



# Ladybird Academy of Independence

## ENROLLMENT & ADMISSION FORM (Please print and use a separate form for each child)

Date of Admission: \_\_\_/\_\_\_/\_\_\_ Requested First Day: \_\_\_/\_\_\_/\_\_\_ Director's Name: \_\_\_\_\_

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Withdrawal: \_\_\_/\_\_\_/\_\_\_

### PARENT / GUARDIAN INFORMATION

Mother's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL INFORMATION

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Emergency Medical Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

**Signature – Parent or Legal Guardian:** \_\_\_\_\_

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Childcare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

**SIGNATURE – Parent or Legal Guardian:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

CHECK ALL THAT APPLY

1) Transportation:

I hereby [ ] give [ ] do not give – consent for my child to be transported and supervised by the operation’s employees:  
[ ] for emergency care [ ] field trips [ ] to and from school

2) Field Trips:

I hereby [ ] give [ ] do not give – consent for my child to participate in Field Trips:  
Parent’s Comments:

3) Water Activities:

I hereby [ ] give [ ] do not give – consent for my child to participate in Water Activities:  
[ ] sprinkler play [ ] water table play

4) Receipt of Written Operational Policies:

[ ] I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.

5) I Understand That The Following Meals Will Be Served To My Child While In Care:

[ ] None [ ] Breakfast [ ] AM Snack [ ] Lunch [ ] PM Snack

6) My Child Is Normally In Care On The Following Days and Times:

[ ] Mondays from: to:  
[ ] Tuesdays from: to:  
[ ] Wednesdays from: to:  
[ ] Thursdays from: to:  
[ ] Fridays from: to:

AUTHORIZED CONTACT INFORMATION

Give the name, address and phone number of person to call in case of an emergency if parents /guardian cannot be reached:

Table with 4 columns: Name, Relationship, Address, Phone. Three rows for contact information.

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Table with 4 columns: Name, Relationship, Address, Phone. Three rows for authorized persons.

IMMUNIZATION RECORD

- [ ] I have provided the childcare operation with a copy of my child's most current immunization record.
[ ] I will provide the childcare operation with a copy of my child's most current immunization record on or before my child's first day of attendance.

SIGNATURE – Parent or Legal Guardian: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SCHOOL AGE CHILDREN**

My child attends the following school:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check All That Apply:

His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

ride a bus       walk to school from home       be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**ADMISSION REQUIREMENT**

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Please check only one option:

1)  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Heath Care Professional's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

2)  A signed and dated copy of a health care professional's statement is attached.

3)  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4)  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within one week of admission, I will obtain a health care professional's signed statement and will submit it to the childcare operation.

Name and address of health care professional: \_\_\_\_\_

Signature – Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**VISION (only applicable to children 4 years and old older)**

R 20/\_\_\_\_\_ L 20/\_\_\_\_\_  PASS  FAIL      Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**HEARING (only applicable to children 4 years and old older)**

	1000hz	2000hz	4000hz	
Right	_____	_____	_____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Left	_____	_____	_____	

HealthCare Professional Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**SIGNATURE – Parent or Legal Guardian:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

**HEALTH REQUIREMENTS**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

VACCINE	AGE >	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	3-6 yrs
Hepatitis B												
Rotavirus												
Diphtheria, Tetanus, Pertussis												
Haemophilus Influenza type b												
Pneumococcal												
Inactivated Poliovirus												
Influenza												
Measles, Mumps, Rubella												
Varicella												
Hepatitis A												
Meningococcal												

TB TEST (if required)     Positive     Negative    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ and does not need varicella vaccine.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

SIGNATURE – Parent or Legal Guardian: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



# LADYBIRD ACADEMY

*Independence*

## ENROLLMENT AGREEMENT

(Terms and Conditions)

- 1) I agree to pay a registration fee at the time of enrollment.
- 2) I agree my child will participate in the education program for which he or she is eligible and to pay the annual curriculum/supply fee where applicable.
- 3) I agree to pay each week, on the first day my child attends, the weekly tuition fee in effect. I understand that there will be no deductions for sickness, absence or holidays. A late fee is assessed if tuition is not paid by the end of business on Tuesdays and Thursdays or, if absent, by the end of the first day of attendance.
- 4) If my child is regularly transported to and/or from school by Ladybird Academy and school is not in session due to holidays, etc. I agree to pay an additional fee for my child to attend Ladybird Academy all day.
- 5) I agree to pay the full weekly tuition even if my child is absent for one or more days during the calendar week (defined as Monday - Friday.)
- 6) None of the above fees identified, including curriculum, program, registration, or field trip fees are refundable.
- 7) The center is open Monday through Friday, except holidays.
- 8) I agree to pay a per child late pickup fee, for each period of time after the center's closing as indicated on the fee schedule in effect.
- 9) I agree to pay a return check fee for returned checks or refused ACH transactions. If I have a returned check Ladybird Academy will then have the option to refuse any future checks.
- 10) In case of withdrawal of my child from the center, I agree to give the center written notice two weeks prior to withdrawal. I am hereby notified that Ladybird Academy reserves the right to send delinquent accounts to a collections agency.
- 11) Legal authorities may be contacted for children left at the center more than one hour after closing time of the center.
- 12) The terms of this agreement are subject to change in whole or in part by Ladybird Academy without notice.
- 13) Ladybird Academy may terminate this agreement at any time. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interests of the child or the center to dis-enroll the child.
- 14) I agree to pay a late pick up fee per the fee schedule in effect if my child is still present in the building after 6:30pm, regardless of whether or not a parent/guardian is present.
- 15) Ladybird Academy, its owners, directors and employees or associated companies are NOT responsible for reimbursement of any medical expenses incurred as a result of accidental incidents to a child or incidents between children resulting in injuries that occur to a child or children during attendance at Ladybird Academy, whether or not under the supervision of any Ladybird Academy employee.

Enclosed with your Parent's Handbook you will receive a copy of our Discipline Policy. Please sign below to verify that you have read the above information. We also request permission to photograph your child/children for use in our classrooms, newsletters and center.

I, \_\_\_\_\_ have read the Parent's Handbook and Discipline Policy.

I, \_\_\_\_\_ hereby give permission to LBAcademy to use my child's name and photographic likeness in all forms and media for advertising, trade and any other lawful purposes.

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Parent/Guardian:	Contact No:
Name of Child:	Date of Birth:
Name of Child:	Date of Birth:
Address:	City: State: Zip:
Full Time: Part Time:	Days:
Signature:	Start Date:

**Please be specific and adhere to your start date, we cannot guarantee places if you change your date later.**

### FOR OFFICE USE ONLY

Date Registration Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$\_\_\_\_\_ Payment Method: \_\_\_\_\_  
Starting Classroom: \_\_\_\_\_ Initials: \_\_\_\_\_