL TO THE SCHOOL.

- I UNDERSTAND THAT MY CHILD WILL NOT BE ALLOWED TO ENTER OR LEAVE THE SCHOOL WITHOUT BEING ESCORTED BY AUTHORIZED PERSONS. I AGREE TO ESCORT MY CHILD WHEN DROPPING OFF AND PICKING UP.

• I AGREE THAT I WILL CHECK MY CHILD IN AND OUT ON THE FRONT DESK COMPUTER AND WILL BE CERTAIN STAFF IS AWARE OF MY CHILD'S ARRIVAL/DEPARTURE BEFORE I LEAVE THE SCHOOL.

I AUTHORIZE ST. PETER'S ACADEMY TO RELEASE MY CHILD TO THE PERSONS LISTED ABOVE PROVIDED THEY HAVE PROPER ID.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Emergency Contact Information

NAME: _____

RELATIONSHIP TO CHILD: _____

STREET ADDRESS: _____

DAY TIME PHONE: _____

SHOULD MY CHILD BECOME ILL OR SUFFER AN INJURY OF ANY NATURE DURING THE TIME HE/SHE IS ATTENDING ST.PETER'S ACADEMY, THE SCHOOL WILL FIRST ATTEMPT TO CONTACT ME AS PARENT/GUARDIAN. IN THE CASE OF SEVERE ILLNESS OR INJURY, I GRANT MY PERMISSION TO ST.PETER'S ACADEMY TO CALL 911. IF NECESSARY, I AUTHORIZE MY CHILD TO BE TRANSPORTED BY AMBULANCE TO CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE OR FOR THE SAKE OF TIME, THE CLOSEST HOSPITAL AND IF NEEDED, TO RECEIVE EMERGENCY MEDICAL TREATMENT. I FURTHER GRANT MY PERMISSION TO ST. PETER'S ACADEMY TO COMPLY WITH THE ADVICE OF AN AVAILABLE PHYSICIAN, AMBULANCE PERSONNEL, OR EMERGENCY ROOM PERSONNEL.

I AGREE THAT I AM SOLELY RESPONSIBLE FOR AND WILL PROMPTLY PAY ANY AND ALL EXPENSES, WHICH MAY BE INCURRED BY ST.PETER'S ACADEMY IN MAKING EMERGENCY MEDICAL TREATMENT AVAILABLE TO MY CHILD. I FURTHER UNDERSTAND THAT ST.PETER'S ACADEMY CARRIES STUDENT ACCIDENT INSURANCE, WHICH IS SECONDARY TO ALL OTHER INSURANCE POLICIES.

IN THE EVENT THE SCHOOL IS UNABLE TO REACH ME IN THE CASE OF AN EMERGENCY, I AUTHORIZE ST. PETER'S ACADEMY TO CONTACT THE PERSONS IDENTIFIED ABOVE.

PARENT/GUARDIAN SIGNATURE_____

DATE:_____

Medication Policy

WE DO NOT ADMINSTER MEDICATION. (ONLY EXCEPTION IS ALLGERIC REACTION EMERGENCIES, EPI-PENS)

PLEASE NOTE: IF YOUR CHILD APPEARS ILL, HAS A FEVER, OR IS VOMITING, YOUR CHILD MUST NOT ATTEND SCHOOL THAT DAY. YOUR CHILD MUST BE WITHOUT A FEVER FOR 24 HOURS WITHOUT THE USE OF ANY FEVER REDUCING MEDICATION BEFORE RETURNING TO SCHOOL. THESE REQUIREMENTS ARE IMPOSED BY STATE CHILD CARE LICENSING AND ARE INTENDED FOR THE PROTECTION OF ALL THE CHILDREN IN THE SCHOOL. AS DETERMINED BY THE DIRECTOR, IT MAY BE NECESSARY FOR YOU TO BRING AN APPROVAL TO RETURN TO SCHOOL SIGNED BY YOUR CHILD'S PHYSICIAN. IF YOUR CHILD HAS SUCH SYMPTOMS AS A HIGH FEVER, VOMITING AND/OR DIARRHEA OR SHOWS EVIDENCE OF A COMMUNICABLE DISEASE AND IS PRESENT AT SCHOOL, YOU WILL BE NOTIFIED AND REQUIRED TO PICK YOUR CHILD UP IMMEDIATELY. BY STATE LAW YOU ARE REQUIRED TO NOTIFY THE SCHOOL IMMEDIATELY UPON YOUR CHILD'S DIAGNOSIS OF A COMMUNICABLE DISEASE. ST.PETER'S ACADEMY IS MANDATED TO NOTIFY ALL PARENTS IN THE SCHOOL IF THERE HAS BEEN AN EXPOSURE OF A DIAGNOSED COMMUNICABLE DISEASE REPORTED IN THE SCHOOL.

Attendance and Class Assignment

CHILDREN MAY BE ENROLLED FROM ONE TO FIVE DAYS PER WEEK.

DAYS ATTENDING: MON, TUES, WED,THRUS, FRIDAY (Please circle)

HOURS ATTENDING: (please circle hours attending)

FULL-TIME, 6:30 am – 6:30 pm or PART-TIME (HOURS)

MONTHS ATTENDING: (Please circle each month attending or choose ALL YEAR)

AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, JANUARY,
FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY

ALL YEAR

FIRST DATE YOUR CHILD WILL ATTEND: _____

YOUR CHILD IS ASSIGNED TO THE _____

HOWEVER, THROUGH INTERACTION AND OBSERVATION IT MAY BE DETERMINED THAT A DIFFERENT PROGRAM IS IN YOUR CHILD'S BEST INTEREST. IN THAT CASE, THE PARENT/GUARDIAN AND DIRECTOR WILL MAKE THE APPROPRIATE ASSIGNMENT.

YOUR TUITION IS \$ (Full time attendance includes daily lunch and two snacks)

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Parent Authorization

UPON REVIEW OF MY CHILD'S DAILY SCHEDULE AND THE POLICIES OF ST. PETER'S ACADEMY, I AUTHORIZE MY CHILD TO:

- BE PHOTOGRAPHED OR VIDEOTAPED IN CONNECTION WITH PROGRAM ACTIVITIES;
- PARTICIPATE IN INDOOR AND OUTDOOR ACTIVITIES, INCLUDING THE USE OF INDOOR AND OUTDOOR EQUIPMENT;
- TAKE PART IN PLANNED FIELD TRIPS SUPERVISED BY SCHOOL STAFF WITH MY WRITTEN PERMISSION ONLY;

- BE TRANSPORTED BY A QUALIFIED ST. PETER'S ACADEMY SCHOOL BUS DRIVER TO AND FROM MY CHILD'S ELEMENTARY SCHOOL WITH MY WRITTEN PERMISSION ONLY;
- PARTICIPATE IN WATER-RELATED ACTIVITIES SUPERVISED BY ST. PETER'S ACADEMY SCHOOL STAFF WITH MY WRITTEN PERMISSION ONLY.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

School Information

ST. PETER'S ACADEMY IS EQUIPPED WITH A CONTROLLED ACCESS SECURITY SYSTEM TO PROHIBIT UNAUTHORIZED ENTRY OF VISITORS WITHOUT THE KNOWLEDGE AND PERMISSION OF THE DIRECTOR. UPON ENROLLMENT YOU WILL BE ISSUED A SECURITY CODE FOR SAFETY AND EASY ENTRY. PLEASE DO NOT OPEN THE DOOR OR HOLD THE DOOR OPEN FOR ANOTHER PERSON UNLESS YOU ARE CERTAIN THE PERSON HAS PERMISSION TO ENTER THE SCHOOL. THE SECURITY CODE WILL BE CHANGED OFTEN TO ENSURE CONTINUED SAFE AND AUTHORIZED ACCESS.

ST. PETER'S ACADEMY IS OPEN FROM 6:30 A.M. TO 6:30 P.M., MONDAY THROUGH FRIDAY, JANUARY THROUGH DECEMBER.

THE SCHOOL IS CLOSED FOR STAFF AND CHILDREN IN ORDER TO OBSERVE THE FOLLOWING HOLIDAYS WITH FAMILY:

NEW YEAR'S DAY & NEW YEARS EVE, M.L.K JR. DAY, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVINGDAY AND DAY AFTER, CHRISTMAS EVE AND DAY. GOOD FRIDAY.

WE MAKE EVERY SAFE EFFORT TO REMAIN OPEN IN INCLEMENT WEATHER AND DO NOT NECESSARILY FOLLOW PUBLIC SCHOOL CLOSINGS. THERE MAY

BE CERTAIN OTHER DAYS FROM TIME TO TIME THAT WE FIND NECESSARY TO CLOSE. THERE IS NO TUITION DISCOUNT FOR ABSENCES, HOLIDAYS, OR OTHER DAYS ON WHICH ST. PETER'S ACADEMY IS CLOSED. THE SCHOOL WILL NOTIFY YOU OF ANY CLOSINGS VIA EMAIL, VOICE MESSAGE AND LOCAL TV WEATHER.

ST. PETER'S ACADEMY ACCEPTS ENROLLMENT WITHOUT REGARD TO RACE, CREED, SEX, OR NATIONAL ORIGIN. YOUR CHILD'S INITIAL AND CONTINUED ENROLLMENT IS AT THE SCHOOL'S DISCRETION AND IS BASED ON THE BEST INTEREST OF YOUR CHILD AND HIS/HER OVERALL WELFARE.

MANY PARENTS WISH FOR OUR STAFF TO BABY SIT. IT IS IMPORTANT FOR OUR PARENTS TO UNDERSTAND THAT OUR ST.PETER'S ACADEMY STAFF MEMBERS ARE SELECTED AND RETAINED ONLY ON THE BASIS OF THEIR QUALIFICATIONS FOR RENDERING CHILD CARE SERVICES IN A CONTROLLED AND FULLY SUPERVISED CHILD CARE PROGRAM. ST. PETER'S ACADEMY CANNOT OFFER ASSURANCE OF THE QUALIFICATIONS OR ACTIONS OF ITS STAFF MEMBERS FOR PERFORMING THESE AND OTHER SERVICES IN AN ENVIRONMENT, WHICH IS NOT PROFESSIONALLY SUPERVISED (SUCH AS TRANSPORTING CHILDREN, OR CARING FOR THEM IN THE HOME), AND NONE SHOULD BE IMPLIED OR INFERRED UNDER ANY CIRCUMSTANCES. FOR THIS ETHICAL AND LEGAL REASON TO ST.PETER'S ACADEMY DOES NOT RENDER CHILD CARE SERVICES OFF OF ITS PREMISES, EXCEPT IN THE EVENT OF FIELD TRIPS, WHICH HAVE BEEN DULY AUTHORIZED IN ADVANCE BY EACH PARENT.

UPON HIRING EACH STAFF MEMBER SIGNS AND AGREES NOT TO BABY SIT FOR ANY CHILDREN ENROLLED IN ST. PETER'S ACADEMY. IF A STAFF MEMBER CHOOSES TO DISREGARD HIS/HER AGREEMENT AND PROVIDE OFF PREMISES CARE FOR CHILDREN ENROLLED IN ST.PETER'S ACADEMY THE STAFF MEMBER UNDERTAKES SUCH SERVICE ON THEIR OWN BEHALF, NOT AS AN EMPLOYEE OF ST.PETER'S ACADEMY, AND IS IN VIOLATION OF OUR EMPLOYEE POLICIES, PLACING THEIR CONTINUED EMPLOYMENT IN JEOPARDY. ACCORDINGLY, ALL PARENTS MUST AGREE NOT TO ARRANGE WITH THE STAFF MEMBERS FOR OFF PREMISES CARE OF THEIR CHILD AS DOING SO PLACES THE STAFF MEMBER IN A NO WIN SITUATION.

Financial Agreement

REGISTRATION:

- INITIAL REGISTRATION FEE IS ONE HUNDRED DOLLARS (\$100.00), DUE AND PAYABLE FOR THE CHILD AT THE TIME OF ENROLLMENT.
- INITIAL REGISTRATION FEE FOR ADDITIONAL CHILDREN IN THE FAMILY IS (\$ 100.00) FOR EACH CHILD, DUE AND PAYABLE AT THE TIME OF ENROLLMENT.
- ON YOUR ENROLLMENT ANNIVERSY EACH YEAR, YOU WILL BE AUTOMATICALLY BILLED FOR EACH CHILD ENROLLED AN ANNUAL RENEWAL REGISTRATION FEE IN THE AMOUNT OF (\$100.00) DUE AND PAYABLE BY IN THE NEXT INVOICE.

TUITION:

THE TUITION IS BASED ON AN ANNUAL BASIS, PAYABLE WEEKLY AND DUE IN ADVANCE ON MONDAY MORNING OF EACH WEEK OR PAYABLE MONTHLY ON THE FIRST MONDAY OF EACH MONTH. TUITION IS NOT **PRORATED** FOR PARTIAL WEEKS.

CHECKS RETURNED UNPAID BY YOUR BANK WILL AUTOMATICALLY BE BILLED A SERVICE CHARGE OF THIRTY-FIVE DOLLARS (\$35.00), PAYABLE IMMEDIATELY.

I AGREE AS PARENT/GUARDIAN TO PAY THE WEEKLY OR MONTHLY TUITION FEE IN THE AMOUNT OF \$ IN ADVANCE ON OR BEFORE THE MONDAY OF EACH WEEK OR EACH MONTH.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

IF YOUR CHILD IS LATE:

TUITION PAYMENTS ARE LATE AFTER MONDAY AT 6:30 P.M. OF THE WEEK THEY ARE DUE. **A LATE CHARGE OF TWENTYFIVE DOLLARS (\$25.00) IS AUTOMATICALLY ADDED TO THE CHARGES DUE FOR THAT WEEK** AND THE SERVICE WILL BE SUSPENDED ON THE WEDNESDAY OF THAT WEEK.

WITHOUT RECEIPT OF PAYMENT) THERE MAY BE AN ADDITIONAL WEEKLY SERVICE CHARGE OF TEN PERCENT (10%) OF THE BALANCE ADDED AUTOMATICALLY. IN THE EVENT PAYMENT ARRANGEMENTS ARE NOT MADE, ST. PETER'S ACADEMY MAY, AT ITS DISCRETION, DISMISS YOUR CHILD AND YOU AS PARENT/GUARDIAN WILL REMAIN RESPONSIBLE FOR THE BALANCE DUE AND ANY EXPENSES INCURRED BY ST.PETER'S ACADEMY IN THE COLLECTION OF UNPAID BALANCE.

CHILDREN ARE TO BE PICKED UP NO LATER THAN 6:30 P.M. IF YOU ARE LATE PICKING UP YOUR CHILD, PLEASE CALL THE SCHOOL AS SOON AS POSSIBLE. AFTER 6:30 P.M. **A LATE FEE OF FIVE DOLLARS (\$5.00) PER CHILD PER MINUTE WILL BE BILLED AND PAYABLE AT THE TIME THE CHILD IS PICKED UP.**

IF YOUR CHILD IS ABSENT:

TUITION AND OTHER FEES MUST BE PAID IN FULL WITHOUT DEDUCTION FOR ABSENCES OF ANY DURATION OR FOR ANY CAUSE, AND WITHOUT SUBSTITUTION OF ANY OTHER DAYS OF ATTENDANCE AS "MAKE-UP" DAYS. STAFFING AND OTHER OPERATIONAL COSTS ARE INCURRED ON THE BASIS OF FIXED LEVELS OF ENROLLMENT .

1. ILLNESS: IF THE CHILD DOES NOT ATTEND ON THESE DAYS THE PARENT IS RESPONSIBLE TO PAY THE FULL AMOUNT FOR THAT WEEK.

REMEMBER: THE PARENT IS PAYING FOR HIS/HER CHILD'S SPACE AT ST.PETER'S ACADEMY; THEREFORE, IN ORDER TO HOLD THE SPACE, TUITION MUST BE PAID.

2. PLANNED ABSENCE/VACATION: YOU MUST GIVE WRITTEN NOTIFICATION TO THE DIRECTOR TWO WEEKS IN ADVANCE OF YOUR CHILD'S PLANNED ABSENCE OR VACATION AND ONLY AFTER SIX MONTHS OF SERVICE YOU WILL RECEIVE THE RIGHT OF ONE WEEK WITH HALF OF TUITION PAYMENT DUE.

THE EXCEPTION TO THE POLICY CONCERNING "ABSENCES AND VACATIONS" IS LIMITED TWO (2) WEEKS DURING EACH CALENDAR YEAR.

IF YOU WITHDRAW YOUR CHILD:

THE OBLIGATION FOR FULL PAYMENT OF TUITION AND OTHER FEES WILL CONTINUE UNTIL THE DATE YOU INDICATE IN WRITING AS THE DATE OF WITHDRAWAL. BY SIGNING THIS ENROLLMENT AGREEMENT YOU AGREE TO FURNISH ST. PETER'S ACADEMY WITH AT LEAST TWO (2) WEEKS ADVANCE WRITTEN NOTICE OF SUCH DATE OF WITHDRAWAL. IF YOU DO NOT PROVIDE WRITTEN NOTICE, YOU REMAIN RESPONSIBLE FOR THE TUITION FOR THE TWO FULL (2) WEEKS (MONDAY THROUGH FRIDAY CONSECUTIVELY), AFTER YOUR CHILD'S LAST DAY OF ATTENDANCE PLUS ACCRUED LATE CHARGES, PENALTIES AND ANY EXPENSE TO PURSUE COLLECTION.

IN A SITUATION DURING WHICH YOUR CHILD IS TEMPORARILY WITHDRAWN FROM ST.PETER'S ACADEMY, AND YOU AS PARENT/GUARDIAN HAVE TEMPORARILY SUSPENDED REGULAR PAYMENT OF TUITION, YOUR CHILD'S ENROLLMENT WILL BE TERMINATED. RE-ENROLLMENT WILL BE BASED ON AVAILABILITY OF SPACE, AND PAYMENT OF AN ADDITIONAL REGISTRATION FEE.

I, as Parent/Guardian acknowledge that I have read the entirety of this Enrollment Application and agree to comply with all provisions stated.

MOTHER'S SIGNATURE_____

DATE_____

FATHER'S SIGNATURE_____

DATE_____

GAURDIAN'S SIGNATURE

DATE _____

THIS APPLICATION ACCECPTED AND RECORDED BY: DIRECT



Allergy Form

Child's Name: _____ Date of Birth: _____

Please list any of your child's allergies and any medical conditions that your child may have.

Food: _____

Medications: _____

Any other substance that may cause an allergic reaction:

If my child has an allergy, I authorize that my child's name may be posted in the classroom as a reminder to staff to prevent allergic reactions. This is very important to keep your child as safe as possible and involved in a healthy environment.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Photo/Video Permission

I understand that my child may be photographed and/or videotaped while at preschool, and I give permission for

_____ to use the resulting photographs and/or video clips of my child for these purposes:

- Y/N Use photographs for our records and a variety of arts and crafts projects
- Y/N Use photographs for promotional purposes on our preschool's website and/or blog.
- Y/N Record video clips onto a DVD for families of enrolled children.
- Y/N Display video clips for promotional purposes on our preschool website and/or blog.

Child's Name: _____

Child's DOB: _____

Name: _____

Relationship to child:

Signature: _____

Date: _____

