

Viera Children's Academy Enrollment Application

Please complete application in full and legibly

Child's Full Name _____
Child's Full Address _____
Sex Male _____ Female _____ Date of Birth _____
Email Address _____ Home Tel # _____
Mother's Name _____ SSN# _____
Home Address (if different from child) _____
Employer _____ Work Hrs _____
Work Address _____
Occupation _____ Job # _____
Father's Name _____ SSN# _____
Email Address _____ Home Tel # _____
Home Address (if different from child) _____
Employer _____ Work Hrs _____
Work Address _____
Occupation _____ Job # _____
Mobile # (Mother) _____ (Father) _____

Primary residence: Mother _____ Father _____ with both _____
Who has legal custody? _____
Can the non-custodial parent pick up the child? _____ yes _____ no

Fees are in effect from August through May. Enrollment is on a ten-month semester basis. Summer program is available. Tuition is due on the Friday prior to services rendered. Any tuition received after the following Tuesday must be paid in cash with a \$20.00 late fee. _____
(initial here) if tuition is not paid by Friday, the child will not be permitted to return to the program. **There are no refunds or reductions for vacation, illness, absences, early pick-ups, or inclement weather days.** Any fees incurred as a result of tuition balances referred to a collection agency is the sole responsibility of the parent _____ **(initial here)**. Enrollment of the child requires a **\$125.00.00 non-refundable registration fee.** We offer sibling discounts. Any child who is picked up after **contracted hours** will be charged \$20.00 for every fifteen minutes thereafter (please see Policy Agreement). After 6:00 pm with no call from parents, VCA will contact the local Police Department and the child will be taken to the local Precinct. We reserve the right to terminate this contract if any fees are not paid in full or if the school feels it is in the best interest of both parties to do so.

Desired Start Date _____ Referred by _____

Enrollment Date: _____ Weekly Tuition: _____

Parent Signature _____ Date _____

Days Care Needed:

- Full Day/Full Time**
- Full Day/Part Time**
- Half- Day /Part Time**

Arrival Time _____ **Pick-up Time** _____

Do you anticipate your child having any specific problems adjusting to school?

Has your child had any previous group or preschool experience? _____

If so, where and when? _____

Does your child have any allergies? _____

Are there any medical problems we should be aware of?

Does your child have any bladder or bowel irregularities?

Are there any special foods or eating instructions?

Is there any special sleeping or napping instructions?

Is there any additional information such as discipline, child's communication, comforting, and so on? _____

Before coming to VCA, who has been caring for your child?

How does your child react to separation from you?

Describe your child's temperament, behavior, and activity level

What are your child's favorite activities?

What are your child's **least favorite** activities?

Does your child have any particular habits or mannerisms such as thumb sucking, nail biting, etc.? Please describe _____

Does your child have any physical handicaps? _____

Emotional difficulties? _____

Language problems? _____

Does your child have any particular fears? _____

Any other difficulties (e.g. sleeping, eating, aggression)? _____

How does your child react to strange adults? _____

Is your child toilet trained? _____

If not, is the child trying to use the toilet? _____

How does your child go to sleep? Describe your child's sleep pattern for 24 hrs

What does your child normally eat & drink? _____

How do you normally discipline your child? _____

Is there anything special about your child that the staff should be made aware of?

Any suggestions for the staff? _____

Do you have other children? _____

Name

Age

School

Child Care Information

Previous experience(s) in childcare (include dates): _____

Are there any holidays you **DO NOT** want to participate in? _____

Are there any foods you **DO NOT** want your child to eat? _____

Any other information about your family or child that you wish us to know: _____

The following people are allowed to pick up my child:

Name

Relationship

Phone

Child's Physician _____ **Tel #** _____

First Aid

In the event of an emergency I authorize the staff of VCA to provide any first aid care deemed necessary for my child.

Signature _____ Date _____

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency treatment deemed necessary for my child.

Signature _____ Date _____

Permission for Field Trips

I understand that field trips are an integral part of the curriculum and that my child will be secured in a seat belt or child safety device if being transported in a car or bus on a field trip. I also understand that I will be given prior notice of all field trips. With this understanding, I hereby give permission for the staff and volunteers of VCA to take my child on field trips while he/she is enrolled in the program. _____ **(initial here)**

Photo Permission

In order to capture our children during work time and/or at play photographs may be taken by VCA or the media (magazines, newspapers etc). I/We give permission for VCA to use our child _____'s photograph on the website, fliers, brochures, or any other publication pertinent to VCA. We realize our child's first or last name will not be used in such publications.

I/We certify that all of the information given on this form is correct and accurate to the best of my/our knowledge. I/We promise that I/We will notify the provider, if any or all of the information changes.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

VCA Director _____ Date _____

I have read the agreement entitled "Parent Handbook and Policy Agreement" and accept the conditions stated therein:

Signature of Parent/Guardian responsible for tuition _____

Date _____

Child's Name _____

Signature of Director _____

There are no tuition allowances/refunds/deductions for absences, illness, vacation, holidays or inclement weather days. _____ (initial here)

I understand the policy regarding late pick-up fees _____ (initial here)

Attorney Fees and Collection Costs

If you do not comply with your obligations under this Agreement, you agree to pay the reasonable attorney fees, expenses and court costs incurred by VCA in order to collect your account or protect our rights. _____ (initial here)

Uniforms

Please be advised that VCA is a uniform mandated school and my child/ren is/are required to wear uniform Monday through Thursday beginning August and ending in May/June of the school year. _____ (initial here)

Fundraising Requirement

I understand that I must participate in fundraising activities. _____ (initial here)

Parent Service/Volunteer Commitment

I understand that I must commit to a minimum of 10 volunteer hours per school year per family. Should you wish to opt out of your volunteer commitment, you may do so by making a monetary donation to Viera Children's Academy _____. (initial here)