

Rocky Creek Academy

Enrollment Agreement

Class (please circle): babies toddlers K2(t/th) K2(mwf) K3(t/th) K3(mwf)
K4(t/th) K4(mwf) K4(m-f) Kindergarten

Age as of 9-1-15 _____

Child's full name _____

Name child is called _____

Birthdate _____

Father's name _____

Mother's name _____

E-mail address _____

Mailing address _____

Home Phone _____ Alternate Phone, father _____

Alternate Phone, mother _____

Physician _____

Emergency local contact other than parent listed above (name, phone and relation to child)

1. _____

2. _____

Names and phone numbers of persons to whom we may release your child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Rocky Creek Academy Policy Statement

Acceptance of this enrollment form and the **non-refundable registration fee** of \$ _____ assures your child a place in our program for the 2015-2016 school year. In return, we expect that you will honor your enrollment for the term unless you move from the area or some unusual circumstance makes a mutual agreement to dissolve the contract the most advantageous arrangement for all parties.

I have read the policy statement and agree to abide by this guideline. I agree to honor this enrollment as described above. In case I do need to remove my child from the program, I will give two weeks notice or pay for that period of time.

Date _____

Signed _____
(Parent or legal guardian)

For office use only

Amount of Registration Fee \$ _____

Monthly Fee \$ _____

_____ **Enrollment fee and form received**

_____ **Agreement for emergency treatment**

_____ **Immunization record received***

**You must submit a new immunization record each year. We must have this by the first day of school.*

Rocky Creek Academy Fee Agreement

Responsible Party _____

Child(ren) enrolled _____

First day of enrollment _____

Monthly rate _____

Fee/Payment: The program fee is charged monthly to your account by the preschool office. Payment is to be made directly to Rocky Creek Academy. Your payment can be returned to your teacher or dropped in the payment box located outside the office. Rocky Creek does not accept responsibility for cash that is left with a teacher or left on the desk.

Monthly fees are due by the 10th of each month. If the 10th falls during a weekend, tuition is due the Friday before. An account becomes past due if not paid by the 10th of the month. A \$10.00 late fee will be automatically added to your account for each payment that is late. All fees must be paid by month's end or the services will be terminated.

THERE WILL BE NO REFUNDS FOR ABSENCES OF ANY KIND.

Default: Children whose parents/guardians default in the payment of the preschool fees will be subject to withdrawal from the weekday education program.

Notice of Withdrawal: Parents/Guardians must give a WRITTEN notice of at least TWO WEEKS prior to the child's last day at the center. If less than two weeks notice is given, parents/guardians will be charged two weeks from the date of the notice given.

I have read and agree with the terms of this agreement.

Signature: _____

Date: _____

Rocky Creek Academy Emergency Treatment

In the event of an illness or accident which requires immediate medical treatment at a time when a parent can not be located, I give permission for Andrea Benson (Director) of Rocky Creek Academy, or other center personnel designated by the director, to authorize such treatment. I will not hold the center or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Date _____

Signed: _____
(Parent or Legal Guardian)

Rocky Creek Academy
Emergency Information
(Please have this form **notarized**)

Child's Name _____ **DOB** _____

Home address _____

City & Zip Code _____

Father's name _____

Phone- Home _____ **Work** _____ **Cell** _____

Occupation/Place of employment _____

Mother's name _____

Phone Home _____ **Work** _____ **Cell** _____

Occupation/Place of employment _____

Father's ID # (driver's license) _____

Mother's ID # (driver's license) _____

Family Physician _____ **Phone** _____

Address _____

Allergies (food, drug) _____

Special Medical Problems _____

Date of last Tetanus shot _____

Local friends or relatives we may contact in case parents can not be reached:

1. **Name:** _____
Phone: Home _____ **Work** _____ **ID #** _____

2. **Name:** _____
Phone: Home _____ **Work** _____ **ID #** _____

In case of a medical need involving my child, I request the Rocky Creek Academy staff to contact me or my spouse at the numbers provided. In the event that we cannot be reached, I authorize the childcare staff to obtain emergency medical care for my child.

Parent/Guardian Signature

Subscribed and sworn to before me, in my presence, this _____ day of _____ 20____,
a Notary Public in and for the state of South Carolina.

Signature of Notary Public My commission expires: _____

Rocky Creek Academy

Basic Information

In an attempt to better respond to your child, please answer the following questions as honestly and completely as possible.

Do you have a church home? Circle y/n Name of Church _____

Previous preschool experience? Circle y/n If so, where: _____

What are your child's favorite play activities?

What opportunities does your child have to play with other children?

_____ neighborhood _____ Family _____ Sunday School/Church

_____ other classroom experiences

_____ other explain _____

What fears does your child have? How are they expressed?

Do you consider your child hard to manage or easily managed?

What methods of discipline have you found most effective?

Please give any additional information you think might be important for us to have.

What hopes and expectations do you have for your child from our program?

Rocky Creek Academy

General Health Information

Does your child have frequent: (check all that apply)

Colds _____ Coughs _____ Ear Infections _____ Tonsillitis _____
High Fever _____ Seizures _____ Upset Stomach _____ Convulsions _____

**Has your child had serious illness, surgery, or hospital stay?
If so, please describe condition and child's reaction.**

Are bowel and bladder functions regular and under control?

**Is your child taking any regular medication?
If so, please describe.**

**Does your child have any learning, sensory, or physical disabilities?
If so, please describe.**

**Does your child have allergies?
If so, to what substances?**

How are allergies manifested? (Hay fever, upset stomach, other)

**Does your child have any dietary restrictions?
If so, please describe.**

Describe your child's overall health