

# Excell Academy 3½ Year Program

Must be 3 years old by March 15, 2020

**TRANSPORTATION IS NOT PROVIDED**

Monday- Friday - 8:30am-4pm

\$190 Weekly Tuition



Date of Application \_\_\_\_\_

**2020-2021**

Child's Last Name		Child's First Name		Middle Initial
DOB:			3 ½ Year Program- must be 3 yrs by March 15, 2020	
<b>Address</b>				
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:	
Has your child had an Early Childhood Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?				
How did your learn about Excell Academy?				
<b>MOTHER INFORMATION</b>				
Mother's Last Name		Mother's First Name		Daytime Phone Number
Street		Apt #	City, State	
Zip code				
Email Address			Place of Employment & Work Phone Number	
<b>FATHER INFORMATION</b>				
Father's Last Name		Father's First Name		Daytime Phone Number
Street		Apt #	City, State	
Zip code				
Email Address			Place of Employment & Work Phone Number	
<b>LEGAL GUARDIAN INFORMATION (IF APPLICABLE - OTHER THAN PARENT)</b>				
Legal Guardian Last Name		Legal Guardian First Name		Daytime Phone Number
Street		Apt #	City, State	
Zip Code				
Place of Employment			Work Phone Number	
<b>Text Notifications:</b> All families are automatically enrolled into Text Notifications. Please contact the front office is you would like to opt-out				
<b>TO BE COMPLETED BY EXCELL ACADEMY ADMINISTRATION</b>				
Meeting Date:		Date Received:		Received By:
Amount with App:				
Admission Date:		Assigned Teacher:		Wait List Date:
Discharge Date / Reason?			Amount Received with Application:	

**Federal Ethnicity and Race**

Is the student Hispanic or Latino Yes No

**Race (select all that apply)**

- Black or African American       Native Hawaiian or Alaska Native       White
- Asian       American Indian or Alaska Native       Other: \_\_\_\_\_

**Ethnicity (select one)**

- American Indian       White (not of Hispanic origin)       Asian or Pacific Islander
- Black (not of Hispanic origin)       Hispanic

**Emergency Contacts (person listed must be someone other than parent)**

**Emergency Contact Information #1**

Name		Relationship	
Day time Phone Number		Type	
Street Address	Apt #	City, State	Zip

**Emergency Contact Information #2**

Name		Relationship	
Day time Phone Number		Type	
Street Address	Apt #	City, State	Zip

**Emergency Contact Information #3**

Name		Relationship	
Day time Phone Number		Type	
Street Address	Apt #	City, State	Zip

**Person(s) Authorized to Pick Up Child from School**

Please note that it is always required for a parent/legal guardian to notify Excell Academy when an authorized person will be coming to pick up your child. Students will not be released unless a phone call has been received.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**By signing the following, I hereby agree that I must call Excell Academy to notify them that someone other than myself will be picking up my child, my child will not be released to an authorized person until I have notified Excell Academy, and proper identification must be provided by the authorized person at the time of pick up.**

\_\_\_\_\_

**Parent Name** **Date**

**Person(s) UNAUTHORIZED to Pick Up Child from School**

Excell Academy does not release students to any person without a parent notification. Please list names of any person(s) who are unauthorized to pick up your child from school. A court order must be provided if a biological parent is listed.

\_\_\_\_\_

\_\_\_\_\_

Home Environment		
<b>Who does the child live with?</b>		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other_____		
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"/> Cheerful	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Independent	<input type="checkbox"/> Gives in easily	<input type="checkbox"/> Fights often
<input type="checkbox"/> Whining	<input type="checkbox"/> Cries often	<input type="checkbox"/> Quiet
<input type="checkbox"/> Wants own way	<input type="checkbox"/> Has temper 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		
<b>Other comments about your child's developments</b>		
<p><b>BEHAVIOR:</b> Students are expected to maintain good behavior at all times during the 3 ½ Year 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 3 1/2 Year 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 <b>Bladder Trained</b> <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?



# Kindergarten Readiness

## 3 ½ Year Old Program

### FEES SCHEDULE

2020-2021

**A non-refundable deposit of \$380 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 \$25 Materials Fee \$140 Snack 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 2020.

**NOTE: \* You must include the required deposit of \$380.00 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

## 3 ½ Year Program Registration and Financial Agreement Form 2020–2021

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 2020–2021 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 3 1/2 Year 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 3 1/2 Year Program.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## 3½ Year 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 3½ Year Program tuition cost is **\$190 per week**. (Regular Weekly tuition **does not** include meals cost) **See fees schedule included in the registration packet for meal costs.**

### **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 2020–2021 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 3 1/2 Year Program.**

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

Please refer your questions to Ms. Holbrook at (763) 533–0500 ext. 160.