

Admission Checklist

Due At Registration

- Admission Form (includes medical authorization and photo/media consent)
- Enrollment Agreement
- Registration Fee (see Fee Schedule)

Due Before Classes Begin

- Medicine Administration Form (if medicine will be administered by the School)
- Immunization records;
- Hearing and vision screening results
- A written statement, from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the child-care program;
- Health-care professional recommendations or orders for providing specialized medical assistance to the child, if applicable.

Mid-Year Review

- Reviewed all forms and Initialed as correct or redlined with correct information.
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Alsbury Children's Academy
Admission Form

Mid-Year Review:
 All information is current or changes have been made as marked

Questions about how to complete this form?

Call 817-475-8481
 (9am to 2PM, T-Th)

Return completed form to:

Alsbury Children's Academy
 500 NE Alsbury Blvd.
 Burleson, TX 76028
 or email to
 aca@alsburybaptist.com

Child

Parent Initial:

Full Name (First, Middle, Last, Suffix)			Nickname	
Birthdate			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			Home Phone	
City	State	Zip		

Parent/Guardian

Name (First, MI, Last)			Phone (where you can be reached while child is in care)	
Home Address			Cell Phone <input type="checkbox"/> Same as above	
City	State	Zip	Authorized to Pick Up Child <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License #/State		Place of Employment		

Parent/Guardian

Name (First, MI, Last)			Phone (where you can be reached while child is in care)	
Home Address			Cell Phone <input type="checkbox"/> Same as above	
City	State	Zip	Authorized to Pick Up Child <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License #/State		Place of Employment		

Emergency Contact (friend or relative who should be contacted when parent/guardian cannot be reached)

Name (First, MI, Last)			Phone	
Home Address			Cell Phone <input type="checkbox"/> Same as above	
City	State	Zip	Authorized to Pick Up Child <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License #/State		Place of Employment		

Authorized Pickup (persons other than a parent to whom the child may be released)

Anyone picking up your child will be required to provide photo identification before your child will be released. ACA will not release your child to anyone that you have not authorized in writing or to anyone that cannot provide a photo identification.

Name	Drivers License #/State	Relationship	Phone
Name	Drivers License #/State	Relationship	Phone
Name	Drivers License #/State	Relationship	Phone
Name	Drivers License #/State	Relationship	Phone

SEE BACK OF FORM

Admission Form - Continued

Special Care Needs

Mid-Year Review:

All information is current or changes have been made as marked Parent Initial:

Allergies

-Milk -Peanut -Tree Nuts -Wheat -Bee Sting -Pollen -Other (describe):

Describe Reaction

Allergy Treatment (EPI Pen, Benadryl, etc.) *Must be provided by parent and signed into office.

Other Non-Allergy Diet Restrictions

Existing Illness

Previous Serious Illness and Injuries

Hospitalizations During the Past 12 Months

Medications Prescribed for Continuous, Long-Term Use -Medication Authorization Completed for any medicines to be administered by the school

Other Special Care Needs

Child's Physician

Name of Physician

Name of Clinic or Hospital (if applicable)

Address

City

State

Zip

Phone

Insurance Information

Insurance Name

Name of Policy Holder or Member Name

Group #

Policy #

Insurance Phone

Emergency Medical Authorization (Please provide additional information that would be useful for us to know so that your child may have a positive experience at our school, such as napping habits, favorite toys, favorite food, etc.)

I _____ parent/guardian of _____, date of birth being _____, do hereby give permission to Alsbury Children's Academy to secure and authorize such emergency medical care and/or treatment as above named child might require while under the supervision of said childcare provider, I further authorize said childcare provider to administer emergency care/treatment as required including transport of my child to an emergency care facility, until medical assistance is available. I also agree to pay all costs and fees for any emergency medical care and/or treatment for said child as secured or authorized under this consent. _____ (initial)

Photo & Media Consent

I _____ parent/guardian of _____ (child), hereby consent to the collection and use of my personal images and those of my child by photography or video recording. I acknowledge these may be used on the Alsbury Children's Academy website, in marketing and promotional items and publications. I understand that my name and my child's name along with pictures or videos, may not be used in publications unless express consent is given, I also understand that my consent can be withdrawn at any time with written notice to Alsbury Children's Academy. I give this consent voluntarily. _____ (initial)

Signatures

By signing my name below I certify that the information provided in this form is true and correct to the best of my knowledge. I further acknowledge that my signature below provides medical authorization and photo and media consent as stated above. I acknowledge the receipt of the Alsbury Children's Academy handbook and operations plans. I understand that I must follow all aspects of the Alsbury Children's Academy handbook and operations plan and that if I have any questions, I understand it is my responsibility to seek answers from the Director.

Parent/Guardian Signature

Date

Office Use Only

-All Form Fields Complete

-Immunization Form Received

-Enrollment Agreement Complete

-Medical Administration Form Received

Director Review/Signature

Date

Alsbury Children's Academy

Enrollment Agreement

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This agreement is between Alsbury Children's Academy and:

Parent/Guardian's Name

To provide services for:

Child's Name

Beginning on:

Date Classes and Billing Begins

Tuition Rates

Registration fee is \$125.00 per child per school year or \$150 for 2 children. Registration fees are non-refundable. Tuition for all classes except 1 Year Olds is **\$240.00** per month. Tuition for 1 Year Olds is **\$250.00** per month. Pre-Kindergarten Fees are a **\$25.00** per child curriculum fee (due the first day of school) and a **\$25.00** per child graduation fee (due in January).

All tuition is due on the first Tuesday of every month. A late fee of **\$15.00** will be added to your account if not paid by the first Thursday of the month. All tuition and late fees must be paid by the 15th of the month to ensure your child's continued enrollment at Alsbury Children's Academy. Fees will not be adjusted for late arrival, early pick-ups, missed days or holidays.

Contracted Hours

The provider shall provide child care services and the Parent shall pay for such services on Tuesdays, Wednesdays and Thursdays (except school holidays) from 9:00am to 2:00pm. The monthly tuition rate is based on the contracted hours listed above. Our tuition is based on the operation cost of the program year and is divided into 9 payments. By signing this contract, you agree to and have read the financial policies and expectations as outlined in the Alsbury Children's Academy Handbook. You also agree to the terms set forth above with respect to the start date for childcare services, the monthly tuition rate and the contracted hours for childcare services.

Signatures

Parent/Guardian Signature

Date

Director Signature

Date

Office Use Only

Amount Paid

Check #

Date

Medicine Administration Form

Mid-Year Review:

All information is current or changes have been made as marked

Parent Initial: _____

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I _____ (name of parent/guardian) give permission for _____ (name of provider) to give my child _____ (name of child) the following medication _____ (name of medication) for _____ (reason for taking medication).

The dosage for this medication is _____ (dosage) to be given every _____ (frequency) by _____ (method of administration) on the date(s) of: _____ (date or dates) The last dose was administered today at _____ (time).

Side effects may Include: (list all possible side effects)

Has this medication been prescribed by a doctor? -Yes/-No

If so, what is the doctor's name and telephone number?

Is this over-the-counter medication? -Yes/-No

Has your child taken this medication before? -Yes/-No

Describe any reactions or side effects experienced?

I authorize the Director to administer the above listed medication to my child according to the instructions on this authorization form. I also understand that the Director will not be responsible for any reactions or side effects that the above listed medication may cause to my child.

Signatures

Parent/Guardian Signature _____

Date _____

Director Signature _____

Date _____