



## Admission Agreement and Health Assessment

First and Last Name of Child	Preferred Name	Birthdate	Enrollment Date
		___/___/___	___/___/___

Home Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Street Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Street Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contacts (Other than Parents/Guardians) and Persons Authorized to pick-Up the Child**  
 (Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)  
 (Additional Persons Authorized for Pick Ups can be added to the back of this form)

Name	Relationship to child	Address	Cell Phone #

Check if there are no emergency contacts available, other than parents/guardians.

Check if there are no persons authorized to pick up the child, other than parents/guardians.

Out of Area/State Contact (If not available - N/A)	Relationship to child	Address	Cell Phone #

Check if there are no out of area/state contacts available.

# Admission Agreement and Health Assessment

**There must be a separate health assessment form for each sibling**

Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Check All That Apply:**

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Illnesses of Medical Conditions:**

Does your child have any of the following conditions?

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

List additional health information or special instructions you feel we need to be aware of: \_\_\_\_\_

List any regular medications your child takes: \_\_\_\_\_

Name of Child's Medical Provider: \_\_\_\_\_

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

\* \_\_\_\_\_ /\_\_\_/\_\_\_\_\_  
 Name of Parent/Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

To and From School    On Field Trips (with written permission in advance)    X Other: None

\* \_\_\_\_\_ /\_\_\_/\_\_\_\_\_  
 Name of Parent/Guardian Date

**This form must be reviewed annually by the parent/guardian, and any changes noted.**

Parent/Guardian Name: \_\_\_\_\_

Reviewed and/or update: ___/___/___	_____
Reviewed and/or update: ___/___/___	_____
Reviewed and/or update: ___/___/___	_____
Reviewed and/or update: ___/___/___	_____

If these pages are not attached, the parent/guardian must sign each page individually





**Enrollment and Tuition Payment Policy**

- The \$150 enrollment fee must be paid in order to hold the spot and to initiate the enrollment process for the school year. A \$100.00 enrollment fee must be paid in order to hold the spot and initiate the enrollment process for summer camps.
- Enrollment fee is not refundable.
- Payment in full for the starting month must be paid three days prior to the child's start date. Children may not attend school until payment is received.
- Current Immunization records must be received no later than one day prior to the child's start date.
- Tuition is due on the first of each month. Tuition is considered past due after the 5th day of the month, and will receive a **\$25.00 late fee** on the 6th day & \$10.00 late fee for each day after that.
- Pick up time for morning students is no later than 12:00 pm. For afternoon students and all day students, pick up time is no later than 5:00 pm. A **\$1.00 per minute late fee** will be applied to your account for every minute after these pick up times.
- Tuition pays for the spot and not for the actual days the child is in attendance. Missed days are not refundable and make up days are not available.
- The days that we are closed have already been deducted from your flat monthly rate.
- Tuition must be paid in full each month in order for us to hold your spot, even if you will be gone for an extended amount of time or due to illness, as stated above, you pay for your spot and not for how often you actually attend. If a student has not attended school for more than a week and the tuition has not been paid for that month, we will assume that you have voluntarily terminated your enrollment. We cannot guarantee that your spot will be open upon your return.

I have read and understand the above policies.

\_\_\_\_\_  
Parent's Initials

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## Permission to Photograph

I, \_\_\_\_\_

(Parent/Guardian's name)

give permission for Young Scholars Academy to photograph my child,

\_\_\_\_\_ (Child's name)

for the following purposes:

Type of Use:	(Please check one) Grant Permission   Decline Permission	
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### Still Photographs:

Display in the facility on bulletin boards, in class or front office wall		
Display on facility website		
Display on facility's Facebook page		
Display on end of year slideshow		
Post on classroom app.		
Use photos in promotional materials		

### Videos:

Display on end of year slideshow		
Display video on facility website		
Display video on facility Facebook page		
Use videos in promotional materials		

Your child's name **will not** be displayed.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize on or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment with Young Scholars Academy.

Signed: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Parent or Guardian's signature)