

ABC Academy Enrollment Form 2022 -23



Child's Full Name: _____

Child's Date of Birth: ____/____/____ Age: _____ Sex (M/F): _____

Address: _____

City: _____ State _____ Zip _____

Email Address: _____

Parents / Guardians / Persons Responsible for child:

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Marital Status of Parents: _____ married _____ separated _____ divorced _____ single parent

Child lives with: _____ both parents _____ mother _____ father _____ guardian _____ other

Siblings: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Church Affiliation: _____

Emergency Contacts: List of persons to contact in case of emergency if parent cannot be reached:

Name: _____ Phone Number: _____ Relationship to Child: _____

Name: _____ Phone Number: _____ Relationship to Child: _____

Medical Information:

Allergies: _____

Medications: _____

Family Physician: _____ Phone Number: _____

Insurance Carrier: _____ Group Number or Member ID: _____

Current Immunization copy attached: Y / N Last Tetanus: _____ / _____ / _____

Authorized Pick Up: List persons, other than you, who are authorized to pick up your child. To pick up your child they MUST be listed below.

Name: _____ Phone Number: _____ Relationship to Child:

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Name: _____ Phone Number: _____ Relationship to Child:

Tell us about your child:

What are your child's favorite things: (food, toys, activities, games,) _____

How do you feel your child learns best: _____

Any other information we should know about your child: (fears, bathroom issues, etc.) _____

Please list any talents, hobbies, community connections, or other ideas you may be willing to share with us so that ABC Academy could incorporate into a teaching unit to enrich the learning opportunities of the children.

_____	_____
_____	_____
_____	_____

Enrollment Agreement:

*I understand that my child **must be 3 years old by August 31, 2022** and fully potty trained, able to use the bathroom independently.

*I give my permission for ABC Academy staff to take my child to a hospital or physician in the event of an emergency when I cannot be reached. And I understand that ABC Academy does NOT provide my child with insurance coverage.

*I understand that **Tuition payments are DUE BY the 10th** of each month beginning in September and ending in May. Tuition remains the same all year. I am responsible to pay tuition each month for which my child is enrolled, whether or not my child is present at the preschool regardless of family vacations, sick days, observed holidays or weather-related closures.

*I understand there is a \$125 non-refundable registration and supply fee that is due upon enrollment and I need to return the completed forms with the registration fee to reserve my child's spot. **(Make checks payable to QFMC Quincy Free Methodist).**

*I understand I will be responsible to pay a \$30 NSF fee in the event my check is returned for NSF.

*I understand I will be responsible to pay a \$15 late fee if my child is not picked up within 15 minutes of class ending. This may be waived at the discretion of ABC Academy staff.

*I understand the ABC Academy reserves the right to terminate a student's enrollment. When possible, written notification of two weeks will be provided to the parent in the event of termination. Termination of enrollment would be due to: Non-payment of tuition or behavioral issues.

*I grant my permission for ABC Academy to take photos of my child in the classroom. I understand that these photos may be used but not limited to newsletters, memory books, advertising, and on the ABC Academy website.

- If you do **NOT** grant ABC Academy permission to use your child's photo - please initial here _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Classes are filled on a first come first served basis and are limited by size.
We will do our best to honor your first preference.
If "no preference" is marked classes will be assigned based on class size availability.

Requested Class Enrollment:

- _____ Tuesday & Thursday
Caterpillar Class 3-year-old
\$100 per month
- _____ Monday, Wednesday, Friday
AM Butterfly Class 4/5-year-old
\$140 per month
- _____ Monday, Wednesday, Friday
PM Butterfly Class 4/5-year-old
\$140 per month

For Office Use Only

Date enrolled: ____/____/____

Check #: _____

Amount \$: _____

Family Picture: _____

Immunizations: _____

Handbook Agreement: ____/____/____

Please Attach a Family Photo Here

