

# EXCELL ACADEMY

## 3½ YEAR OLD PROGRAM

(must be THREE years old by March 15, 2017 & potty trained)

### ENROLLMENT FORM 2017-2018

Your child's age on March 15, 2017: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

**Full Day Program**

**Mon.-Fri.**

**8:30 a.m.-4:00 p.m.**

**\$190.00 weekly tuition**

**(No Transportation Available)**

(Weekly tuition does not include meals cost)

Date \_\_\_\_\_

Will your child need extended day service? \_\_\_\_no \_\_\_\_yes

If yes, please circle what time you will need service? 6:30a.m.-8:30a.m. or 4:00 p.m.-6:00p.m. (Note: There are additional fees for extended care)

Child's Name \_\_\_\_\_  
Last Name First Name Middle Name Nickname

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # (if applicable) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Public school district in which you live: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Address: \_\_\_\_\_

Ethnicity: \_\_\_\_ American Indian or Alaska Native \_\_\_\_ Asian or Pacific Islander \_\_\_\_ Hispanic  
\_\_\_\_ Black, not of Hispanic origin \_\_\_\_ White, not Hispanic \_\_\_\_ Other \_\_\_\_\_  
Please specify

Language spoken at home: \_\_\_\_\_

Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes \_\_\_\_ No \_\_\_\_

Citizenship status of student?

- A. American Citizen D. Immigrant G. Other \_\_\_\_\_  
B. Refugee E. Student Visa  
C. Status Pending Entrant F. Visitor Visa

My child will be transported to and from school by: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employment: \_\_\_\_\_ Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents are: \_\_\_\_ Same residence, \_\_\_\_ Separated, \_\_\_\_ Divorced, \_\_\_\_ Widow/Widower, \_\_\_\_ Married, \_\_\_\_ Single

If separated or divorced whom does this child live with: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

**Name of person (s) authorized to take your child to and from school in the event of an emergency other than parents:**

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

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

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

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

Is there anyone specific who should NOT pick up your child? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please indicate whom? \_\_\_\_\_

Parents please note that in order to ensure the safety and protection of your child, Excell Academy staff will not allow your child to be dismissed with anyone who is not listed above. If parents choose to have someone who is not on the list pick their child up, the staff must receive a written note or phone call from the legal parent or guardian. In addition, Excell's staff may also request formal identification from anyone that is unknown to them.

**BEHAVIOR:** Students are expected to maintain good behavior at all times during the Kindergarten Readiness Program. If the behavior is not appropriate, students will be given two warnings along with a conference with parents. If after the warnings the behavior does not improve the child(ren) may be asked to leave the Program. Excell Academy will not tolerate inappropriate / misbehavior in the Kindergarten Readiness Program.

\_\_\_\_\_ ParentsInitials

**KINDERGARTEN:** I understand that my child must be 5 years by September 1<sup>st</sup> 2017 to attend Kindergarten. Attending the Kindergarten Readiness program does not automatically qualify my child to attend kindergarten if he/she does not meet the state age requirement.

\_\_\_\_\_ Parent Initials

\*This information must be filled out for all children.

NAME OF PHYSICIAN/HEALTH PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF DENTIST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Has your child had any surgery? \_\_\_\_\_

Please explain: \_\_\_\_\_

Any past illnesses? \_\_\_\_\_

Please list any type of medication being given on a regular basis? \_\_\_\_\_

Type \_\_\_\_\_ Reason prescribed: \_\_\_\_\_

Are there any physical problems at this time? None \_\_\_\_\_

Respiratory: \_\_\_\_\_ Orthopedic: \_\_\_\_\_ Heart: \_\_\_\_\_

Visual: \_\_\_\_\_ Hearing: \_\_\_\_\_ Allergies: \_\_\_\_\_

Seizures: \_\_\_\_\_ Other: \_\_\_\_\_

**GENERAL INFORMATION ABOUT YOU**

\_\_\_\_\_ I am new to Excell Academy. How did you hear about us?

\_\_\_\_\_ Other Excell Academy parents. Who? \_\_\_\_\_

\_\_\_\_\_ Newspaper/Advertisement, which paper? \_\_\_\_\_

\_\_\_\_\_ Person(s) referring you \_\_\_\_\_

\_\_\_\_\_ School Sign

\_\_\_\_\_ Yellow Pages

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

**GENERAL INFORMATION ABOUT YOUR CHILD**

**HOME ENVIRONMENT**

Names and ages of brothers and sisters:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

Name and relationship of other adults living in the home: \_\_\_\_\_

Any other information about siblings or other adults living in the home that would be helpful:

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

## **SOCIAL/EMOTIONAL DEVELOPMENT**

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Describe educational experiences, which your child has had.

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Does your child have playmates? \_\_\_\_\_ If so, what ages/gender? \_\_\_\_\_  
Briefly describe your child's social behavior (cautious, aggressive, friendly, shy, etc.)

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Circle the word(s) that describe your child:

Easily angered	Whining	Crying	Happy	Cheerful
Stubborn	Cooperative	Quiet	Independent	Active
Fights often	Gives in easily	Wants own way	Temper tantrums	

Any frustrating/difficult behaviors?

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What makes your child frustrated or upset? \_\_\_\_\_

Describe discipline used at home: \_\_\_\_\_

Is your child adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ At what age? \_\_\_\_\_ Has the child been told? \_\_\_\_\_

Anything else we should know about the adoption? \_\_\_\_\_

Describe any fears your child may have and how you have dealt with them:

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Your child's favorite play activities: \_\_\_\_\_

Describe any special interests of your child: \_\_\_\_\_

Motor activities your child enjoys: \_\_\_\_\_

Activities that your child is cautious about: \_\_\_\_\_

Child is \_\_\_\_\_ left-handed \_\_\_\_\_ right-handed \_\_\_\_\_ not sure

Do you consider your child \_\_\_\_\_ an under achiever \_\_\_\_\_ average \_\_\_\_\_ over active?

Other comments about your child's development: \_\_\_\_\_

Does either parent have any special talents or resources to offer our school or teachers? \_\_\_\_\_

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**SPECIAL NEEDS**

Is your child on an IEP (Individualized Education Plan)? \_\_\_\_\_

If yes, through which school district \_\_\_\_\_ Please send a copy of the IEP with this registration.

Please describe any special developmental needs your child has that we should be aware of:

Speech/language: \_\_\_\_\_

Motor Development: \_\_\_\_\_

Self-help Skills: \_\_\_\_\_

Attention Span: \_\_\_\_\_

Emotional Needs: \_\_\_\_\_

Social Development: \_\_\_\_\_

Behavioral Problems: \_\_\_\_\_

**TOILET TRAINING**

Bladder Trained? \_\_\_\_\_

Bowel Trained? \_\_\_\_\_

Child's words for Urinating: \_\_\_\_\_

Bowel Movement? \_\_\_\_\_

Any concerns in this area? \_\_\_\_\_

**MISCELLANEOUS**

Does your child take a regular nap? \_\_\_\_\_ If so, what time? \_\_\_\_\_

Anything unusual about your child's sleeping habits? \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

Favorite foods: \_\_\_\_\_ Food dislikes: \_\_\_\_\_

Any unusual eating habits: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**YOUR EXPECTATIONS**

What do you want most out of your child's experience at Excell Academy?

Areas of development you want to see emphasized: \_\_\_\_\_

Any other information about your child you consider important for Excell Academy to know?

Have you had a school tour with the Administrator? \_\_\_\_\_

If yes, indicate date: \_\_\_\_\_



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

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

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

Parent/s or Guardian: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

How long have you been seeing this child? \_\_\_\_\_

Child's Allergies (Food and Meds): \_\_\_\_\_

Is a modified diet necessary? Yes No (If yes, please attach diet)

Is there any condition present that may result in an emergency? Yes No  
(If yes, please specify)

What is the status of your child's: Vision: \_\_\_\_\_  
Hearing: \_\_\_\_\_  
Speech: \_\_\_\_\_

Please list below important health problems. Indicate if you or someone else is following the child for the problem, and check which Problems require special attention at school.

Important Health Problem	Followed By You	Followed by other Medical Source (Name)	Requires Special Attention at School

Any other information that may be helpful to the staff at Excell Academy.

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associates or Clinic: \_\_\_\_\_

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

**\* Please attach a copy of student immunization records**

# Kindergarten Readiness 3 ½ Year Old Program FEES SCHEDULE 2017–2018

**A non-refundable deposit of \$330 is due when you turn in your registration packet. Please note: All fees are non-refundable. If you choose not to send your child to the K-Readiness program for any reason you will not be refunded any amount paid.**

Summary of <b>one time</b> fees due with application ( <b>non-refundable</b> )	\$25 Registration Fee \$90 Snack fee \$25 Materials Fee \$190 One weeks tuition
Summary of <b>monthly/weekly</b> fees	\$190 per week

Breakfast and Lunch costs are not included in the regular monthly or weekly fees. If you would like to be considered for reduced priced or free meals you must complete an Application for Educational Benefits. Forms will be available at the front desk in August 2017.

**NOTE: \* You must include the required deposit of \$330.00 with your registration packet to hold your child’s space. The deposit is non-refundable and will be applied to your child’s last two weeks of attendance. If you choose not to send your child to Excell Academy’s K-Readiness Program for any reason the deposit will not be refunded to you.**

**I understand the fees and policies listed above.**

\_\_\_\_\_ parent initials



**Excell Academy**  
**Audio/Video Release Form**  
**2017-2018**

Dear Parents:

Throughout the school year, the media may visit our school to cover special events. Excell Academy may also wish to use your child's photograph, voice or student work for promotional and educational reasons, such as in brochures and newsletters, on the web site or at community fairs. Because of state law, a school must obtain your permission before your child's photograph or voice can be used by the media or by our school.

Please sign and return the this form stating whether Excell Academy and the media have permission to use your child's photograph, student work or voice for promotional and educational purposes. Thank you for your cooperation.

.....  
Please fill out below and return it to the school office.

\_\_\_\_\_ ***I give permission for*** \_\_\_\_\_

*Student's name*

*to be filmed/photographed/interviewed by the media during school events and for Excell Academy to use my child's photograph/work/voice for promotional and educational purposes. 2017-2018 school year.*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ ***I do not give permission for*** \_\_\_\_\_

*Student's name*

*to be filmed/photographed/interviewed by the media during school events and for Excell Academy to use my child's photograph/work/voice for promotional and educational purposes. 2017-2018 school year.*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

# EXCELL ACADEMY

## Kindergarten Readiness Program

### Financial Questions and Answers

#### **Whom do we pay?**

Make all checks/money orders/cashiers checks payable to **Excell Academy**. **NO CASH PAYMENTS WILL BE ACCEPTED.** Credit and Debit cards are accepted.

#### **How much do we pay?**

The **full-day** tuition cost is **\$190 per week** (additional fees apply for transportation). (Regular Weekly tuition **does not** include costs of meals) **See fees schedule included in the registration packet for meal and transportation cost.**

#### **Is there financial assistance available?**

Scholarships are available. Please inquire if interested.

#### **Will I get a refund if I change my mind and withdraw my child from the program?**

**No, all payments are non-refundable. Payments are due in advance of service. Full payment is due whether or not your child is in attendance. No refunds are made due to absences or school release days. Excell Academy reserves the right to discontinue or limit service due to non-payment. Late payments are subject to a \$10 late fee. Families with accounts in default incur any costs for collection including legal fees.**

#### **When are payments due?**

Payments are due in advance according to the 2017-2018 payment schedule. Multiple payments may be submitted if so desired. You may request a receipt when making your payments. **You will not receive a weekly or monthly bill or statement for this service.** A late fee of \$10 will be assessed for payments received after the due date. A 30-day notice is required prior to dropping out of the **Kindergarten Readiness Program.**

#### **Whom do we call with questions about our account?**

Please refer your questions to Mrs. Willis at (763) 533-0500 ext. 160.



We're Changing Tomorrows  
for Children Today.

**EXCELL ACADEMY**  
**Kindergarten Readiness Program**  
 Registration and Financial Agreement Form  
 2017-2018

Child to be Enrolled:

<b>Child's Name:</b>	<b>Home Phone:</b>
<b>Date of Birth:</b>	<b>Other Siblings at Excell Academy</b>

**Mother/Guardian Information**

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City: State: Zip:</b>
<b>Additional Address Info (including unit or Apt.#)</b>	
<b>Home Phone:</b>	<b>Occupation:</b>
<b>Employer:</b>	<b>Work Hours:</b>
<b>Work Phone:</b>	<b>Cell Phone:</b>

**Father/Guardian Information**

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City: State: Zip:</b>
<b>Home Phone:</b>	<b>Occupation:</b>
<b>Employer:</b>	<b>Work Hours:</b>
<b>Work Phone:</b>	<b>Cell Phone:</b>

Payments are due in advance of service according to the **2017-2018** payment schedule. **All payments are non-refundable. Full payment is due whether or not your child is in attendance (including Holidays and school release days).** No refunds are made due to absence. You may request a receipt when making your payment. Multiple payments may be submitted if so desired. **You will not receive a weekly or monthly bill or statement for this service.** A late fee of \$10 will be assessed for payments received after the due date. **A 30-day notice** is required prior to dropping out of the **Kindergarten Readiness Program.** . Excell Academy reserves the right to discontinue or limit service due to non-payment. Families with accounts in default incur any costs for collection including legal fees.

I agree to abide by this contract and the financial policies of the Kindergarten Readiness Program.

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

**Print Name:** \_\_\_\_\_

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