



Voluntary Pre Kindergarten

Monday- Friday

Must be 4 years old by September 4, 2018

(2018-2019)

Date of Application _____

(PLEASE PRINT)

Child's Last Name		Child's First Name		Middle Initial
DOB:			Grade Entering 2018-2019	
Address				
Street		Apt #	City, State	
			Zip Code	
Have you recently moved to our district within the past 36 months for temporary or seasonal agricultural or fishing work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Public School District in which you live			Last School Attended:	
Language spoken at home:				
How did you learn about Excell Academy?				
MOTHER INFORMATION				
Mother's Last Name		Mother's First Name		Daytime Phone Number
Street		Apt #	City, State	
			Zip code	
Place of Employment		Work Phone Number		
FATHER INFORMATION				
Father's Last Name		Father's First Name		Daytime Phone Number
Street		Apt #	City, State	
			Zip code	
Place of Employment		Work Phone Number		
LEGAL GUARDIAN INFORMATION (IF APPLICABLE - OTHER THAN PARENT)				
Legal Guardian Last Name		Legal Guardian First Name		Daytime Phone Number
Street		Apt #	City, State	
			Zip Code	
Place of Employment		Work Phone Number		
TO BE COMPLETED BY EXCELL ACADEMY ADMINISTRATION				
Meeting Date:		Date Received:		Received By:
				Amount with App:
Admission Date:		Assigned Teacher:		Wait List Date:
Discharge Date / Reason?			Amount Received with Application:	

Home Environment		
Parents are <input type="checkbox"/> Same Residence <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> Single If separated or divorced whom does the child live with? _____		
Names and ages of siblings		
Name	DOB	School Attending
Name	DOB	School Attending
Name	DOB	School Attending
Other adults in the household		
Name	Relationship	
Name	Relationship	
Social/Emotional Development		
Previous Educational Experiences		
Do you consider your child <input type="checkbox"/> under achiever <input type="checkbox"/> average <input type="checkbox"/> over achiever		
Does your child have playmates? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what ages/gender?		
Check the word(s) that describe your child <input type="checkbox"/> Happy <input type="checkbox"/> Active <input type="checkbox"/> Easily angered <input type="checkbox"/> Whining <input type="checkbox"/> Quiet <input type="checkbox"/> Cheerful <input type="checkbox"/> Cooperative <input type="checkbox"/> Stubborn <input type="checkbox"/> Cries often <input type="checkbox"/> Has temper <input type="checkbox"/> Independent <input type="checkbox"/> Gives in easily <input type="checkbox"/> Fights often <input type="checkbox"/> Wants own way tantrums		
What makes your child frustrated or upset?		
Describe discipline used at home		
Describe any fears your child may have and how you have dealt with them		
What are your child's favorite play activities?		
Describe any special interest of your child		
Activities that your child is cautious about		
Child is <input type="checkbox"/> Left handed <input type="checkbox"/> Right handed <input type="checkbox"/> Not sure		
Other comments about your child's developments		
<p>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. By signing the following, I agree to comply with the above behavior policy at Excell Academy for Higher Learning</p>		
Parent/Guardian Signature: _____		Date: _____

Consent for NON PRESCRIPTION Medications

I hereby give Excell Academy permission to apply any of the following external preparations that are checked, in accordance with directions for use on the appropriate container.

- Soap
- Wipes
- Lotion
- Vaseline
- Sun block
- Other: _____

Parent Signature: _____ Date: _____

Special Needs

Is your child on an IEP (Individualized Education Plan) Yes No

If yes, School District in which services are provided:

Please select 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
- Other

If selected, Please describe:

Toilet Training

Students must be completely Toilet Trained to attend the program.

Is your child Bladder Trained <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child Bowel Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Words use for urinating	Words used for bowel movement?

Any concerns in this area?

Miscellaneous

Does your child take a regular nap Yes No If so, what time

Is there anything unusual a bout your child's sleeping habits?

Describe your child's appetite

Favorite Foods

Food Dislikes

Any usual 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 your consider important for Excell Academy to know?



Extended Day Financial Questions and Answers

Do I pay if my child attends the Voluntary Pre Kindergarten program ONLY?

No, if your child only attends the Voluntary Pre Kindergarten program for one the three hour sessions, there is no tuition costs.

Do I pay if my child will be attending the extended day program?

Yes, there are tuition costs for your child to attend the extended day program.

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 **extended day** tuition cost is **\$165 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 2018–2019 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.

Voluntary Pre Kindergarten Enrollment Form

Program Options

Child's Last Name	Child's First Name	Middle Initial	DOB
Parent Last Name	Parent First Name	Daytime Phone Number	
Street	Apt #	City, State	Zip Code

Schedule Options

Please select only **ONE** of the following Program Options

AM Voluntary Pre Kindergarten

Cost: No Tuition	Monday–Friday	Hours: 8:30am–11:30am
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PM Voluntary Pre Kindergarten

Cost: No Tuition	Monday–Friday	Hours: 1:00pm–4pm
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Voluntary Pre Kindergarten + Extended Day

Cost: \$165 per week + One time fees	Monday– Friday	Hours: 8:30am–4:30pm
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Extended Day Fee and Non–Refundable Deposit Agreement

A **non–refundable** fee of \$305 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 attend Excell Academy for any reason you will not be refunded.

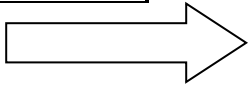
Summary of one time fees due with application (non refundable)	\$25 Registration Fee \$25 Materials Fee \$90 Snack Fee \$165 One weeks tuition
Summary of Weekly fees	\$165 per week

Breakfast & Lunch costs are not included in the regular 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 July 2018.

The required **non–refundable** deposit of \$305 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 for any reason the deposit will not be refunded to you.

I understand the fees listed above.

Parent/Guardian Signature: _____ Date: _____

Turn over to complete back page 

Kindergarten Readiness Program Registration and Financial Agreement Form 2018-2019

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:		Apt #
City, State, Zip		
Home Phone:	Occupation:	
Employer:	Work Hours:	
Work Phone:	Cell Phone:	

Father/Guardian Information

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

Payments are due in advance of service according to the 2018-2019 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: _____