



MILL CREEK ACADEMY ENROLLMENT APPLICATION AND AGREEMENT



1st Child _____ **Date of Birth** _____ **Male** ___ **Female** ___

Full Address _____

Home Phone _____ Alternate Phone _____

Date attendance will begin _____ e-mail address _____

Normal attendance will be approximately _____ a.m. to _____ p.m. on the following days:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Before/After School Care

(Transportation will be provided to and from Taylor, Woodward Mill, and Rocksprings.)

Elementary School attending _____

Will your child need transportation from Mill Creek Academy to their school?

Yes ___ **No** ___ If yes, **Before School** ___ **After School** ___ **Both** ___

2nd Child _____ **Date of Birth** _____ **Male** ___ **Female** ___

Normal attendance will be approximately _____ a.m. to _____ p.m. on the following days:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Before/After School Care

(Transportation will be provided to and from Taylor, Woodward Mill, and Rocksprings.)

Elementary School attending _____

Will your child need transportation from Mill Creek Academy to their school?

Yes ___ **No** ___ If yes, **Before School** ___ **After School** ___ **Both** ___

3rd Child _____ **Date of Birth** _____ **Male** ___ **Female** ___

Normal attendance will be approximately _____ a.m. to _____ p.m. on the following days:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Before/After School Care

(Transportation will be provided to and from Taylor, Woodward Mill, and Rocksprings.)

Elementary School attending _____

Will your child need transportation from Mill Creek Academy to their school?

Yes ___ **No** ___ If yes, **Before School** ___ **After School** ___ **Both** ___

FULL WORK NAME AND ADDRESS MUST BE FILLED OUT. IF NO WORK, PUT N/A.

MOTHER or guardian _____ Home phone _____

MOTHER'S address (if different) _____

MOTHER'S Social Security Number _____ Work phone _____

Employer name _____ Mobile phone _____

Employer address _____

FATHER or guardian _____ Home phone _____

FATHER'S address (if different) _____

FATHER'S Social Security Number _____ Work phone _____

Employer name _____ Mobile phone _____

Employer address _____

It is the parents responsibility to keep all children's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feedings plans, immunization records, etc.

FAMILY STATUS:

Parents are Married _____ Separated _____ Divorced _____ Other _____

Is there a Stepmother _____ Stepfather _____ Child lives with _____

Are there any limitations on either parent's right to pick up or visit child at the school? ___ YES ___ NO

If YES, please attach a copy of the court order to keep on file at Mill Creek Academy.

Should Mill Creek be aware of any other circumstances? _____

OTHER PERSONS TO WHOM MILL CREEK ACADEMY IS AUTHORIZED TO RELEASE MY CHILD: Under no circumstances will Mill Creek Academy release a child to anyone not identified below or not otherwise known to staff without specific authorization from the parent or guardian. Full Address and phone numbers required.

Please supply information for at least 3 individuals (for emergency contact purposes)

Name _____ Relationship _____

Address _____ Phone _____

_____ Mobile Phone _____

* Emergency Contact? Yes _____ No _____

Name _____ Relationship _____

Address _____ Phone _____

_____ Mobile Phone _____

* Emergency Contact? Yes _____ No _____

Name _____ Relationship _____

Address _____ Phone _____

_____ Mobile Phone _____

* Emergency Contact? Yes _____ No _____

HEALTH: In order to comply with state law, it will be necessary for the parents or guardian to supply Mill Creek Academy with a physician's immunization form (**Form 3231**) no later than one week after the date actual attendance begins.

Child's Physician _____ Name of Practice _____

Address _____

Phone _____ or _____

Child's Dentist _____ Name of Practice _____

Address _____

Phone _____ or _____

Preferred Hospital _____ Phone _____

Insurance Provider _____ Policy # _____

**Mill Creek Academy agrees to keep parents informed of any incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases that include my child.

FOR THE FOLLOWING QUESTIONS, PLEASE PUT "NONE KNOWN" OR "N/A" IF THERE ARE NO CONCERNS.

Any health or special situations of which Mill Creek Academy should be aware, such as allergies, existing/pre-existing illnesses, injuries, disabilities, or hospitalization during the past twelve months, or any medications prescribed for long term use. _____

Does your child have any special needs, IEP? Please specify. _____

Are there any special accommodations required to meet your child's needs while at Mill Creek Academy? _____

Please specify any dietary restrictions: _____

**Parents must provide a written authorization which includes date, time, name of child, name of medication, prescription number, if any, dosage, date and time of day medication is to be given. Medicine must be in the original container with child's name on it.

Medical Authorization - We hereby grant to Mill Creek Academy permission to take whatever action in its judgement may be necessary in supplying emergency medical services to the above named child. We understand that, consistent with the circumstances of the situation and available time, Mill Creek Academy will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us above. In the event Mill Creek Academy is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to Mill Creek Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Mill Creek in making emergency medical treatment available to the above named child.

Mother or guardian _____ Date _____

Father or guardian _____ Date _____

PROGRAM ACKNOWLEDGEMENT

Mill Creek Academy agrees to provide day care for my child, _____ on these days: _____, from _____ a.m. to _____ p.m. (times can be approximate) My child will be served breakfast, lunch, and afternoon snack when present.

PLEASE INITIAL

Registration Fee and Camp Fee:

An annual registration fee of **\$75/child** or **\$125/family** shall be paid at the time of enrollment, renewed each year thereafter, and due and payable each fall.

Tuition

The parent agrees to pay a weekly tuition fee in advance on Monday of each week in the amount of \$_____**

**If your child is part time (2/3 days per week), you are responsible for paying for those days regardless of attendance. You are welcome to add a day to your schedule.

Late Charges and Penalties

All Registration Fees and Tuition Payments are considered late after Tuesday at 12:00 p.m. of the week they are due. A late charge of **\$20.00** shall be automatically added to the charges due for that week and for each week thereafter that a balance is carried forward. If an account becomes delinquent (over one week past due without receipt of payment) there may be an additional weekly service charge of five percent (5%) of the balance added automatically. **In the event that payment arrangements are not made, Mill Creek Academy may, at its discretion, dismiss the child and the parent shall remain responsible for the balance due and any expenses incurred by Mill Creek Academy in pursuit of payment.** A two week notice will also be due. Initials: _____

Late Pick-up

A late fee is charged of **\$25.00** for the first five minutes after closing. **\$5.00** is added for each minute after 6:35, and is due at the time the child is picked up. Initials: _____

No child will be allowed to bring in food for breakfast, lunch or snack unless a doctor's note is sent in stating the reason. Children with religious food restrictions, please see administration. A copy of our menu will be provided monthly

Initials: _____

Returned checks

If a check is returned unpaid by the bank, a service charge of **\$20.00** will be assessed. Initials: _____

Absences and Vacations

Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as "make-up" days. **Staffing and other operational costs are incurred on the basis of fixed levels of enrollment, and because few of these costs are eliminated when a child is temporarily absent.**

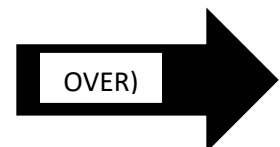
Initials: _____

Vacation Credit

All Mill Creek families are entitled to one free vacation week per year starting on the day of enrollment. Child must not be in attendance during vacation credit week. Initials: _____

Sick Policy: Vomiting, 2 or more diarrheas, a fever of 101.5 or higher, and rash are all reasons we will send your child home. A period of 24 hours with no symptoms and without the aid of medicine is required before your child can return to school. **A sick child must be picked up within an hour once a parent/guardian has been contacted.**

Initials: _____



LEGAL

General Authorization - We hereby grant Mill Creek Academy permission for the above named child to:

- a) take part in all program activities including the use of all indoor and outdoor equipment;
- b) be photographed or videotaped in connection with daily program activities;
- c) be transported to or from the premises of Mill Creek Academy to take part in planned educational field trips or activities supervised by the staff of Mill Creek Academy (provided that such field trip or activities will be separately announced to the parent or guardian 48 hours in advance of the trip or activity);
- d) to be, if requested by parent or guardian, transported to and from public school;
- e) participate in water activities on Mill Creek Academy premises.

Enrollment Policy - Initial and continued enrollment will be at the discretion of Mill Creek Academy based upon the best interest of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, religion or national origin.

State Minimum Standards - A copy of State Regulations with respect to Mill Creek Academy is available at Mill Creek Academy for review by parents.

This enrollment agreement remains on file at Mill Creek Academy - A copy of this Enrollment Agreement will remain within the files of Mill Creek Academy and is available for inspection by the parent or guardian at any time. The parent or guardian is required by state law to update information furnished herein as necessary, with changes initialed and dated by parent and the Executive Director (or designee).

Disenrollment

The obligation for full payment of tuition and other fees will continue until the date indicated by the parent as the date of disenrollment. The parent shall provide Mill Creek Academy with at least two (2) weeks advance written notice of such date of disenrollment. If parent fails to provide written notice, parent remains responsible for the full tuition for the two (2) weeks after the child's last day of attendance plus any late charges or penalties which shall accrue until full payment is received.

Re-Enrollment Following Temporary Absence During Which Tuition Is Not Paid

If any situation occurs during which the child is temporarily withdrawn from Mill Creek Academy, and regular payment of tuition has been temporarily suspended by the parent, the enrollment will be terminated. Re-enrollment will be based on availability of space an additional registration fee will be required.

Fee Schedule Changes:

Mill Creek Academy reserves the right to make changes to the fee and conditions of enrollment at will. Fee changes will be posted at least two weeks prior to any changes.

Parent Handbook available online at www.millcreekacademydaycare.com

Mother or guardian _____

Date: _____

Father or guardian _____

Date: _____

Director Signature: _____

Date: _____