



## Enrollment Registration Information

Name of Child: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

**Office Use Only:** Date Enrolled \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

**Please Attach a Small  
Updated Photo of Your Child Here**

### Parent & Guardian Information

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**LAA Office Use Only:** Key Fob # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**LAA Office Use Only:** Key Fob # \_\_\_\_\_



## **Emergency Contact and Release Persons**

Please notify the Academy if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide a photo ID at the time of pick-up. All persons below must be 18 or older.

Emergency contact **cannot** be the parents of the child.

### **Emergency Contact 1**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_

### **Emergency Contact 2**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_

### **Emergency Contact 3**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_



## Medical History

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

1. Medication that will be administered regularly at the school:

2. Special Dietary Needs;

3. Is your child able to walk? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her own needs?

5. Is your child toilet trained? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain: \_\_\_\_\_

Please provide special instructions concerning any other illness, as necessary:

Allergies (please check all that apply)

____ Medications	Reaction: _____
____ Food	Reaction: _____
____ Other: _____	Reaction: _____

Are any of these allergies life threatening? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide special instructions :

Please include any other Medical History in the space below:

Please list any special medications or pertinent information:



## Emergency Medical Information

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby give my consent for emergency medical care to be provided for my child(ren): \_\_\_\_\_ while they are in the care of **Little Ambassadors' Academy, Inc.**

In the event that emergency medical attention is needed, Little Ambassadors' Academy will default to Virginia Hospital Center, located at 1701 North George Mason Drive Arlington, Virginia 22205.

In the case of such an emergency, I can be reached at: (\_\_\_\_\_) \_\_\_\_\_

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Please check option that applies to you:

My child has medical insurance, our policy information is listed below:

Name of insurance company/Medicaid: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Policy number/Medicaid number: \_\_\_\_\_

My child does not have medical insurance.



## Enrollment Agreement

### Section 1 Tuition & Late Fees

\_\_\_\_\_ **Application Fee** I agree to submit a non-refundable \$65 application fee with my child's application for enrollment upon receipt by Little Ambassadors' Academy.

\_\_\_\_\_ **Registration Fee** I understand that as of the academic year beginning in September 2015, non-refundable, Registration Fee shall be paid in advance to enroll my child.

\_\_\_\_\_ **Tuition & Modifications Conditions** \$\_\_\_\_\_ per month is the current tuition rate for my child. I understand that rates are subject to change with reasonable notice as conditions require the school to follow state specific time frames on tuition and modification notices.

I have enrolled my child in the following program: Full-Time Part-Time 3 Day Part-Time 2 Day (Circle all that apply)

\_\_\_\_\_ **Payment of Tuition** I understand that tuition is due *on or before* the fifth day of each month. I further understand that the only method of payment accepted by Little Ambassadors' Academy is ACH or credit card payments through their in-house server, Tuition Express. I will not be responsible for running my own tuition, for it will be processed automatically on the 4<sup>th</sup> of each month, which will be adjusted for weekends and holidays.

\_\_\_\_\_ **Late or Unpaid Tuition** If payment in full is not received when due, I agree to pay a late fee of 15 % of my child's tuition. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than two weeks, I may be asked to withdraw my child until my account is made current. Any unpaid tuition fees may be sent to a third-party collection agency, where I will be held accountable for all fees associated with third- party collection agency.

\_\_\_\_\_ **Declined Billing** I understand that a processing fee will be charged to my account for all declined credit cards, insufficient bank accounts, and returned checks. This fee of \$35 is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds will be automatically resubmitted up to three times. I further understand that once my payment has been processed electronically, the payment is no longer negotiable and will not be returned.

\_\_\_\_\_ **Charges and Procedure for Late Pick-Up** LAA is open from 7:30am to 6:30pm, Monday through Friday all year except for holidays and professional development days (these are listed in the family handbook). If I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 dollars per child every 15 minutes after closing until the child is picked up.

\_\_\_\_\_ **Key FOB** I will pay the refundable \$100 deposit for my Key FOB which will allow me access into LAA. If I lose my Key FOB I will pay \$50 to have it replaced.

### Section 2 Daily Procedures

\_\_\_\_\_ **Daily Sign-in and Sign-out** I agree to sign my child in and out every day using the school's attendance program.

\_\_\_\_\_ **Illness** I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up within one hour of such notification. If my child is exposed or contracts a communicable disease, I agree to notify the school and I understand that my child will be re-admitted according to the re-admission criteria in the family handbook.

\_\_\_\_\_ **Model Release** (Please Circle) LAA May or May Not use photographs, reproductions, images, or sound recording of my child for advertising, publicity, or any other lawful purpose.

\_\_\_\_\_ **Photographs, Videos and Audio Tapes** I understand and agree that, in consideration for being allowed to photographs, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the children or staff in the school.

\_\_\_\_\_ **Interviewing Children And Inspecting Records** I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit facility records, to interview children privately, to

observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact or instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_ **Withdrawal from Program** I understand that I must provide one month written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two weeks, whether or not my child attends. I understand that when my child is withdrawn he/she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new enrollment agreement at the current rate and pay a new non-refundable registration fee at the current rate. If there is an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees are non-refundable.

### **Section 3 Holidays, Absences and Closings**

\_\_\_\_ **Holidays** I understand that the scheduled school closings are on the following holidays: New Year's Day, Martin Luther King Jr. Day, Presidents Day, Spring Break, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day, and the day after Thanksgiving, and the week of Winter Break. For a full listing of school closures please see the Family Handbook. I agree that I will not receive a refund or credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed either the preceding Friday or following Monday.

\_\_\_\_ **Absences /Vacations** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences. A reservation fee of 80% of my normal tuition will be due for an absence of one full week of school (Monday through Friday) with *two weeks* advance notice to the director, understanding that there is a maximum of two weeks per year that the reservation fee can be utilized. My regular contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand if I withdraw my child during vacation, I will be required to pay the non-refundable registration fee again upon return.

\_\_\_\_ **Inclement Weather or Other Disasters** I understand that it is the school's intention to be open and provide exceptional child care service every weekday of the year, excluding holidays, but inclement weather natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

### **Section 4 State Licensing and Our Policies**

\_\_\_\_ **All Policies & State Regulations** I understand that the above is not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state & county child care regulations, the Family Handbook, and all other company policies, which may be modified at any time without notice. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

\_\_\_\_ **Family Handbook** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by the same.

\_\_\_\_ **Communicable Disease** I agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

\_\_\_\_ **Emergency Medical Care** I understand if there is an objection to seeking emergency medical care, a statement should be obtained from me stating the objection and the reason for the objection.

\_\_\_\_ **Custody** I understand that appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 22.1-4.3 of the Code of Virginia states unless a court order has been issued to the contrary, the on-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

\_\_\_\_ **No Modifications** No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revision, modification or deletions of any term of this agreement are null and void.



## Verification

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided hereunder, is available from the director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

By signing this page, I verify that I have provided accurate information on pages 1-7 of this document in its entirety. If any of the information is to change, I will notify Little Ambassadors' Academy immediately.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

The Parent/Guardian listed above appeared before me and produced \_\_\_\_\_ as identification.

Director Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Birth Certificate Information

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Person Viewing Documentation</b>		<b>Date Documentation Viewed</b>	<b>Other Form of Proof</b>

**Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):** \_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.