

EXCELL ACADEMY
FOUR YEAR OLD PROGRAM
(must be Four years old by November 2, 2017)

ENROLLMENT FORM 2017-2018

Your child's age on November 2, 2017 _____

Male ____ Female ____

Full Day Program
Monday – Friday
8:30 a.m.-4:00 p.m.
\$170.00 weekly tuition
(\$185.00 per wk with Transportation)
(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: _____

My child will need school bus transportation: (I understand this service is provided in the morning and in the evenings at 4:00pm only. I also understand there is a \$15.00 per week transportation fee. Yes _____ (parent initials)

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 1st 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

A BIRTH CERTIFICATE AND IMMUNIZATION RECORDS ARE REQUIRED FOR ALL STUDENTS ENROLLING IN EXCELL ACADEMY

*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

Describe educational experiences, which your child has had.

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

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?

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:

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? _____

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 FEES SCHEDULE 2017-2018

A non-refundable deposit of \$310 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 one time fees due with application (non-refundable)	\$25 Registration Fee \$90 Snack fee \$25 Materials Fee \$170 One weeks tuition
Summary of monthly/weekly fees	\$170 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 \$310.00 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 **\$170 per week** (additional fees apply for transportation). (Regular Weekly tuition **does not** include meals or transportation cost) 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:

Child's Name:	Home Phone:
Date of Birth:	Other Siblings at Excell Academy

Mother/Guardian Information

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

Father/Guardian Information

First Name:	Last Name:
Address:	City: State: Zip:
Home Phone:	Occupation:
Employer:	Work Hours:
Work Phone:	Cell Phone:

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: _____