

DATE OF REGISTRATION: ____/____/____

START DATE: ____/____/____

(For office personnel ONLY)

ENROLLMENT AND TUITION POLICY AGREEMENT

CHILD'S INFORMATION

Child's Name: _____ Nickname: _____

Child's Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Gender: Male or Female Ethnicity: _____

(Please Circle)

Names and Ages of Other Children in Care: _____

PARENT / GUARDIAN INFORMATION

Marital Status: _____ Child lives with: Both _____ Mother _____ Father _____
Other _____

Mother's Name: _____

Home Address: _____ Home Phone _____

Email Address: _____ Cell Phone _____

Mother's Employer's Name: _____

Employer's Address: _____

Street Address

City

State

Zip Code

Phone Number

DATE OF REGISTRATION: ____/____/____

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Father's Name: _____

Home Address: _____ Home Phone

Email Address: _____ Cell Phone

Father's Employer's Name: _____

Employer's Address:

Street Address

City

State

Zip Code

Phone

Number

MEDICAL CONTACT INFORMATION

Family Doctor: _____ Address:

Street Address

City

State

Zip Code

Phone

Number

Family Dentist: _____ Address:

Street Address

City

State

Zip Code

Phone

Number

Family Hospital: _____ Address:

Street Address

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City
Number

State

Zip Code

Phone

ALLERGIES

Please list allergies and allergy treatment:

—

—

—

—

—

DIETARY RESTRICTIONS

Please list any dietary restrictions:
(Dietary restrictions must be accompanied with a doctor's note)

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—

AUTHORIZED CHILD PICK UP AND / OR ILLNESS CONTACTS

Child will be released only to the custodial parents or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

DATE OF REGISTRATION: ____/____/____

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(For office personnel ONLY)

Name
Zip code

Address

City

State

Home#

Cell#

Work #

Relationship to Child

Name
Zip code

Address

City

State

Home#

Cell#

Work #

Relationship to Child

Name
Zip code

Address

City

State

Home#

Cell#

Work #

Relationship to Child

Name
Zip code

Address

City

State

Home#

Cell#

Work #

Relationship to Child

Name
Zip code

Address

City

State

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Home#	Cell#	Work #	Relationship to Child
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Name Zip code	Address	City	State
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Home#	Cell#	Work #	Relationship to Child
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PROGRAM ENROLLMENT

Child's Name: _____ Date of Birth: ____/____/____

I would like to enroll my child in the following program:

____ PRE-SCHOOL OPTIONS (Infants, One's, Two's, Two ½ 's, Three's, Three ½ 's, Four's) **(Please Circle Age Group)**

____ VOLUNTARY PRE-KINDERGARTEN (VPK) State Funded program for children 4 yrs. Old on or before Sept. 1

Weekly Schedule: Please circle the days you wish your child to participate at academy.

____ Two Day per Week	T	TH			
____ Three Days per Week	M	W	F		
____ Five Days per Week	(MANDATORY FOR VPK)				
	M	T	W	TH	F

My Child Will Attend:

PRE-KINDERGARTEN/ VPK OPTIONS

____ VPK Only- Morning	(9:00 AM to 12:00 PM)	M	T	W	TH	F
____ VPK Only- Afternoon	(12:30 PM to 3:30 PM)	M	T	W	TH	F
____ VPK + Lunch (Child will come before or after VPK for lunch, Morning pick up by 1:00pm, afternoon drop off 12:00 pm)		M	T	W	TH	F
____ VPK + Before Extended Care	(6:30 AM to 11:30 AM)	M	T	W	TH	F
____ VPK + After Extended Care	(12:00 PM to 6:00 PM)	M	T	W	TH	F
____ VPK + Wrap/around	(6:30 AM to 6:00 PM)	M	T	W	TH	F

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ELEMENTARY EXTENDED CARE OPTIONS:

Name of Elementary School: _____

____ After School care (Elem.) (School Dismissal to 6:00 PM) M T W TH F

Indicate Grade Enrolled: K 1st 2nd 3rd 4th 5th 6th

I UNDERSTAND MY TUITION WILL BE BASED ON THE INFORMATION GIVEN ABOVE. ANY PERMANENT CHANGES TO THIS SCHEDULE MUST BE APPROVED, IN ADVANCE, BY THE DIRECTOR. OTHERWISE, I WILL BE RESPONSIBLE FOR PAYMENT AT THE GIVEN ENROLLED RATE AS DETAILED IN THE HANDBOOK. ADDITIONALLY, I HAVE COMPLETELY READ, FULLY UNDERSTAND, AND WILL ABIDE BY THE POLICIES OUTLINED IN THE ROMA COURTADEMY HANDBOOK. I ALSO UNDERSTAND THAT ROMA COURT ACADEMY DOES NOT GIVE ANY REFUNDS.

DATE

SIGNATURE OF PARENT/GUARDIAN ENROLLING CHILD