

Reach Kids Academy Application

RKA Director: Matt Haffner

Cell: (918) 807-8444

Office: (918) 245-0262 ext. 303

Email: matt@reachchurch.us

Teachers:

Mrs. Theresa Lipscomb – Preschool Class (3-4 year)

Ms. Santha Comer – Toddler Class (1-2 year)

Reach Kids Academy Hours of Operation:

Monday – Thursday 9am to 2pm

Drop off begins @ 8:55am to 9:15am

Pick up begins @ 1:55pm to 2:15pm

Enrollment: Please submit this application along with enrollment fee and 1st month tuition. These payments are Non-Refundable. Enrollment fee for 6 weeks- 4 Years Old **\$45.00**

Tuition Monthly Payment:

6 weeks- 4 Years Old:

2 days per week \$155.00

3 days per week \$230.00

*Tuition payments are due by the end of the first full week of each new month.

Family Discount:

Siblings will receive a 10% discount on tuition. Families with more than one child enrolled will pay full tuition for the first child and receive a 10% discount for each child thereafter. Enrollment fees are not eligible for discounts.

Enrollment Application

PLEASE PRINT

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Gender: M / F

Class Enrolled: _____ Days Attending: T W TH

Full Name of Father/Guardian: _____

Home Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Full Name of Mother/Guardian: _____

Home Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Please state phone number you prefer to be reached at:

Mom _____ Dad _____

Any concerns or family situations that office/teacher needs to be aware of:

Person responsible for payment of tuition and fees:

Name Address Phone

Church presently attending: _____

Has child been suspended or expelled from any other daycare/preschool/school for any reason?

Yes/No If yes, explain

Has your child shown signs or been diagnosed with emotional or behavioral disorders? (i.e. Autism, ADHD, ODD, sensory processing, etc.) Yes/No If yes, explain

Has child demonstrated negative social behavior (i.e. disrespect, hitting/pushing, and biting)

Yes/No If yes, explain

What do you believe needs the most improvement in your child's development?

Socially:

Spiritually:

Physically:

Is there any other information regarding your child we should know?

Reach Kids Academy was recommended by:

Why did you choose Reach Kids Academy?

It is our goal to accommodate every child. Please be aware that our teaching staff is not trained for special needs, including emotional &/or behavioral disorders. If a student is continually disruptive or violent they will be dismissed from class the remainder of the school year.

Reach Kids Academy

Medical & Liability Release

Please print

Child's Name _____ Date of Birth _____

Child's Doctor _____

Name

Address

Phone

Hospital _____

Name

Address

Phone

Child's Dentist _____

Name

Address

Phone

Child's Overall Health: Excellent Fair Poor

Any Physical Disabilities? Yes/No If yes, please explain:

Please list any health problems (asthma, diabetes, etc.) _____

Please list any food related allergies (including severity & treatment) _____

Please list any medications your child takes regularly (including those not taken at school)

(If your child is on medication at any time during the school year you MUST FILL OUT a Request to Dispense Medication form in the Director's office.)

Please indicate persons to be contacted in case of an emergency:

Name of Parent or Guardian

Emergency Cell Number

Name of Parent or Guardian

Emergency Cell Number

Name of Parent or Guardian

Emergency Cell Number

Insurance Information

Name of Company _____ Policy # _____ Group # _____

Address _____ Phone _____

Name insurance is carried under _____

Parental or Guardian Medical/Liability Release Statement

The above stated minor has permission to participate in and travel with Reach Kids Academy or attend activities during our Fall Semester through Spring Semester. While I understand that Reach Kids Academy will take reasonable steps to provide care and safety to minor, I am aware that the Reach Kids Academy or their employees or agents cannot and shall not assume any responsibility for injury, damage or harm which might result during the course of any activity during functions so sponsored or attended by this minor. In consideration of permitting their minor to participate, I agree that full responsibility shall remain with me as a parent or guardian of this minor. Should any claim be asserted by any person as the result of the acts of this minor while participating in the course of activities sponsored or provided by Reach Kids Academy, or traveling to or from such activity, or should minor or any party assert any claim against Reach Kids Academy or its employees or agents, I agree to indemnify and hold Reach Kids Academy harmless from actions brought against them and including attorney fees and cost incurred by Reach Kids Academy in defense thereof. I further authorize medical treatment of minor in the event of illness or injury sustained in my absence while minor participates in the course of activities provided or sponsored by Reach Kids Academy.

Signature of Parent/Guardian Date

Reach Kids Academy

Enrollment Agreement

It is my/our desire to have my/our child/children enrolled in the daycare program at Reach Kids Academy. I/we have received a copy of the Reach Kids Academy parent handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two-week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the daycare surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare program. I/we also agree to give a minimum of two weeks written notice (of my/our intent to withdraw my/our child/children from the daycare program. If two weeks' notice is not given, I/we agree to make full tuition payment for the final two weeks.

Please initial next to each item:

_____ I agree to the monthly rate of \$ _____, to be paid the first of the month for my child, _____.

_____ I agree to pay the enrollment fee of \$45 to hold my child's space. In the event I choose not to enroll my child with this provider this deposit is non-refundable.

_____ I/we understand daycare payment is due on the first of the month. Late fees are \$25.00 if tuition is not paid by the 15th of the month.

_____ I/we have contracted for the days of _____ hours of 9am to 2pm.

_____ I/we understand the late pickup fee is \$1.00 per minute, per child for every minute past 2:10pm.

_____ I/we understand the pick-up policy for other than parental.

_____ I/we understand the illness policy.

_____ I/we understand the meal policy.

_____ I/we understand the behavior policy and I/we have read and shared the daycare rules with my/our child/children. _____

Parent Signature

Date

Photograph Release for Reach Kids Academy

I give permission for my child to be photographed and for those photos to be used for end of year slide shows, social media (Facebook, Instagram, etc.) and news articles. We will not use students' names at any time.

_____ **Yes, I consent** _____ **No, I do not consent**

Child's Name _____ Date _____

Parent/Guardian Printed name _____

Parent /Guardian Signature _____

Authorization for Child Pick-Up

Starting on Tuesday, March 5th we will begin using Planning Center, a check-in system to ensure our kids are safely dropped off and picked up. This is an added layer of safety that we at Reach Kids Academy want to provide for you and our students. Once checked in you will receive 2 adhesive badges, one for your child and one for you to keep. *For this check-in system to work properly, we will need the authorized individual to have and present check-in badge to pick up child.* If authorized individual does not have badge then the Parent of student will need to call our Director, Matt Haffner to inform him. We will provide all information to you so you can check-in your child.

****We reserve the right to request identification and check-in badge from anyone who picks up a child at Reach Kids Academy.****

The persons listed below have permission to pick up:

Child's Name:

Parent/Guardian	Driver's License Number:	Phone	Relationship

Parent/Guardian _____ Date: _____ Phone _____