



ENROLLMENT APPLICATION

CHILD'S INFORMATION

<input type="checkbox"/> SUMMER CAMP	<input type="checkbox"/> BEFORE & AFTER CARE	<input type="checkbox"/> PRE-SCHOOL
<p>* If you are a CCAP client your first payment is based off your 30-day income that is put in the DHS calculator. All income received must be provided at the time of enrollment. If DHS finds other sources you could be denied care subsidy.</p>		
Child's name:		Email:
Date of birth:		Age: SSN:
Home address:		Home Phone:
City:		State: ZIP Code:
School Name:	Email:	
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other – If so, please specify:		
Number of siblings:		Names of siblings:
Number of pets:		Names of pets:
Child's interests and hobbies:		
List two (2) people, not living at your residence, who will be responsible for your child if you cannot be reached:		
Name: _____		Phone: _____ Relationship: _____
Name: _____		Phone: _____ Relationship: _____
Has your child participated in any previous before/after care programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please list the program attended: _____		

PARENT'S INFORMATION

Name:		Relationship:
Date of birth:		Cell Phone:
Address:		
Social Security Number:		
City:	State:	ZIP Code:
Driver's License Number:		State Issued:
Current employer:		
Employer address:		Work Phone:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		Relationship:
Date of birth:		Cell Phone:
Address:		
City:	State:	ZIP Code:
Driver's License Number:		State Issued:
Current employer:		

ENROLLMENT APPLICATION

Employer address:

Work Phone:

CHILD'S MEDICAL INFORMATION

Doctor's name:

Clinic/Hospital:

Address:

Phone:

City:

State:

ZIP Code:

Dentist's name:

Clinic/Hospital:

Address:

Phone:

City:

State:

ZIP Code:

Admitting Hospital for the Child:

Does your child require any health care or special (IEP) needs?

☐

Yes

☐

No

If so, list any health care or special needs:

List any allergies:

TRANSPORT INFORMATION

List anyone who will be dropping your child off in the morning:

Name: Relationship:

Name: Relationship:

Name: Relationship:

List anyone who will be picking your child up in the afternoon:

Name: Relationship:

Name: Relationship:

Name: Relationship:

List anyone who **does not** have permission to receive your child:

Name: Relationship:

Name: Relationship:



ENROLLMENT APPLICATION

You, the parent, **must** notify Early Achievers Academy, LLC if anyone not on the list will be picking your child up from the center. Early Achievers Academy, LLC will not be able to release your child unless notified in person or via telephone. Photo identification will be needed to ensure the safety of the child.

I will notify Early Achievers Academy, LLC if any changes are needed to these arrangements.

Parent/Legal Guardian Signature: _____ Date: _____

FIELD TRIPS

I authorize Early Achievers Academy, LLC Before and After care program and Summer Camp to take my child on field trips. I authorize my child to ride as a passenger in the vehicle owned or leased by Early Achievers Academy, LLC. I will make a written statement of notification if I wish for my child not to attend a particular field trip. I understand all such trips are under the supervision of Early Achievers Academy, LLC and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Parent/Legal Guardian Signature: _____ Date: _____

PERSONAL INFORMATION RELEASE

Early Achievers Academy will not release information pertaining to the admissions, progress, health, or discharge of a child unless a specific written request has been made by the parent.

Parent/Legal Guardian Signature: _____ Date: _____

PHOTOGRAPH RELEASE

Early Achievers Academy, LLC may occasionally take photographs of the children to use on center bulletin boards and/or in adverts (i.e. newspapers, brochures, etc).

Do you give Early Achievers, LLC your permission to use such photographs: ☐ Yes ☐ No

Parent/Legal Guardian Signature: _____ Date: _____

EMERGENCY FIRST AID

At Early Achievers Academy LLC, the only first aid measures taken are for minor bumps, bruises, cuts, scratches, nosebleeds, and/or splinters. If further medical care is needed, Early Achievers Academy, LLC will notify me and/or the child's other parent/guardian. If I or the child's other parent/guardian cannot be reached, I authorize Early Achievers Academy, LLC to secure emergency medical care for my child. I, the parent, will be responsible for the emergency medical charges upon receipt of statement.

Parent/Legal Guardian Signature: _____ Date: _____

SURVEY

ENROLLMENT APPLICATION

How did you hear about the program at Early Achievers Academy, LLC ?

☐ Ad ☐ Flyer ☐ Another parent ☐ Church ☐ Word of mouth ☐ Other – If so, please specify: _____

List any important values, beliefs, and/or cultural and child-rearing practices that Early Achievers Academy, LLC should be informed about:

Please read the following;

- ï If you are a cash paying client your payments are due the first day of each week or the 1st day of every two weeks if this has been agreed upon in writing.
- ï If you apply for CCAP, all payments are determined by the income information you provide for the last 30-days. If you receive child support or supplemental income or have more than one job you must provide this information as it could disqualify you. If you do not provide this information and your case is denied you will be held responsible for the payment. We will not provide care past 30-days without approval.
- ï Early Achievers Academy is not employed by Action for Children, we are an independent business. Action for Children does not dictate our hours of operation nor our policy on attendance.
- ï We will accept your child based on the CCAP calculation of your income and co-pay must be paid at the that time. If your co-pay decreases your account will be credited. If it increases you must pay this immediately. Due to delays on CCAP approvals your child's care payments must be paid one week in advance. If CCAP is not approved you will be obligated to pay it or we will proceed with wage assignment and court actions. It's at our discretion to wait for CCAP payment.
- ï We charge a \$50 late fee after the 4th day of non-payment.
- ï Your child's attendance is mandatory unless there is an emergency. If there is no call for excused absence due to emergency you will be charged for that day.
- ï Each child is under a one year service agreement, you can cancel this agreement with a 30-day notice. At that time we will begin the process of final care and payment completion for the end of that 30-day period. If proper cancellation is not received all payments up and until the end of that year will become due.
- ï Our rates are displayed along with policies, Covid standards and menus.
We thank you for giving EAA consideration.
- ï All children and staff receive Covid testing weekly and this information is provided to the parents.