

Lake Hills Academy

REGISTRATION & EMERGENCY CONTACT INFORMATION

CHILD'S NAME (LAST, FIRST)	DATE OF BIRTH	HOME PHONE	
ADDRESS	CITY	STATE	ZIP
START DATE	GRADE		

EMERGENCY/CONTACT INFORMATION

PARENT(S)/GUARDIAN(S) NAME

ADDRESS	CITY	STATE	ZIP
PHONE		E-MAIL	

PARENT(S)/GUARDIAN(S) NAME

ADDRESS	CITY	STATE	ZIP
PHONE		E-MAIL	

Please list at least 1 person who may assume responsibility for your child in an emergency if the parent(s)/guardian(s) cannot be reached. Use additional sheets if necessary.

EMERGENCY CONTACT (This person will be contact immediately after parents/guardians)

ADDRESS	CITY	STATE	ZIP
PHONE		E-MAIL	

ADDITIONAL EMERGENCY CONTACT & AUTHORIZED PICK UP

EMERGENCY CONTACT (This person will be contact immediately after parents/guardians)

ADDRESS	CITY	STATE	ZIP
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PHONE	E-MAIL
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EMERGENCY CONTACT (This person will be contact immediately after parents/guardians)

ADDRESS	CITY	STATE	ZIP
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PHONE	E-MAIL
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EMERGENCY CONTACT (This person will be contact immediately after parents/guardians)

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EMERGENCY CONTACT (This person will be contact immediately after parents/guardians)

ADDRESS	CITY	STATE	ZIP
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PHONE	E-MAIL
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CHILD INFORMATION/HISTORY FORM

Child's Name (LAST, FIRST) _____

Birthday

Grade

MEDICAL HISTORY

Does your child have any known allergies?

Yes

No

Please detail allergies/treatment: _____

Does your child have any prescribed medications?

Yes

No

Please explain _____

Physician Name _____ Phone _____

Please explain any concerns/fears your child may have?

PARENT SIGNATURE: _____ DATE: _____

CONTRACTUAL AGREEMENT

CHILD'S NAME (LAST, FIRST) _____

DATE _____

GENERAL OPERATING POLICIES:

1. Lake Hills Academy is open Monday through Friday with hours of operation from 8:00 a.m. to 3:30 p.m. Please visit our facebook page or call the office for detailed calendar information including holiday/closings and important program dates.
2. Children ages 5-18 years will be accepted for programs.
3. Lake Hills Academy will provide 30-days' notice to parents/families before making changes in services or any other significant changes.
4. If your child is sick during the day (i.e., fever, vomiting, diarrhea, earaches) parent(s)/guardian(s) will be contacted (if parent(s)/guardian(s) cannot be reached, then the emergency contact person provided will be contacted), and the child will be sent home.
5. Only prescription medication will be given to children during the program. Staff will administer non prescription medication (i.e., aspirin, antihistamines, vitamins, etc.) only when accompanied by a doctor's note. We encourage parents to keep children who are feeling ill at home.

For additional information regarding school procedures and guidelines for parents, please refer to the student/parent handbook.

TUITION AND FEES:

Tuition cost varies according to individual program selection/grade level. Tuition includes most activities & materials, this cost does not include the curriculum of choice for your child. Parents will be notified of additional costs such as field trips or outside resource enrichment program offerings. Please visit our website or call the office for detailed information about what is included in your child's particular program. We do not provide make-up days or refunds for student/child illness or absences.

Tuition & Fees:

1. There is a one-time enrollment/administration fee of \$100.00 per child, *non refundable*.
2. Tuition is due in advance. Payments may be made weekly, bi-weekly, or on the first Monday of the month. The first payment is due on/before your child's first day of school. If you require other payment options please contact the office.
3. Tuition is due during holiday/vacation weeks (yours and/or ours), payable on the Friday prior to vacation. Please note: tuition rates and payments are factored during LHA budget planning.
4. Tuition payments must continue to be made during any 30-day student withdrawal period.
5. A \$20.00 fee is assessed for late payments.
6. A \$35.00 fee will be assessed for returned checks.

DAMAGES:

Both the parent or guardian and Lake Hills Academy will make efforts to teach children to use materials carefully and to avoid damaging property that belongs to others. However, in the case of serious damage (over \$50.00 in value), the parent agrees to cover the cost of replacement or repair.

THE PARENT(S)/GUARDIAN(S) AGREES TO:

1. Ensure that Lake Hills Academy has received all current and completed forms and the enrollment fee & first tuition payment before the first program/school day.
2. Call the office by **8:30 a.m.** if your child will be absent.
3. Have your child dressed, fed and ready to participate upon arrival each day.
4. Provide a complete change of clothing for your child, appropriate for the weather and updated each season to ensure a proper fit/comfort, to be left at Lake Hills Academy.
5. Provide food/lunches/snacks for your child.
6. Notify LAH staff of any contagious illness so we may keep students/staff healthy.
7. Notify the school sufficiently in advance if you will be early or late for drop-off or pick-up of your child.
8. Call or send a note if someone else is picking up your child and have that person provide proper identification to LAH staff.
9. Sign parent permission slip prior to your child taking a field trip.
10. Provide a copy of liability insurance (automobile) to Lake Hills Academy to keep on file if you plan on transporting other people's children during school field trips.
11. Provide a **30-day notice** if you plan to withdraw your child. *I/We understand tuition is due during the 30-day withdrawal period.

I have read and agree to the LHA Parent & Student Handbook.

General Consent Form

CHILD'S NAME (LAST, FIRST)

DATE

PARENT/GUARDIAN NAME (PLEASE PRINT)

PREVIOUS LEARNING ENVIRONMENT EXPOSURE

I give Lake Hills Academy permission for the following:

Lake Hills Academy may include my contact information in a class directory. This information would include a phone number, address, parent(s)/guardian(s) name and email, and my child's name. I will notify Lake Hills Academy if I wish to have any of this information withheld. Lake Hills Academy may utilize any photography, video, or records of my child for the purpose of demonstrating his/her lesson development, individual, class, or school photographs, outings and/or other special occasions. I give the school the right to exhibit, distribute, use or otherwise dispose of said material. This includes postings to Lake Hills Academy School's website and/or Facebook page. *Please Note: Children will NOT be identified in the photographs/videos/records, nor will names be used in postings by any staff member for any reason.*

I understand that permission for the above is in effect until withdrawn in writing or until my child no longer attends the Lake Hills Academy.

PARENT/GUARDIAN- Print Name

PARENT/GUARDIAN- Print Name

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

CHILD'S NAME (LAST, FIRST): _____ DATE: _____

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Physician: _____ Phone: _____

Physician's Address: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of Lake Hills Academy to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____