

Superior Learning Academy

Summer-Fall 2018, Spring 2019

Registration

Ages 3-5

Summer Camp ages 3-7

PRESCHOOLERS MUST BE INDEPENDENTLY POTTY TRAINED

ALL REQUIRED FORMS AND FEES MUST BE ATTACHED TO THIS REGISTRATION PACKET FOR A GUARANTEED SPOT IN THE PROGRAM.

YES NO

$300 Registration Fee Collected

$110 Supply Fee Collected

Check attached \_\_\_\_\_\_\_ OR invoice me \_\_\_\_\_\_\_\_

Date of enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student Name |  |

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT INFORMATION**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Second Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Immunization Records, General Health History signed by your medical provider, and an Emergency Contact Form must be submitted and reviewed by the Director before the first day of the class.

**PRESCHOOL TUITION INFORMATION**

|  |  |
| --- | --- |
| **2018 Preschool Tuition Rates** | |
| **Session** | **Standard Monthly Rate** |
| Tue/Thur (2 Days) | $312 |
| Mon/Wed/Fri (3 Days) | $471 |
| Mon – Fri (5 Days) | $785 |

Note: All Preschool Classes are 9AM-1PM

5% Discount for 1 Semester Paid in Full

7.5% Discount for 2 Semesters Paid in Full

10% Discount for 3 Semesters Paid in Full (Full Year)

Tuition reflects music class with music teacher

1) Select Desired Preschool Semester(s):

Summer (2018) \_\_\_\_\_\_\_\_ Fall (2018) \_\_\_\_\_\_\_\_\_ Spring (2019) \_\_\_\_\_\_\_\_\_\_

2) Select Desired Preschool Session:

Tue/Thur (2 Days): \_\_\_\_\_\_\_\_

Mon/Wed/Fri (3 Days): \_\_\_\_\_\_\_\_

Mon-Fri (5 Days): \_\_\_\_\_\_\_\_

3) Select Payment Period and Credit Card:

Pay Monthly: \_\_\_\_\_\_\_\_\_\_ Pay in Full:\* \_\_\_\_\_\_\_\_\_\_

\*Note: Discounts to be applied by staff when paying in full

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checks and Cash **are accepted.** Invoices will be sent out near the 5th of each month

**5% DISCOUNT FOR SECOND SIBLING** Please keep this page for your files

**AFTERCARE INFORMATION**

|  |  |
| --- | --- |
| **2018 Aftercare Rates** | |
| **Aftercare Sessions** | **Rate** |
| Daily / Drop In | $31/ Day |
| 2 Days / Week | $58 / Week |
| 3 Days / Week | $81 / Week |
| 4 Days / Week | $100 / Week |
| 5 Days / Week | $110 / Week |

Note: All Aftercare sessions are 1PM-4PM

Sessions are charged to credit card at the beginning of each week

Daily Drop In will be charged at time of drop off

The after care program is a **drop in licensed after care** program that is play based. The children stay after school from 1 pm until 4 pm and engage in craft activities, games, snack and rest time. You may plan on your child staying even on days they don’t attend preschool and pay the daily fee, or you may include after care into your tuition.

Terms and Conditions:

I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be admitted to Superior Learning Academy for its programs that include, preschool, before care, aftercare, PNO, and summer camp. I understand that as their parent/legal guardian, my signature is a commitment to make full payments for each session to Superior Learning Academy. I agree that any remaining balance will be charged to me in monthly increments due the 5th of each month beginning in January and ending in May. A $300 registration fee will be deducted at registration from the total monthly payments.

Make up days, substitutions, or switching days are NOT allowed for any reason and missed days will not be refunded. Full withdrawal requests for relocation or hospitalization will be charged the non-refundable $300 processing fee. A one time, non-refundable supply fee of $100 per semester will be charged at the beginning of each semester.

I agree to provide all paperwork in compliance with the State of Colorado childcare licensing laws as given by the Superior Learning Academy Director. Failure to do so will result in suspension from the program.

**WAIVER AND RELEASE OF LIABILITY**: By this agreement, I hereby waive, exempt, release and discharge Superior Learning Academy, its officers, employees, insurers, instructors, volunteers, officials, directors, sponsors, partners or representatives from any and all claims, demands and actions of any kind for any bodily injury, personal injury, death, property damage, or other damage or loss that may occur to my child in any way as a result of engaging in, or spectating at, the above- listed preschool, regardless of whether or not caused by the act, omission, negligence or other fault of Superior Learning Academy, its officers, employees or any other of the above listed persons or entities or any other cause. I understand that I am responsible for all personal medical insurances and that, as my child’s legal guardian, I must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each child. I agree to my child’s emergency treatment by a physician or hospital in the event that my emergency contacts or I cannot be reached. If it is not possible to locate emergency contacts listed, protocol will not be delayed. I will accept the expense of emergency transportation, medical or surgical treatment.

*Parent/Guardian Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please keep this page for your files**

**Notes on Preschool Tuition**

* **5% DISCOUNT IF TUITION IS PAID IN FULL FOR SPRING SEMESTER**
* **7.5% DISCOUNT IF TUITION IS PAID IN FULL FOR SPRING AND SUMMER OR SPRING AND FALL**
* **10% DISCOUNT IF TUITION IS PAID IN FULL FOR ENTIRE YEAR (spring, summer and fall)**

*(NOTE: REGISTRATION FEE IS APPLIED TO FIRST MONTHS TUITION)*

**1)** **Monday-Friday** 9:00-1:00 $785/month

Spring semester tuition = $3,925

**2) MWF** 9:00-1:00 $471/month

Spring semester tuition = $2,355

**3) Tuesday/Thursday** 9:00-1:00 $312/month

Spring semester tuition = $1,560

Aftercare is from 1PM-4PM each day

Remember! Aftercare is available EVERYDAY and not just when your child attends preschool

**FEES:**

* Registration Fee: $300 (check, cash or credit card accepted)
* Supply Fee $110 (for consumable items in the classroom)

Both the registration fee and supply fee are non-refundable and both are DUE AT THE TIME OF REGISTRATION. Your application is not complete until these are both paid at the time of registration.

**SUPERIOR LEARNING ACADEMY**

**EMERGENCY CONTACT FORM**

Licensed Preschool Program

Emergency Contact Information

The following information is required

by the State of Colorado Child Care \_\_\_\_\_\_\_\_\_\_\_\_\_

Licensing: Child’s Photo

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB/Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies, Health Concerns, Medications: Yes or No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Info:

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Authorized to Pick Up:

Please Provide at least 2 emergency Contacts:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone/Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**General Health Appraisal Form**

**Parent: *please complete and turn in***

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_

**Allergies :** None \_\_\_\_ Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet:** Breastfed \_\_\_\_ Formula \_\_\_\_\_\_\_ Age Approp. \_\_\_\_

Special Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preventative creams/ointment/sunscreen** may be applied as requested in writing by parent unless skin is broken or bleeding \_\_\_\_\_\_\_\_\_\_\_\_

**Sleep:** Your health care provider recommends all infants less than 1 year of age to be placed on their back for sleep.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for my child’s health provider, school or camp personnel to discuss my child’s health concerns. My child’s health provider may fax this form (and applicable attachments) to my child’s childcare provider, school, or camp. FAX

Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or legal guardian Signature Authorization expires 365 days after this date

- - - - - -- - - - - - - - - - - - - - - - - - -- -- - - - - - - - - - - - - - - - - - - - - - - -- - - - - - - - -

**Health Care Provider** : *Please complete after parent section has been completed*

**Date of Last Exam** \_\_\_\_\_\_\_\_\_\_\_\_ **Recent Weight** \_\_\_\_\_\_\_**\*\*HCT** \_\_\_\_\_\_\_

**\*\* BP** \_\_\_\_\_\_\_ **\*\*Lead Level** \_\_\_\_\_\_\_

**Physical Exam:** Normal \_\_\_\_\_j Abnormal (See explanation of significant health concerns) \_\_\_\_\_\_

**Significant Health Concerns**: None \_\_\_ Reactive Airways Disease \_\_\_\_

Seizures \_\_\_\_ Diabetes \_\_\_\_ Developmental Delays \_\_\_\_

Vision \_\_\_\_ Hearing \_\_\_\_ Hospitalizations \_\_\_\_ Severe Allergies \_\_\_\_

Other (*dental, nutrition, behavior etc*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain above concerns (if necessary, include instructions to childcare providers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications/Special Diet**: None \_\_\_\_ Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(separate medication authorization form required for medications given in Child Care)

Fever Reducer or pain reliever (*mark only one product: max. 3 consecutive days without additional medical authorization)*

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every four (4) hours as needed:

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ See attached Dosage Schedule from our office

**OR**

Ibuprofen (Motrin, Advil) may be given for pain or fever over 102 degrees every six (6) hours as needed:

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ See attached Dosage Schedule from our office

**Immunizations:** Up to date \_\_\_\_\_\_\_\_ See attached immunization record

Administered today \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Physician Signature (must have office stamp and address)**

**Next Well Visit**: Per AAP Guidelines\* or Age \_\_\_\_\_\_\_

This child is healthy and may participate in all routine activities, sports, camps, and childcare. Any concerns or exceptions are identified on this form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Health Care Provider (certifying form was reviewed

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The Colorado Chapter of the American Academy of Pediatrics (AAP), Healthy Child Care Colorado, and Headstart have approved this form 04/04

\*The AAP recommends that children from 0-12 years have health appraisal at 2,4,6,8,12,15,18, and 24 months, and age 3,4,5,6,8,10, and 12 years

\*\* Required by Headstart only per state EPSDT schedule

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