



# Student Enrollment Form

## Child & Parent/Guardian Information:

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

Date of Birth: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts that can pick up your child

Name	Address	Telephone	Relationship

I am enrolling my child for the following program:

- 5 days     3 days     2 days     Before School     After School     Before & After School

## Elementary School Information:

Name of school: \_\_\_\_\_

Phone Number of School: \_\_\_\_\_



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## Medical/Health Information

Please list any health concerns as applicable: Allergies, Existing/Previous Illnesses or Injuries, Hospitalizations, Medications

### Physician Information:

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Medical Emergency:

In the event of a medical emergency, parents will be immediately notified. If the parent is unreachable, Champions Learning Academy will notify the person listed as the “Emergency Contact” on the enrollment form. It is very important that all phone numbers be up to date. It is the responsibility of the parent to notify the Director of all phone number changes. If needed, 911 will be called and the child will be transported to the nearest emergency care facility at the parent’s expense.

<b><u>Medical Consent:</u></b>	Agree	Disagree
I consent Champions Learning Academy to give medical attention to my child while being transported.		
I give Champions Learning Academy permission to seek emergency care at the family’s expense in the event care is needed.		
I certify that the immunization record of my child is up to date and on file at the school my child attends. (leave blank if inapplicable)		
I certify that my child’s vision and hearing screening are current and on file at the school my child attends. (leave blank if inapplicable)		

<b><u>Activities Consent:</u></b>	Agree	Disagree
I authorize my child to be transported and supervised by Champions Learning Academy staff on field trips.		
I give permission for my child to participate in any type of water activity conducted at the center.		
I consent for my child to be transported and supervised before and/or after school, to and from Champions Learning Academy. (leave blank if inapplicable)		
I consent for my child to participate in science activities which may include exposure to live animals.		
I give permission for Champions Learning Academy to photograph and display images of my child in the school, on our website and on social media.		

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

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



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## **Health Requirements:**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Admission Requirement: One of the following must be presented when your preschool age child is admitted into Champions Learning Academy or within one week of admission. Check to indicate the option you select:

A copy of the medical screening form of the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program, if no referral for further diagnostic and treatment is indicated.

A form or written statement from a health service or clinic.

If you do not have any of the above:

Parent's statement: My child has been examined within the past year by a licensed physician and is able to participate in Champion Leading Academy programs.

Name and address of physician OR address of EPSDT Screening site

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

OR

I will obtain and submit a physician's statement, a copy of an EPSDT medical screening form or a form/statement from a health service clinic and will submit it to the facility within the next 12 months.

OR

My child, has an appointment for a physical examination

Name of Physician/EPSDT: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

*I will submit the physician's, EPSDT, or health care facility/clinic's form/statement to Champions Learning Academy following the examination.*

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



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## **Policies and Procedures:**

Champions Learning Academy wants to ensure that our families are aware of our policies and procedures. By signing this document you and your family are willing to comply with our rules and regulations and that you understand our handbook and guidelines.

Listed below are our most commonly questioned policies and procedures. Please note that these are the most common rules and do not cover all procedures at Champions Learning Academy.

1. I understand I cannot use vacation time within my last 2 weeks of enrollment. I understand that we are to give a 2 week written notice when we are withdrawing from Champions Learning Academy. \_\_\_\_\_ (initial here)
2. I understand that we will receive 1 week of vacation time at no charge, and 2 weeks at ½ rate (non-consecutive), after 4 weeks of enrollment. I understand that I must give the school written notice of vacation time 2 weeks prior to vacation or I will be charged for that week at full price. I understand that I must take vacation time in a 5 day consecutive period \_\_\_\_\_ (initial here).
3. I understand that I am not allowed to bring my child back to the center until my child is fever free for 24 hours \_\_\_\_\_ (initial here)
4. I understand that there is a “3 strike” policy. This policy ensures safety of my child and other children in our center \_\_\_\_\_ (initial here).
5. I understand that payment is ran Monday morning by ACH, debit or credit. I also understand that if the payment bounces there will be a \$30 returned check fee. If payment is not received by Monday there will be a \$25 late fee that will be applied to your account. I also understand that payment must be made by Tuesday morning for the balance in full or my child/children will not be able to attend \_\_\_\_\_ (initial here).

## **Champions Learning Academy Media Recording Release Form**

I understand that Champions Learning Academy will have video monitoring at their facility. This information is on a secure website and will be used for only viewing by Champions Learning Academy’s parents and administration.

Such use includes the display, distribution, publication, transmission, or otherwise use of images and/or video taken of my child for use of video monitoring of the children at the center only.

I understand that my child will be on the video for use of the center and parents of Champions Learning Academy.

Parent’s Signature: \_\_\_\_\_

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



# Student Enrollment Form

## Discipline and Guidance Program

Champions Learning Academy students are expected to treat teachers, peers, and themselves with respect always. The goal is to teach the students about self-discipline. Each teacher sets rules and standards for their classroom and the students are expected to comply. Depending on the severity of the child's behavior, the director reserves the right to dismiss the child from the center. At Champions Learning Academy, we have a three strike policy. If the situation involves hitting, disrespect or biting a student/teacher, the child will be written up. If your child receives three write ups, your family will be asked to leave the center.

Our staff are required to follow these steps for discipline:

1. Empathy
2. Offer Choices/Redirect the child
3. Have the child state the consequences

Discipline must be:

- Individualized and consistent for each child
- Appropriate to the child's level of understanding
- Directed towards teaching the child acceptable behavior and self-control

A teacher may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction which include the following:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
- Redirecting behavior using positive statements
- Using the "thinking chair" to allow time to calm down when necessary
- Thinking Time will be limited to 1 minute per year of the child's age

There must be no harsh, cruel, or unusual treatment of any child. The following types of disciplines and guidance are prohibited:

- Corporal punishment or threat of corporal punishment
- Punishment associated with food, naps or toilet training
- Pinching, shaking or biting a child
- Hitting a child with hand or instrument
- Humiliating, ridiculing, rejecting or yelling at a child
- Subjecting a child to harsh, abusive or profane language
- Placing a child in a locked or dark room, bathroom or closet with the door closed
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

*Texas Administrative Code, Title 40, Chapter 747, Subchapter L, Discipline and Guidance*

Parent's Signature \_\_\_\_\_

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