



# Legacy Academy FOR CHILDREN®

## Enrollment Application and Agreement

Date of Application \_\_\_\_\_

1. Name of child \_\_\_\_\_
- Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ SSN# \_\_\_\_\_
- Street Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
- Phone \_\_\_\_\_

2. **Family information:**

Status of parents: (please circle one)

Married      Separated      Divorced      Other (Explain)

With whom does the child live? \_\_\_\_\_

Are there any limitations on either parent's right to pick up or visit child at the school?  
\_\_\_\_No\_\_\_\_Yes (If yes, please attach a copy of the court order to keep on file at Legacy Academy.)

Are there any social or family circumstances of which Legacy Academy should be aware? (If yes, please explain) \_\_\_\_\_

Mother or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Employer \_\_\_\_\_ Hours \_\_\_\_\_

Work Address \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_

Father or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Employer \_\_\_\_\_ Hours \_\_\_\_\_

Work Address \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_

**3. Program Assignments:**

\_\_\_\_ Full time OR \_\_\_\_ Part time \_\_\_\_\_ Days

The weekly tuition fee for the program is \$\_\_\_\_\_.

A nutritious lunch and two snacks are prepared and served daily.

\_\_\_\_\_ will be my child's first day of attendance, OR

\_\_\_\_\_ my child is currently enrolled at Legacy Academy.

**4. Release and Emergency:**

**Release Authorization:**

Other persons (at least two) to whom Legacy Academy is authorized to release this child shall be listed below. Under no circumstances will Legacy Academy release this child to any one not identified below or not otherwise known to staff without specific authorization from the parent. Additions or changes to the list of persons appearing below will be made, signed, and dated on this form or shall be attached. The parent agrees in each instance that he/she will be certain the staff is aware of the child's arrival and departure. The parent further agrees to escort their child into or out of the school when dropping off or picking up. Legacy Academy will not allow any child to enter or leave without an adult escort.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency:**

Other persons (at least two) who Legacy Academy is authorized to contact for guidance in an emergency, such as a medical or other emergency, when the child's parents are unavailable shall be listed below.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Are the individuals above authorized to have access to health information?  YES  NO

If yes, please lists persons who may have access \_\_\_\_\_

**Physician:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

5. **Health Information, Procedures and Medical Authorization:**

**Health:**

In order to comply with the state law, it is necessary for the parent to supply Legacy Academy with an immunization report and current health screening form. Regular updated reports will be required as they are due.

Describe health, special needs, or other situations of which Legacy Academy should be aware and which would require special procedures to be followed concerning your child such as physical or mental conditions, existing or pre-existing illnesses, operations or hospitalizations, or any dietary restriction.

\_\_\_\_\_  
(please indicate "none known" if applicable)

Known allergies: \_\_\_\_\_

Current Health Insurance Information:

\_\_\_\_\_  
Name of Carrier

\_\_\_\_\_  
Member ID

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Group Name

**Administration of medication:**

The staff will administer medicines to the child only at 11:00 A.M. and 3:00 P.M. and upon **written authorization** from the physician. Written authorization may be made by using the standard Legacy Academy "Medication Form." In each case the parent should complete, sign, and date the form and deliver it, with the medicine, to the Director. The school will notify the parent of any adverse reaction to the medication given. **No** over-the-counter medication will be given without the physician's signature.

**State law requires that all medicines must be:**

- a. in the original container;
- b. clearly labeled with the name of the medicine;
- c. clearly labeled with the child's first and last names;
- d. if a prescription, labeled with a prescription number;
- e. clearly labeled with the dosage to be administered; and
- f. clearly labeled with the date.

**Important:** If your child appears ill, has a high fever, is vomiting, or shows evidence of a communicable disease, please do not bring him/her to the school. You must notify us immediately upon your child's diagnosis of a communicable disease. If your child has such symptoms and is present at Legacy Academy, you will be required to pick him/her up immediately. We will notify all parents if there has been an exposure of a communicable disease in the school. This requirement is imposed by the State Department of Human Resources and is intended for the protection of all the children. Children must be without fever for 24 hours without the use of any fever reducing medication before returning. As determined by the Director, it may be necessary for a previously ill child to present an approval for re-admittance signed by a physician.

**Medical Authorization:**

We hereby grant Legacy Academy permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We understand that, consistent with the circumstances of the situation and the available time, Legacy Academy will attempt to contact and follow the instructions of the parent, physician, or other person(s) as designated. We hereby grant permission to Legacy Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Legacy Academy in making emergency medical treatment available to the above named child.

6. **General information and acknowledgment:**

**Enrollment policy and agreement:**

Initial and continued enrollment will be at the discretion of Legacy Academy based upon the best interests of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, or national origin.

A copy of this Enrollment Application and Agreement will remain within the files of Legacy Academy so long as the child remains actively enrolled at the school and shall be available for inspection by the parent at any time, upon request. Enrollment information is also kept in our computer database which is backed up to our corporate office weekly. All information on children and families is kept confidential.

**Information in child's file must be kept current.** The parent **is required** by state law to update information furnished herein as necessary, with changes initialed and dated by the parent and the Director. Parents agree to notify the school of any change in phone numbers, work locations, emergency phone numbers, family physician, etc.

**Hours and Days of Operation:**

The hours of operation of Legacy Academy are from 6:30 A.M. to 6:30 P.M., Monday through Friday, January through December.

Legacy Academy will be closed in observance of the following holidays:

New Year's Day	Memorial Day	Independence Day
Labor Day	Thanksgiving Day	Day after Thanksgiving
Christmas Eve	Christmas Day	

Should the traditional holiday occur during the weekend, or be re-scheduled for a long weekend, we will observe the holiday on the following Monday. We will close on days of inclement weather when closing is determined necessary by Legacy Academy, and certain other days as specified by Legacy Academy. There is no tuition discount for absences, holidays, or other days on which Legacy Academy is closed.

**Program Acknowledgment and General Authorization:**

We have reviewed with the Director of Legacy Academy the daily program and the policies of Legacy Academy. We hereby grant to Legacy Academy permission for the above named child to:

- a. take part in all program activities, including the use of indoor and outdoor equipment;
- b. be photographed or videotaped in connection with the daily program activities;
- c. leave the premises of Legacy Academy to take part in planned educational and recreational field trips or activities supervised by the staff of Legacy Academy, provided that such field trips or activities will be separately announced in writing to the parent at least one day in advance of trip or activity, which parent will be asked to sign and authorize. Parents are encouraged to participate in all field trips;
- d. participate in water-related activities supervised by Legacy Academy.
- e. be transported by Legacy Academy to and from the elementary school the child attends.

**Babysitting:**

Legacy Academy does not render child care services off-site, except in the event of field trips which have been authorized in advance by the parent. Accordingly, the parent agrees not to arrange with staff members for off-site care of their child, and in doing so is in violation of this agreement. If any staff member agrees to provide off premises care for children enrolled in Legacy Academy, the staff member undertakes such service on their own behalf, not as an employee of Legacy Academy, and is in violation of our employee policies, placing their continued employment in jeopardy. Legacy Academy staff members are selected and retained only on the basis of their fitness for rendering child care services in a controlled and fully supervised child care program. Legacy Academy offers **no assurance** of the fitness of its staff members for performing these and other services in an environment which is not professionally supervised (such as transporting children, or caring for them in the home) and none should be implied or inferred under any circumstances.

7. **Financial and Procedural Agreement:**

**Registration Fee and Camp Fee:**

An annual registration fee of \$\_\_\_\_\_ shall be paid for each child at the time of enrollment. Annual fees are due and payable each year thereafter, by the first day of September.

An additional Summer Camp Fee of \$\_\_\_\_\_ shall be paid each year for each school-age child enrolled in the Summer Camp program. The Summer Camp fee shall be due and payable no later than the first day of Summer Camp.

**Tuition:**

The parent agrees to pay a weekly tuition fee in advance on \_\_\_\_\_ of each week in the amount of \$\_\_\_\_\_.

**Late Charges and Penalties:**

All Registration Fees and Tuition Payments are considered late after \_\_\_\_\_ at 6:30 P.M. of the week they are due. A late charge of \$\_\_\_\_\_ shall be automatically added to the charges due for that week and for each week thereafter that a balance is carried forward. If an account becomes delinquent (over one week past due without receipt of payment) there may be an additional weekly service charge of five percent (5%) of the balance added automatically. In the event that payment arrangements are not made, Legacy Academy may, at its discretion, dismiss the child and the parent shall remain responsible for the balance due and any expenses incurred by Legacy Academy in the pursuit of payment. A two week notice will also be due.

A late fee is charged of \$\_\_\_\_\_ per minute after pick up time that a child remains on the premises, payable at the time the child is picked up.

**Returned Checks:**

If a check is returned unpaid by the bank, a service charge of \$\_\_\_\_\_ will be assessed.

**Absences and Vacations:**

Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as "make-up" days. Staffing and other operational costs are incurred on the basis of fixed levels of enrollment, and because few of these costs are eliminated when a child is temporarily absent.

**Planned Vacations:**

The parent shall give written notification to the Director in advance of the child's planned vacation. After one year of continued enrollment at Legacy Academy, each child shall be granted one week of vacation absence at no charge.

**Dis-enrollment:**

The obligation for full payment of tuition and other fees will continue until the date indicated by the parent as the date of dis-enrollment on the proper "Dis-enrollment Notice" form available at the front office. The parent agrees to furnish Legacy Academy with at least two (2) weeks advance written notice of such date of dis-enrollment. If parent fails to provide written notice, parent remains responsible for the full tuition for the two (2) weeks after the child's last day of attendance plus any late charges or penalties which shall accrue until full payment is received.

**Re-Enrollment Following Temporary Absence During Which Tuition Is Not Paid:**

If any situation occurs during which the child is temporarily withdrawn from Legacy Academy, and regular payment of tuition has been temporarily suspended by the parent, the enrollment will be terminated. Re-enrollment will be based on availability of space and an additional registration fee will be required.

**Fee Schedule Changes:**

Legacy Academy reserves the right to make changes to the fee and conditions of enrollment at will. Fee changes will be posted at least two weeks prior to any changes.

8. **General and Financial Acknowledgment:**

We have specifically reviewed each of the provisions of this Agreement, including item #7 & #8, and hereby agree to comply with **all** provisions hereof.

Parent/Guardian Signature \_\_\_\_\_ SSN# \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ SSN# \_\_\_\_\_ Date \_\_\_\_\_

**ACCEPTED:** \_\_\_\_\_ Date \_\_\_\_\_  
Director