

# 2018 Enrollment Application

A yearly **NON-REFUNDABLE** registration fee of \$65.00 is required for each child.

Entrance Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Withdrawal Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FSFA Teacher: \_\_\_\_\_ FSFA Driver: \_\_\_\_\_

## CHILD INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name to be called: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require/Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

AO	Child's Living Arrangements:	Both Parents	Mother	Father	Other
AO	Child's Legal Guardian(s):	Both Parents	Mother	Father	Other

## Emergency Contacts & Authorized Pickup Persons

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The child may be released to the person(s) signing this agreement or the following:

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits numbers only) \_\_\_\_\_

Able to pick up all children in the family      Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits numbers only) \_\_\_\_\_

Able to pick up all children in the family      Not able to pick up the following children: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits numbers only) \_\_\_\_\_

Able to pick up all children in the family      Not able to pick up the following children: \_\_\_\_\_

## MEDICAL INFORMATION

Name of Public or Private School child attends if any: \_\_\_\_\_

Child's doctor/clinic name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's

Needs while at the center: \_\_\_\_\_

My child is currently on medication(s) prescribed for long term continuous use and/or has the following preexisting illness allergies or health concerns:

## PARENTAL AGREEMENT WITH CHILD CARE FACILITY

Future Scholars & friends Academy agrees to provide child care for (name of Child)

\_\_\_\_\_ On (days of week) \_\_\_\_\_

From \_\_\_\_\_ A M to \_\_\_\_\_ P M from (Month) \_\_\_\_\_ to (Month) \_\_\_\_\_

My child will participate in the following meal plan(s) Check applicable meals/snacks:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Breakfast     | <input type="checkbox"/> Afternoon Snack | <input type="checkbox"/> Bedtime snack |
| <input type="checkbox"/> Morning Snack | <input type="checkbox"/> Evening Snack   |  |
| <input type="checkbox"/> Lunch         | <input type="checkbox"/> Dinner          |  |

## PARENTAL AGREEMENT WITH CHILD CARE FACILITY... (CONTINUED)

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\_\_\_\_\_ We do not administer meds and if a child has a fever temp (1) child will be sent home and can't return for 24 hrs. Or has doctor note if child is sent home for sickness Child must return with Dr's note

\_\_\_\_\_ My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent or facility personnel

\_\_\_\_\_ I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur i.e. telephone numbers work location emergency contacts child's physician's child's health status infant feeding plans and immunization records etc.

\_\_\_\_\_ The facility agrees to keep me informed of ANY incidents including illnesses injuries adverse reactions to medications etc. which include my child WE WILL NOT TOLERATE CURSING NAME CALLING BULLYING BITING OR FIGHTING ON BUS OR IN THE DAYCARE 1 DAY SUSPENSION MIN

\_\_\_\_\_ Future Scholars & friends Academy agrees to obtain written authorization from me before my child participates in routine transportation field trips special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep

\_\_\_\_\_ It is parent's responsibility to contact child's school if daycare is picking child up Early Release Day is an additional charge and due Monday before service. AFTER SCHOOL CARE ARE TO BE PICKED UP BY 6:00 PM WILL RECEIVE A LATE FEES (\$15) FOR THE FIRST 1 MINS AND \$1 THERE AFTER NO EXCEPTIONS IF YOUR CHILD ATTENDS AFTER 6 PM DAILY HE/SHE WILL HAVE A FULL TIME (NIGHTCARE) RATE. YOU'RE CHILD CAN'T ATTEND TWO SHIFTS UNLESS YOU ARE PAYING FOR SERVICE DAY SHIFT IS FROM: 5:30 AM to 5:30 PM NO MORE THAN HOURS UPTO 9 HRS

\_\_\_\_\_ YOUR CHILD CAN BRING ELECTRONIC GAMES BUT THIS DAYCARE IS NOT RESPONSIBLE FOR LOSS OR DAMAGED GAMES. Daycare is not responsible for lost/broken/stolen items bought from home However parents do agree to pay for any damages their child does to daycare equipment NO CELL PHONE USAGE WHILE IN THE BUILDING

\_\_\_\_\_ Payments are due before noon on Monday at the time of your child(s) service if payment isn't received by noon a day late fee will be assessed NO EXCEPTIONS If your child doesn't attend payment is still due NO EXCEPTIONS Payment is due at the above time for evening child (ren) You can't drop child off and ring payment later NO EXCEPTIONS ADDITIONAL FEES APPLY TO DELINQUENT PAYMENT REGARDLESS IF YOU PAY A MONTHLY FEE OR NOT IF SCHOOL IS OUT WEEKEND CARE IS A SEPARATE SERVICE FROM WEEKLY CARE AND IS OFFERED BY APPOINTMENT ONLY

\_\_\_\_\_ Annual registration is due initially & yearly per child and ~~summer~~ registration are due if your child will attend summer camp. This is an additional registration Written/Notarized full two-week notice is required or parent will be billed and responsible for two full weeks of care (NO EXCEPTIONS) Example if it is Wednesday and you want to stop service you will pay for the following two weeks (NO EXCEPTION)

\_\_\_\_\_ A list of closings will be on the door 3 days in advance unless it's due to inclement weather Fees are due regardless of attendance due to set expenses at this facility

\_\_\_\_\_ Checks are expected payable to Future Scholars & friends Academy If your check comes back returned you will be charged a return check fee (NO EXCEPTIONS) Receipts available upon request otherwise you will get an end of year total via mail

## Tuition/Payment Information:

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A payment box with envelop is on site for your convenience. All payments in payment for Current Tuition Amount: \_\_\_\_\_ Weekly Bi Weekly Monthly Other \_\_\_\_\_

I have received a copy and agree to aide y the policies and procedures for Future Scholars & friends Academy

_____	____/____/____	_____
<i>Parents or Guardian's (Signature)</i>	<i>Date</i>	<i>Parents or Guardian's (Print)</i>
_____	____/____/____	_____
<i>Center Director's (Signature)</i>	<i>Date</i>	<i>Center Director's (Print)</i>



*Prior to your child enrolling in* **Future Scholars & friends Academy all items and documents must be received and reviewed y Director**

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|---|--|
| D 3231 IMMUNZATION (NAME ON IT)         | D PAYMENT BECAUSE WE ARE A PREPAY FACILITY |
| D BABY BED SHEETS FOR COT (NAME ON IT)  | D A COPY OF STATE DRIVER LICENSE           |
| D CHANGE OF CLOTHES                     | D A BIG SMILE AND GREAT ATTITUDE           |
| D ALL DOCUMENTS SIGNED NO BLANKS PLEASE |  |