



Voluntary Pre Kindergarten

Monday- Friday

Must be 4 years old by September 1, 2020
(2020-2021)

Date of Application _____

(PLEASE PRINT)

Child's Last Name		Child's First Name		Middle Initial	
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:		
Has your child had an Early Childhood Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?					
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
Email Address			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
Email Address			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
Email Address			Place of Employment & Work Phone Number		
Text Communication: All families are automatically enrolled into text notifications. Please contact the front office if you would like to opt-out.					
TO BE COMPLETED BY EXCELL ACADEMY ADMINISTRATION					
Meeting Date:		Date Received:		Received By:	
Admission Date:		Assigned Teacher:			Wait List Date:
Discharge Date / Reason?				Amount Received with Application:	

Emergency Contacts must be person(s) 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		
Who does the child live with?		
<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	
Consent for NON PRESCRIPTION Medications		
<p>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.</p> <input type="checkbox"/> Soap <input type="checkbox"/> Vaseline <input type="checkbox"/> Wipes <input type="checkbox"/> Sun block <input type="checkbox"/> Lotion <input type="checkbox"/> Other: _____		
Parent Signature: _____		Date: _____
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?		
Does your child have playmates? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what ages/gender?		
<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: _____

Social/Emotional Development

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 Left handed Right handed Not sure

Other comments about your child's developments

Miscellaneous

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

Is there anything unusual about 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 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 Kindergarten Readiness Program.**

Whom do we call with questions about our account?

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