



ENROLLMENT REGISTRATION INFORMATION

Enrollment Date: _____

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Medication Allergies: _____

Medical Conditions: _____

Special Dietary Needs and/or Food Allergies: _____

**All known allergies, dietary restrictions or medical conditions must be documented by a physician.*

Expected Attendance: Monday Tuesday Wednesday Thursday Friday

Estimated Arrival Time: _____ Departure Time: _____

**Attendance (include arrival and departure times) helps ensure that State Child & Staff Ratio Guidelines are met and maintained.*

PRIMARY CONTACT & RELEASE PERSONS:

	Parent / Guardian #1	Parent / Guardian #2
Name:	_____	_____
Social Security:	_____	_____
Drivers License #:	_____	_____
Home Address:	_____	_____
Phone:	_____	_____
Email:	_____	_____
Employer:	_____	_____
Employer Phone:	_____	_____
Employer Address:	_____	_____

Primary Residence: Mother Father Both Guardian

Parent/ Guardian Marital Status: Single Married Divorced Widowed

Parental Restrictions: _____

Copies of legal documents are required in order to honor above restrictions.

List of family members your child lives with; including name, age and relationship:

CHILD'S PROFILE:

We believe you know your child better than anyone else in the world! You are uniquely qualified to share your insight about your child's development with us; please take a moment to complete this profile, as the information will help us know your child better and meet his/her individual needs.

1. Child's Primary Language: _____
Parent/Guardian's Primary Language: _____
2. Favorite Foods: _____
Foods Disliked: _____
Special Dietary Needs and/or Food Allergies: _____
3. How does your child comfort themselves? _____
Security Items: Pacifier Thumb Blanket Other: _____
5. Sleep Habits: What are his/her sleeping arrangements: Bed Crib
How many hours does your child sleep at night? _____
My child naps: Always Almost Sometimes Rarely Never
6. Can your child effectively communicate his/her needs? No/Yes Explain: _____

7. My Child Can: Crawl Walk Dress Self Feed Self
8. Is your child toilet trained? Not Yet Almost Fully Yes, but needs assistance
He/she wears: Diapers Pull-Ups Underwear
What words are spoken in your house for toileting? _____
9. Does your child have any medical or physical needs? Explain: _____

- His/her birth was: Normal Premature Complications: _____

- Any major surgery, illnesses or life experiences: No/Yes: _____
10. How would you describe your child? _____

11. What are your child's play interests? _____

12. How do you discipline your child? _____

13. Has your child had previous preschool experience? No/Yes: _____
14. How can we help him/her adjust to this preschool experience? _____

EMERGENCY CONTACT & RELEASE PERSONS:

[Please initial each section as indicated with _____, then sign and date below. _____ Please notify Starz' if persons other than those listed below will be picking up your child on a given day.

Emergency Contact (other than parent): _____

Relationship: _____ Home #: _____ Other #: _____

Address: _____

____ In accordance with state law, we must have on file the names, addresses and telephone numbers of the individuals permitted to drop off and collect your child from school. If someone arrives to collect your child and we have not been introduced nor have their name on file, we CANNOT allow your child to leave with them. Anyone picking up must be of sane mind and body. We will not not release children to those that appear to be under the influence of drugs and/or alcohol.

The following people have permission to pick up my child (**Proper identification will be requested**).

** Any changes to the pick-up list must be done in person and in writing.*

Name	Relationship	Home #	Work #	Other #

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR:

In the event of an emergency requiring a physicians care, would you like us to call your family physician? Yes _____ No _____ If yes, please provide the following information:

Name of child's Physician or Health Care Clinic: _____

Address & Phone Number: _____

Name of child's Dentist: _____

Address & Phone Number: _____

Hospital preferred for emergency treatment: _____

Health Insurance policy name and number: _____

I give Starz' Academy emergency medical authorization to provide transportation and secure emergency medical and/or emergency surgical treatment for the above named minor child if and when I cannot be contacted.

Signature(s) of Parents or Guardians*

Date

ENROLLMENT AGREEMENT

Starz' Academy accepts children ages 6 weeks through 12 years. We will provide continuity of care between your child and their caregiver as they progress through the classrooms, whenever possible.

[Please initial each section as indicated with _____, then sign and date below.]

STATE LICENSING & OUR POLICIES:

____ ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not all encompassing; in addition you are bound by both the state child care regulations and the Starz' Academy Policies & Procedures which are subject to modifications without notice. State child care regulations may override the centers. Your continual enrollment is an acknowledgment and agreement to abide by all policies and state regulations.

____ HANDBOOK: I have received a copy of Starz' Academy's Policies & Procedures Handbook. I have read and understand its contents and agree to be bound by the same.

TUITION & FEES:

____ REGISTRATION FEE: Starz' Academy cares for children year round. An initial registration fee of \$50.00 is required for each child upon enrollment. This non-refundable payment guarantees a spot for a 1-week period. **This is an annual registration fee; renewed every September 1st.**

* *Summer Camp and/or Seasonal children that are not enrolled year round also pay a \$50.00 registration fee.*

____ TUITION: Weekly tuition fees are due and payable every Monday by 6:00 p.m. Tuition will not be adjusted for absences; please see the VACATIONS sub-section for additional information. If weekly tuition payment is not received by this time, a late charge of \$20.00 will be added to your account. If an account is 2 weeks past due, Starz' Academy reserves the right to terminate a child's enrollment. Starz' Academy reserves the right to revise any fees and/or policies with the proper notification.

* *If payments are made by personal check: you must complete the social security portion of the enrollment form. Any non-sufficient funds checks are subject to a processing fee, this fee is in addition to any charges from bank or financial institution.*

____ THIRD-PARTY REIMBURSEMENT: Any tuition and/or late fees in excess of an agency reimbursement is parent responsibility. It is also your sole responsibility to promptly communicate any status changes that would affect reimbursement.

* *Discrepancy Fee (Late Attendance): A \$20 Fee will be issued when CCDF requirements are not met.*

____ LATE NIGHT PICK-UP: There is a charge of \$10.00 per day, per child, if the child is picked up after 6:00 p.m. After 6:15 p.m.; the fee increases to \$1.00 per minute and is **due at time of pick-up**.

____ ADDITIONAL FEES: Parents are responsible for their child's diapers AND wipes. If your child has no diapers/pull ups, a charge of \$1.00/diaper will be added to your account.

DAILY PROCEDURES:

We are open from 6:00 a.m. – 6:00 p.m. Monday through Friday. Parents are welcome to visit the school any time the center is open for operation. Late nights (after 6:00 p.m.) will be billed to your account at the end of each month at the amounts described under the TUITION sub-heading.

____ATTENDANCE: Attendance (including arrival and departure times) helps to ensure that State Child & Staff Ratio Guidelines are met and maintained. Please notify your center of any schedule changes or absences by 9:00 a.m.

____DAILY SIGN-IN & SIGN-OUT: It is your responsibility to sign your child(ren) in and out daily, this is in accordance with state licensing requirements. Children are not allowed to sign themselves in or out. They must also be escorted to their classrooms.

____ILLNESS: Starz' Academy shall make every effort to prevent and control the spread of communicable diseases and has established written health policies and precautions directed to this end.

In the event that your child becomes ill at school, we will contact a parent. If a parent cannot be reached, a responsible member from the child's Pick-Up List will be contacted. Pick up must be within one hour of notification. **If your child is sent home for any reason**, they may not return until they are symptom free without the aid of medication for 24 hours after unless accompanied by a doctor's note stating the specific cause and treatment of care.

Please see the **HEALTH** Section of our Policies and Procedures Handbook regarding illnesses. **When any child or staff member is known to have an infectious disease**, they shall be excluded from attendance for such time as prescribed by the person's physician, center doctor or center digression.

____DISCIPLINE: Starz' Academy strongly urges open communication between school and home in matters of student discipline. Our policy is designed to help with the behavior; by working together we can accomplish our goal of creating an environment where all children feel safe and secure. With guidance, your child is expected to:

- Handle school property and materials with care.
- Be polite and use good manners.
- Consistently follow directions.
- Respect the property and rights of other children and staff.
- Control verbal and physical aggression towards others.

Attendance at Starz' Academy is a privilege and repeated failure to follow rules and policies as established for the safety of all our children and personnel will result in the dismissal and termination of care; the decision is left to the discretion of the Administration. Please see Policies & Procedures Handbook for additional information.

____TRANSPORTATION: Maintaining a safe experience during busing to and from Starz' Academy is mandatory. Following the transportation guidelines as indicated in the Parent Handbook is essential while being transported by Starz' Academy.

** If Starz' Academy is transporting your child on a regular basis you may be asked to sign a formal transportation agreement.*

HOLIDAYS, VACATIONS, CLOSINGS, LEAVE OF ABSENCE & WITHDRAWAL:

____HOLIDAYS: Starz' Academy is closed the following holidays:

** The center may schedule early closings on special occasions with advance notice, including but not limited to Christmas Eve and New Years Eve. **Tuition will not be adjusted for scheduled closings.***

New Years Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Day

____ CENTER CLOSINGS: If Starz' Academy must close due to hazardous weather, or if conditions arise that make the building unsafe, Starz' Academy will take immediate action to provide for the safety of the children and staff. If the center must close, announcements will be made on television and radio stations. Parents may also be called.

* *If the center does close due to weather conditions, **tuition for the week will not be pro-rated.***

____ VACATIONS: Depending upon your child's enrollment date, two weeks per calendar year is allotted for vacation days. Families must be enrolled for one month before using any vacation days, and **your account must be current.** All vacation time must be requested using a Vacation Slip and submitted to the office.

* *Summer Camp and/or preschool age children enrolled for summer care ONLY are not allotted vacation time.*

The vacation schedule runs as follows for the first year of enrollment:

If your child enrolls: You are eligible for:

January - March: 2 weeks vacation

April - September: 1 week vacation

October - December: 0 vacation time

A **VACATION WEEK** may be used (5 consecutive days of absence) your child's weekly tuition will be taken off your balance.

A *single* **VACATION DAY** may be used for absence and/or illness, the following credit will be offered:

Infant: \$50

Toddler/Two's: \$44

Three - Five: \$35

Before & After: \$18

Before OR After: \$13

Year- Round School Age: \$33

____ LEAVE OF ABSENCE: If you were to go on a leave of absence, in order to guarantee and reserve a spot for your child, 1 week full-time tuition must be paid every 4 weeks. *There will be no allowances, credits, or refunds for occasional absences.*

____ WITHDRAWAL FROM PROGRAM: Parents wishing to withdraw their child from Starz' Academy must notify the office staff in writing 2 weeks prior to the termination date. **Parents are required to pay for those 2 weeks regardless of when the child leaves the center.**

INCLUSION OF CHILDREN WITH SPECIAL NEEDS:

Starz' Academy accepts children with special needs and will make adaptations to ensure full inclusion in everyday routines and activities. Guidance about recommended adaptations and any procedures necessary to ensure children's health, safety and inclusion will be solicited from the child's family, medical and/or educational agencies currently providing services for the children and their family.

A release of information must be signed by a parent or guardian before consultation with any services or individuals other than family occurs. Upon enrollment a Special Care Plan and Emergency Information Plan will be completed to insure that all staff receive training to meet the individual needs of the child and facilitate inclusion.

*Signature of Parent / Guardian**

Date

MEDIA:

Starz' Academy is proud to share good news about our students, centers programs, and other events while protecting learning time and being sensitive to our student's privacy. Therefore, we give all parents or legal guardians the opportunity to request that their child NOT be included in any media/internet coverage throughout his/ her enrollment.

Possible coverage includes child's photo, writing and/or quotations to be used in newspaper, television, radio or internet sources, to share news about our centers and programs.

Please mark and sign as indicated below:

_____ *I **DO** want my child to be included in media/internet coverage; I know that my choice applies unless canceled in writing by me, the parent or guardian.*

_____ *I **DO NOT** want my child to be included in media/internet coverage; I know that my choice applies unless canceled in writing by me, the parent or guardian.*

*Signature of Parent/Guardian**

Date

ACKNOWLEDGEMENT:

Starz' Academy will accept enrollment of your child into the facility, only if we agree to observe the following:

- I understand that Starz' Academy will not assume responsibility for any child who has not signed in. Please make the caregiver aware of your arrival and departure. Children must be signed in/out by name and time daily.
- I understand that I must submit a physical and immunization record, signed by a physician, for my child. Infants also need a feeding plan and medication order completed by a physician.
- Food Program paperwork must be completed and returned to the office upon enrollment. (Center Specific)
- I understand that parent conferences will be scheduled when necessary to discuss development progress and/or behavioral status. Caregivers shall have periodic interviews with the parents to assure consistency and mutual awareness of progress and development. We will inform the parent of any important information regarding their child on the day of occurrence.
- Field Trips are an integral part of Starz' Academy's curriculum. Starz' Academy will never remove your child from the premises without proper notification. Permission slips will be sent home detailing the educational objective, date, time, mode of transportation and any special attire that may be required. It is your responsibility to sign and return the consent form. If the form is not returned by the morning of the trip, the child will not be permitted to participate. I hereby give my permission to Starz' Academy for my child to be transported and participate in field trips.
- Starz' Academy is required to reach a specific adult/child ratio before any group is permitted to leave the center. Volunteering for field trips is a great way to get involved in your child's developmental process, and we strongly urge parent participation in this area.

- I understand that, although Starz' Academy will do everything reasonable to ensure that no harm comes to my/our child while in their care, situations sometimes arise that are outside of the school's control. I hereby release and hold harmless Starz' Academy and any of its employees from any and all harm arising to my child caused by my child's failure or refusal to abide by a reasonable instruction of the school, by actions of individuals acting contrary to the schools policies, or by individuals not connected to, related to or under the control of the school. I also indemnify and hold Starz' Academy harmless for any damage, injury, or loss to the person or property of others caused by my child.
- Starz' Academy and its employees are required by law to report any and all suspected cases of child abuse and/or neglect to the appropriate agency.
- Starz' Academy keeps records for each child in order to ensure compliance with State Licensing and Government requirements. These records are company property and therefore access is restricted.

I confirm that I have read the Starz' Academy Policies and Procedures and agree to comply with them. I realize that I am liable for my child while in the care of Starz' Academy. I understand that this statement of agreement releases Starz' Academy and its employee's from all liability.

Starz' Academy is committed to providing academically focused childcare for your family. If you have any questions or concerns regarding your child's care, please bring them to a member of our staff. We are always willing to give you our time and a listening ear. Thank you for allowing us the pleasure of educating your little one!

Signature(s) of Parents or Guardians*	Date
Signature(s) of Parents or Guardians* <small>*Only one parent's signature constitutes agreement by both parents.</small>	Date
Signature of Witnessing Director	Date

***If for any reason your child is not accepted into our program, Starz' Academy will provide you with a written reason for refusal to admit your child.*

****If Starz' Academy incurs the services of an attorney to enforce the terms and/or provisions of this agreement or amounts due pursuant hereto, it is understood that such fees and costs are recoverable by Starz' Academy against the parent(s)/family.*

MISSION STATEMENT:

Our mission is to see each and every child at Starz' develop to their full potential. We believe that the early years are vitally important in a young child's development. Our program was created to help your child develop learning skills at a pace that supports his/her individual potential. We strive for each child to be happy, healthy, successful and independent. By providing developmentally appropriate activities as well as enriching daily experiences, we hope to encourage their naturally curious natures. We believe that is important to keep that sparkle alive and to make learning fun!

Updated: 5/22

Notes from the Office: