



Ladybird Academy

ENROLLMENT FORM

(Please print and use a separate form for each child)

CHILD INFORMATION

Child's Name: _____ Academy: _____

Birth Date: _____ Sex: _____ Age: _____

PARENT / GUARDIAN INFORMATION

Mother's Full Name: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Employer: _____

Cell Phone: _____ Work Phone: _____

Father's Full Name: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Employer: _____

Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

AUTHORIZED CONTACT INFORMATION – List up to three additional people authorized to pick up your child

Children will be released only to the custodial parent 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 cases of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.

Contact Name 1:	Relationship:	Cell Phone:
Address:	City:	State: Zip:
Contact Name 2:	Relationship:	Cell Phone:
Address:	City:	State: Zip:
Contact Name 3:	Relationship:	Cell Phone:
Address:	City:	State: Zip:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at _____, I understand that the Child Care Provider will: (1) Contact me immediately and (2) Contact Person(s) I have designated if I cannot be reached. Should the provider be unable to reach me and/or the person/s designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I understand that in some medical situations the staff will need to contact the local emergency services before contacting a parent, child's physician and/or other listed emergency contact in the parent's absence.

PARENT SIGNATURE _____ DATE: ____ / ____ / ____



LADYBIRD ACADEMY

ENROLLMENT AGREEMENT
(Terms and Conditions – 2022-2023)

- 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) Tuition and other fees are subject to change at any time, without notice.
- 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 fees identified, including supply, program, registration, or field trip fees are refundable.
- 7) The center is open Monday through Friday, except holidays (or observed holiday's) as stated in the parent handbook.
- 8) I understand that the method of tuition payment is weekly ACH withdrawal or monthly in advance check payments. I also understand that ACH payments are withdrawn on Fridays for tuition for the following week and check payments must be provided prior to the first of the month for payment for the following month.
- 9) I understand that there will be no deductions for sickness, absence, holidays, or unforeseen natural disasters/closings of the school. A late fee is assessed if tuition is not paid by the end of business on Mondays and Wednesdays or, if absent, by the end of the first day of attendance. If the full tuition amount including late fees are not paid by end of day on Thursday, I understand that my child will be unable to attend until my account is at a zero balance.
- 10) I agree to pay a return check fee for returned checks or returned ACH transactions through Tuition Express. If I have a returned check or ACH transaction, Ladybird Academy will then have the option to refuse any future checks/ACH transactions and require a Money Order as form of payment. Each returned check and ACH transaction will be subject to a \$30 late fee as well as a return check fee as stated in the tuition fee schedule.
- 11) In case of withdrawal of my child from the center, I agree to provide the center written notice two weeks prior to withdrawal using the Withdrawal Form provided by the school. I am hereby notified that Ladybird Academy reserves the right to send delinquent accounts to a collection's agency.
- 12) Legal authorities may be contacted for children left at the center for longer than one hour after closing time of the center.
- 13) The terms of this agreement are subject to change in whole or in part by Ladybird Academy without notice.
- 14) 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.
- 15) I agree to pay a late pick up fee per the tuition fee schedule in effect if my child is still present in the building after 6:30pm or following VPK hours (for VPK only students), regardless of whether a parent/guardian is present.
- 16) I understand that frequent late pick-up (3 or more occurrences) may result in withdrawal from Ladybird Academy.
- 17) 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.
- 18) As a requirement of the Department of Children and Families Child Care Facility Handbook, a current physical examination and immunization record needs to be in your child's file on or before the first day of enrollment.
- 19) By signing this agreement, I hereby grant permission for the staff of this facility to have access to my child's records.

By signing this Enrollment Agreement Terms and Conditions, I agree to have read and understand all the above information.

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Parent/Legal Guardian: _____ Contact No: _____

Name of Child: _____ Date of Birth: _____

Parent Email 1: _____

Parent Email 2: _____

Requested Start Date: _____ Camera Access: Y N Schedule: FT 3 Days 2 Days ½ Days

FOR OFFICE USE ONLY

Date Registration Paid: ____/____/____ Amount: \$_____ Payment Method: _____

Enrollment Start Date: ____/____/____ Starting Classroom: _____ Siblings? Y N

Tuition Amount at Time of Enrollment: _____ Siblings Classroom (if applicable): _____ Initials: _____