

Child information			
Name		Date of birth	

Parent 1 information			
Name			
Phone number		Daytime phone number	
Email address			
Physical address			

Parent 2 information			
Name			
Phone number		Daytime phone number	
Email address			
Physical address			

Emergency contacts and sign out authorization	
<i>In the event of an emergency, if the provider is unable to get in touch with me in a timely manner, I give my permission for them to contact the following people. I also give the following people permission to sign my child out from the program.</i>	
Name	Phone number

Out-of-area emergency contact	
<i>In the event of an emergency, if the provider is unable to get in touch with me or any of the people listed above in a timely manner, I give my permission for them to contact the following person who lives out-of-area.</i>	
Name	Phone number

Emergency transportation and medical treatment permission	
<i>I give my permission for the provider to transport my child and/or seek medical treatment in the case of an emergency.</i>	
Signature	Date signed

Transportation permission (optional)	
<i>I give my permission for the provider to transport my child for non-emergency purposes.</i>	
Signature	Date signed
*We do not transport for non-emergency purposes	

Behavioral expectations and client rights	
<p><i>I have been informed of the program's behavioral expectations and how misbehavior will be handled. I have also been informed of mine and my child's rights, which are:</i></p> <ul style="list-style-type: none"> <li><i>To be informed of our rights</i></li> <li><i>To be treated with dignity, respect, and fairness</i></li> <li><i>To be free from potential harm or acts of violence</i></li> <li><i>To be free from discrimination</i></li> <li><i>To be free from abuse, neglect, mistreatment, exploitation, and fraud</i></li> <li><i>To have equal access to food, shelter, and health services</i></li> <li><i>To be free from retaliation for reporting any violation to our rights</i></li> <li><i>To privacy of current and closed records</i></li> <li><i>To communicate and visit with family, attorneys, clergy, physicians, counselors, or case managers or workers assigned to my child, unless therapeutically contraindicated or court restricted.</i></li> </ul>	
Signature	Date signed

*I attest that the information I have provided in this form is accurate and up-to-date.*

Name
Name
Name
Name
Name

Date
Date
Date
Date
Date



Child name	
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Known allergies and/or food sensitivities	

Chronic medical conditions	

Current medications <i>A completed medication permission form must be completed for each medication left with the provider</i>	

Special or nonroutine daily health care instructions

I attest that the information I have provided in this form is accurate and up-to-date.

Name	Date
Name	Date
Name	Date
Name	Date
Name	Date



### Enrollment and Tuition Payment Policy

- The \$150 enrollment fee must be paid in order to hold the spot and to initiate the enrollment process for the school year. A \$100.00 enrollment fee must be paid in order to hold the spot and initiate the enrollment process for summer camps.
- Enrollment fee is not refundable.
- Payment in full for the starting month must be paid three days prior to the child's start date. Children may not attend school until payment is received.
- Current Immunization records must be received no later than one day prior to the child's start date.
- Tuition is due on the first of each month. Tuition is considered past due after the 5th day of the month, and will receive a **\$25.00 late fee** on the 6th day & \$10.00 late fee for each day after that.
- Pick up time for morning students is no later than 12:00 pm.  
For afternoon students and all day students, pick up time is no later than 5:00 pm  
A **\$1.00 per minute late fee** will be applied to your account for every minute after these pick up times.
- Tuition pays for the spot and not for the actual days the child is in attendance. Missed days are not refundable and make up days are not available.
- The days that we are closed have already been deducted from your flat monthly rate.
- Tuition must be paid in full each month in order for us to hold your spot, even if you will be gone for an extended amount of time or due to illness, as stated above, you pay for your spot and not for how often you actually attend. If a student has not attended school for more than a week and the tuition has not been paid for that month, we will assume that you have voluntarily terminated your enrollment. We cannot guarantee that your spot will be open upon your return.

I have read and understand the above policies.

\_\_\_\_\_  
Parent's Initials

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



### Permission to Photograph

I, \_\_\_\_\_  
(Parent/Guardian's name)

give permission for Young Scholars Academy to photograph my child,

\_\_\_\_\_  
(Child's name)  
for the following purposes:

Type of Use:	(Please check one) Grant Permission   I   Decline Permission
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#### **Still Photographs:**

Display in the facility on bulletin boards, in class or front office wall		
Display on facility website		
Display on facility's Facebook page		
Display on PreK end of year slideshow		
Post on classroom app (on your personal account)		
Use photos in promotional materials		

#### **Videos:**

Display on PreK end of year slideshow		
Display video on facility website		
Display video on facility Facebook page		
Use videos in promotional materials		

Your child's name **will not** be displayed.

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 during the term of my child's enrollment with Young Scholars Academy.

Signed: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Parent or Guardian's signature)