

# Shiloh Baptist Early Learning Academy Enrollment Agreement

## Shiloh Baptist Early Learning Academy

### Enrollment Information

Completion of this Agreement is required for enrollment along with a \$75.00 enrollment fee. This information is necessary for Shiloh Baptist Early Learning Academy to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs.

### Child Information

Start Date: \_\_\_\_\_

Child's First Name		Child's Middle Name		Child's Last Name	
Age:	DOB:	Sex:	Address:		
Social Security Number:			Parent/Guardian:		Parent/Guardian:
Home Phone Number:		Does your child attend school? Yes      No		Current Grade:	Grade Applying for:
Last School Attended:			Phone & Fax Number:		
Religion:		Church:		Pastor:	
Please Circle Ethnicity/Race (required for State non-discriminatory reporting purposes): Hispanic/Latino    Asian    Black or African America White    American Indian or Alaskan Native    Native Hawaiian or other Pacific Islander    Two or More Races					

### Primary Contact Information Include Parents and Guardians

Shiloh Baptist Early Learning Academy may elect to send out e-mail/text messages to all families regarding important information that may need to be given at short notice. By including my e-mail address, I authorize Shiloh Baptist Early Learning Academy to send such e-mails to my e-mail address below.

Is parent/guardian a SHILOH BAPTIST EARLY LEARNING ACADEMY employee? Yes    No    Employee

Name: \_\_\_\_\_

With whom does the child live?    Mother    Father    Other: \_\_\_\_\_

Primary Parent/Guardian:		Relationship to Child:	Home Phone:	Cell Phone:
Home Address:		E-mail address:		
Employer Name:		Work E-mail address:	Work Phone Number/Extension:	
Other Parent/Guardian:		Relationship to Child:	Home Phone Number:	Cell Phone Number:
Home Address:		E-mail address:		
Employer Name:		Work E-mail address:	Work Phone Number/Extension:	

### Emergency Contact and Release Persons Do not include Parents or Guardians

If possible, please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide a photo ID at time of pick up.

<b>Name #1:</b>		Relationship to Child:	Home Phone Number:	Cell Phone Number:
Home Address:		Employer Name:	Work Phone Number/Extension:	
<b>Name #2:</b>		Relationship to Child:	Home Phone Number:	Cell Phone Number:
Home Address:		Employer Name:	Work Phone Number/Extension:	
<b>Name #3:</b>		Relationship to Child:	Home Phone Number:	Cell Phone Number:
Home Address:		Employer Name:	Work Phone Number/Extension:	

- The persons designated in this section will be contacted by SHILOH BAPTIST EARLY LEARNING ACADEMY and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. In addition, release person must be 18 years of age or older.
- School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in writing in advance. Your child will not be released without prior authorization. A telephone authorization shall be confirmed with the custodial parent at a previously designated telephone number.

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Child's Name: \_\_\_\_\_

## Child's Medical History

Height:	Weight:	Hair Color:	Eye Color:	Distinguishing Marks:	Date of Birth:
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1. Special medical conditions: \_\_\_\_\_
2. Chronic Illnesses: \_\_\_\_\_
3. History of serious injuries or hospitalizations of which we should be aware: \_\_\_\_\_
4. Diabetes:  Yes  No  
If your child has diabetes, please notify the School Director.
5. Special Dietary needs: \_\_\_\_\_
6. Physical restrictions: \_\_\_\_\_
7. Is your child able to fully participate in all of the activities offered by SHILOH BAPTIST EARLY LEARNING ACADEMY?  
\_\_\_\_\_
8. Does your child function at the level of other children in his or her age group? \_\_\_\_\_
9. Is your child able to walk?  Yes  No  
Explain: \_\_\_\_\_
10. Can YOUR child effectively communicate his/her needs? \_\_\_\_\_
11. Does your child require any assistance at mealtime? \_\_\_\_\_
12. Does your child rest in the middle of the day? \_\_\_\_\_
13. Is your child toilet trained?  Yes  No If so, does he/she need assistance? \_\_\_\_\_
14. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc?  Yes  No  
Explain: \_\_\_\_\_
15. Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  Yes  No  
Explain: \_\_\_\_\_
16. Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in SHILOH BAPTIST EARLY LEARNING ACADEMY's group care setting? Explain: \_\_\_\_\_
17. Does your child have an IEP?  Yes  No
18. Has your child been tested or diagnosed as ADD/ADHD?  Yes  No

**Please note if your child had any of the Diseases listed below:**

**Date**

- Bronchiolitis/Pneumonia \_\_\_\_\_
- Chicken Pox (Varicella) \_\_\_\_\_
- Hepatitis \_\_\_\_\_
- Scarlet Fever \_\_\_\_\_
- Measles Rubella \_\_\_\_\_
- Rubella (German measles) \_\_\_\_\_
- Mumps \_\_\_\_\_
- Pertussis (Whooping Cough) \_\_\_\_\_
- Other Serious Illness \_\_\_\_\_

**Please note screening tests performed:**

**Date**

- Vision \_\_\_\_\_
- Hearing \_\_\_\_\_
- Speech \_\_\_\_\_
- PPD Test \_\_\_\_\_
- Sickle Cell Anemia \_\_\_\_\_
- Developmental Screening \_\_\_\_\_
- Educational Screening \_\_\_\_\_
- Other: \_\_\_\_\_

**\*If you child has had a Developmental Screening or Educational Screening, you must speak with the Director about the results/findings of this test. Failure to do so may result in dis-enrollment.**

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**Child's Name:** \_\_\_\_\_

**Please note your child's illness history** (please check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Frequent Colds/Upper Respiratory Infections | <input type="checkbox"/> Frequent Sore Throats     | <input type="checkbox"/> Frequent Ear Infections  |
| <input type="checkbox"/> Frequent Skin Rashes                        | <input type="checkbox"/> Frequent Nosebleeds       | <input type="checkbox"/> Heart Disease            |
| <input type="checkbox"/> Lung Disease/Shortness of Breath            | <input type="checkbox"/> Seizures/Convulsions      | <input type="checkbox"/> Fainting Spells          |
| <input type="checkbox"/> Asthma/Breathing Problems                   | <input type="checkbox"/> Abdominal (stomach) Pains | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Persistent Diarrhea                         | <input type="checkbox"/> Persistent Constipation   | <input type="checkbox"/> Vision/Hearing Problems  |

Other: \_\_\_\_\_

Please provide special instructions concerning any of these illnesses, as necessary: \_\_\_\_\_

**Allergies** Please List

- |  |                |
|--|----------------|
| <input type="checkbox"/> Medications _____ | Reaction _____ |
| <input type="checkbox"/> Food _____        | Reaction _____ |
| <input type="checkbox"/> Respiratory _____ | Reaction _____ |
| <input type="checkbox"/> Bee Sting _____   | Reaction _____ |
| <input type="checkbox"/> Other _____       | Reaction _____ |

Are any of the allergies severe or life-threatening?  Yes  No

If yes, please provide specific instructions: \_\_\_\_\_

**Child's Medical Care Provider/Facility**

Primary Care Physician (PCP) Name:	Practice/Clinic Name:
PCP Address:	Phone:
Preferred hospital/clinic for acute care and emergency care:	
Dentist Name:	Practice/Clinic Name:
Address:	Phone:

**Immunization History**

\*Please attach an up-to-date Immunization Record to the back of this packet.

**Medical Policy**

1. Prior to enrollment, I must provide the school with updated medical and immunization information for my child. This information must be updated yearly and kept current. I understand that children without appropriate current medical records may not attend the school.
2. I agree to promptly provide information to the school regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the school staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, I must notify school immediately and my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.

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Child's Name: \_\_\_\_\_

5. In case of medical or other emergency while my child is under the school's supervision, I understand that SHILOH BAPTIST EARLY LEARNING ACADEMY staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize SHILOH BAPTIST EARLY LEARNING ACADEMY to act on my behalf and to take the emergency measures including those listed below if deemed necessary by SHILOH BAPTIST EARLY LEARNING ACADEMY staff or by medical authorities for the care and protection of my child. I hereby authorize Shiloh Baptist Early Learning Academy, to care for my child during the time he or she is in the facility in accordance with the provisions of LA civil code ART2997 (7), I hereby authorize the director of Shiloh Baptist Early Learning Academy, to:
- Consult the physician or dentist named on the previous page if I cannot be reached
  - Administer first aid and/or cardiopulmonary resuscitation.
  - Administer medication for excessive fever or severe allergic reaction/outbreak
  - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
  - Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
  - Transport my child to al local emergency shelter in the event of an emergency evacuation of SHILOH BAPTIST EARLY LEARNING ACADEMY's facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Tuition/Financial Agreement

I understand that my weekly/monthly tuition fees are as follows:

Child	Tuition	Discount Type	Discount	Net Tuition
	\$		\$	\$

\*Discounts are given to contributing church parishioners as well as families of 3 or more.

1. A nonrefundable annual registration fee of \$75.00 is due at the time of enrollment and payable each year by Aug. 1. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
2. A late pick-up fee of \$5.00 for the first minute and an additional \$1.00 per minute per child will be assessed when a child is left beyond the school's operating hours. The late pick-up fee does not constitute an agreement to provide afterhours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
3. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the school. If the hours my child attends change in any way, I will notify the school immediately so appropriate staffing may be arranged.
4. I agree to pay the full tuition fee even if my child is absent for one or more days.
5. All tuition is due in advance of services rendered. Tuition payments received after the close of business the Friday prior to service shall be assessed a late fee. If tuition is not paid in advance as listed above, a late fee of \$30.00 will be assessed per day until tuition is paid in full. If I choose to pay tuition monthly, I understand that tuition is due on the last day of the month and is considered late as of the close of business on that day. A \$30.00 late fee will be assessed per day until tuition is paid in full. If the last day of the month falls on a weekend or holiday, tuition will be due on the first school day of that month.
6. Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
7. My child may have the opportunity to participate in a special program or fieldtrip. This may result in an additional fee due before the day of the event and may require completion of a permission slip.
8. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance.
9. Payments from customers with outstanding unredeemed returned checks must be in the form of a money order, cashier's check, credit card, or cash. Accounts containing returned checks are subject to immediate termination of service; however upon payment of applicable tuition and registration fee SHILOH BAPTIST EARLY LEARNING ACADEMY may choose to reinstate your child's enrollment.
10. I understand that if I receive Child Care Assistance from the State of Louisiana, I am responsible for any amount of tuition that may not be paid by the state. I understand that I am responsible for clocking my child in/out on the TOTS finger imaging machine as well as Procure. If I receive any type of assistance, I agree that I will not receive any reimbursements for daycare overpayment. Credit balances will go towards daycare tuition only.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Shiloh Baptist Early Learning Academy Enrollment Agreement

Child's Name: \_\_\_\_\_

## Scheduled Attendance

Please fill out your child's scheduled attendance in the chart below. Tuition fees and staffing will be based upon this information. I understand that if my child's schedule changes, you must notify the school director.

	In	Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

## Admissions Agreements

SHILOH BAPTIST EARLY LEARNING ACADEMY reserves the right to alter its policies and program at any time.

I understand that if there is a change in any information provided in this Agreement, I will promptly update such information.

I must notify the school if my school-age child will not arrive by scheduled school bus on a particular day.

I consent to SHILOH BAPTIST EARLY LEARNING ACADEMY communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.

### Registration Fee/Application Fee

I understand that there is an annual registration fee of \$75.00. I further understand that registration will be due by Aug. 1 for the upcoming school year. I understand there is a \$25.00 application fee for all new students, due at time of submittal of application. I understand that Shiloh Baptist Early Learning Academy, cannot guarantee my child's placement in the program for the upcoming school year unless I pre-register and pay the annual registration fee. I understand that this registration fee is from August-May each year. (This does not include Summer Camp.) Registration fee will hold your child's spot for ONE month. If you do not enroll within that time frame, your registration fee will be void. (This only pertains to new enrollment September 1- May 1).

\_\_\_\_\_  
Parent Initial

### Attendance

I understand that my child must arrive at school no later than 9:00 a.m. and that students will not be admitted into the center after 9:00 a.m. Exceptions to this rule will only be for pre-scheduled doctor's appointments, which will require a doctor's excuse. I understand that I must notify Shiloh Baptist Early Learning Academy ahead of time when my child/children will be arriving late to school due to a pre-scheduled doctor's appointment. Children will not be allowed into the center after 11:00 a.m. for any reason.

\_\_\_\_\_  
Parent Initial

### Webcams

I am aware and authorize Shiloh Baptist Early Learning Academy's use of live web cams in each classroom.

\_\_\_\_\_  
Parent Initial

### Holidays/School Closings

I understand that Shiloh Baptist Early Learning Academy is closed for the holidays posted at the school and may change from year to year. I agree that I am not entitled to any refund, credit, make-up day or any other allowance for holidays or closures due to unforeseen circumstances.

\_\_\_\_\_  
Parent Initial

### Publicity Release/ Social Media Release

Shiloh Baptist Early Learning Academy, its licenses and assignees **MAY / MAY NOT** (please circle one) use photographs, reproductions, and/or sound recordings of my child. Such use may include advertising and publicity purposes. (Ex. Face book, Twitter, KK blog, MySpace, Linked In and any other social media network)

\_\_\_\_\_  
Parent Initial

### Snacks & Meals

Excluding Infants, all snacks and meals will be provided by Shiloh Baptist Early Learning Academy. I understand that parents are not allowed to bring any outside food into the school with the exception of infants and children with special dietary needs because of allergies (signed note from physician is required). The only exception to this will be birthday and holiday parties. Any food items brought into the school for birthdays or holiday parties must be store-bought/pre-packaged with an ingredient label. Food items MAY NOT contain peanut/peanut products.

\_\_\_\_\_  
Parent Initial

### Proper Attire

I understand that my child is to wear comfortable play clothes to school. The clothes must be easy for my child to manage. Children must wear tennis shoes and socks every day. Flip-flops/Sandals of any kind are not permitted. All children shall have two changes of clothes left at school.

\_\_\_\_\_  
Parent Initial

# Shiloh Baptist Early Learning Academy Enrollment Agreement

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Child's Name: \_\_\_\_\_

## Graduation Fee/ Conference attendance

All children going into our Pre-K program must pay a Graduation Fee in the amount of \$25.00 per child in order to participate in graduation activities. The graduation fee is due no later than September 1. (Depends on class size) All School parents are required to attend at least 2 parent conferences on their child/children's progress.

\_\_\_\_\_  
Parent Initial

## Withdrawal/Disenrollment Policy

I understand that I may withdraw my child from the school by completing a withdrawal form (available in the office) and returning it back to the Director/Assistant Director. Shiloh Baptist Early Learning Academy requires a 2-week notice of withdrawal. I understand that I am responsible for the payment of tuition regardless of whether or not my child attends the school for the two weeks. I understand that if my child is disenrolled from the program I am not responsible for the 2-week notice. (See Handbook for Disenrollment Policy)

\_\_\_\_\_  
Parent Initial

## Authority of Executive Director, Director & Assistant Director

Shiloh Baptist Church, hereby state that the Executive Director, Director and Assistant Director have complete control, jurisdiction and discretionary power regarding the school policies and procedures. The Board WILL NOT intervene upon any decisions made by the Executive Director at any time. The Executive Director alone holds the authority and discretion about whether a conference is necessary with the Pastor. The Pastor holds the complete trust and confidence of the management staff to make any and all decisions regarding school policies and procedures.

\_\_\_\_\_  
Parent Initial

## Emergency Medication Authorization

I hereby authorize Shiloh Baptist Early Learning Academy and its representatives, to administer emergency medication (Acetaminophen or EpiPen) in the event that my child has excessive fever or a severe allergic reaction/outbreak.

\_\_\_\_\_  
Parent Initial

## Acknowledgement of Receipt

I certify that I have received a pre-enrollment visit, school tour, community resource list, and medical home information.

I certify that I have read, understand and accept all of the terms and conditions described in this Agreement. This agreement will be effective On \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/School Administrator Signature

\_\_\_\_\_  
Date