

Tutoring Application

CHILD'S INFORMATION (Please print name as it appears on the birth certificate)		
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER		
1.CHILD'S Name:		
CHILD'S D.O.B. (/ /): SEX: <input type="checkbox"/> M <input type="checkbox"/> F GRADE:		
HOME ADDRESS:		COUNTY:
CITY:	STATE:	ZIP:
PHONE:()		
COPY OF IMMUNIZATION RECORD PROVIDED: Yes or No		

CHILD'S INFORMATION (Please print name as it appears on the birth certificate)		
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER		
1.CHILD'S Name:		
CHILD'S D.O.B. (/ /): SEX: <input type="checkbox"/> M <input type="checkbox"/> F GRADE:		
HOME ADDRESS:		COUNTY:
CITY:	STATE:	ZIP:
PHONE:()		
COPY OF IMMUNIZATION RECORD PROVIDED: Yes or No		

PARENT/GUARDIAN INFORMATION:		
MOTHER'S NAME:		
HOME ADDRESS: (If Different From Child)	COUNTY:	
CITY:	STATE:	ZIP:
PHONE: ()	Email Address:	
Copy of License Yes or No		

PARENT/GUARDIAN INFORMATION:		
Father's Name:		
HOME ADDRESS: (If Different From Child)	COUNTY:	
CITY:	STATE:	ZIP:
PHONE: ()	Email Address:	
Copy of License Yes or No		
AUTHORIZED PICK-UP THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:		
1. Contact NAME:		
Contact Number: ()		
2.Contact NAME:		
Contact Number: ()		

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER. To that end only Life Saving Medication will be given at our centers.

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

_____ I UNDERSTAND A MEDICAL AUTHORIZATION FORM MUST BE COMPLETED GIVING INSPIRING SCHOLARS ACADEMY STAFF PERMISSION TO ISSUE MEDICATION TO MY CHILD. (Please initial)

CHILDS MEDICAL DOCTOR

(If you do not have a doctor, please refer to:

Douglas County Health Center: 770-949-1970)

Physicians Name _____

Physicians Number _____

PARENTAL AGREEMENT INITIAL

_____ NO CHILD WILL BE ALLOWED TO ENTER OR EXIT THE CENTER WITHOUT A PARENT OR A PERSONS AUTHORIZED BY THE PARENT.

_____ YOU (THE PARENT) ARE RESPONSIBLE FOR KEEPING THE CENTER ADVISED OF SIGNIFICANT CHANGES AS THE CHANGES OCCUR IN THE INFORMATION YOU (THE PARENT) PROVIDED AT THE TIME OF ENROLLMENT. (PHONE NUMBERS, EMERGENCY CONTACTS, ETC....)

_____ YOU (THE PARENT) WILL BE ADVISED OF YOUR CHILD'S PROGRESS.

I AUTHORIZE INSPIRING SCHOLARS TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD WHEN I'M NOT AVAILABLE AND I WILL NOT HOLD INSPIRING SCHOLARS RESPONSIBLE FOR ANY OF THE MEDICAL BILLS OR TRANSPORTATION FEES THAT OCCUR.

Parent/Guardian Signature: _____ Date _____

FEE AGREEMENT (INITIAL EACH LINE)

All custodial parents and/or legal guardians are required to sign a Fee Agreement prior to enrollment at **Inspiring Scholars Academy**. Parents are required to indicate to whom all billing information and correspondence is to be addressed. Please read and initial this agreement.

____ (Initial) I understand Inspiring Scholars Academy will charge a **\$5** service fee for check and money orders

____ (Initial) I understand Inspiring Scholars Academy will charge a \$36.00 fee for tuition checks returned by the bank. Returned tuition checks will not be re-deposited.

____ (Initial) I understand that Inspiring Scholars Academy does not accept cash

____ (Initial) I understand payments are due each Friday for the next week of care.

____ (Initial) I understand Inspiring Scholars Academy will charge a **\$25.00** late fee if payment is not received by close of business day Monday. Late fees will be charged weekly on all accounts with outstanding balances no matter the enrollment status.

____ (Initial) Official notification for withdrawal from Inspiring Scholars requires a minimum of two week notice in writing.

____ (Initial) I understand Inspiring Scholars does not offer a refund on Registration and/or Service payments

____ (Initial) I understand Inspiring Scholars Academy charges a **\$1.00** per minute per child late fee after agreed pick up time.

____ (Initial) I acknowledge that Inspiring Scholars charges \$75.00 for annual school registration.

Parent Name: _____

Parent Signature: _____

Parent Email: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for Inspiring Scholars Academy, which shall include, but not be limited to, the Georgia Department of Education, to record the participation and appearance of my child (1), _____, child (2)_____, child(3)_____by photograph and/or videotape in connection with daily activities for the purposes of news releases, reporting, and assessing the progress of children and the program. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for Inspiring Scholars Academy and/or on Inspiring Scholars Academy website.

The undersigned hereby jointly and severally releases, acquits, forgives, Inspiring Scholars Academy, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by the law.

Signature: _____ **Date:** _____

(Parent Copy)

Daycare Hours 6:00am-6:00pm

Late Pick-up: Late pick up will result in a late fee of \$1 per minute per child. Late fee must be paid at the time of pick-up.

Tuition: Payment is due Friday before service is due.

Check fee: There is a \$5 service fee for checks and money orders. Cash not accepted

Returned check fee: \$36

Late Fee: \$25 late fee if payment is not received by close of business day Monday. Late fees will be charged weekly on all accounts with outstanding balances enrolled/unenrolled status.

Non Payment: Services will be suspended on Wednesday if payment including late fees are not made by close of business Tuesday. Termination of services for non-payment does not eliminate the mandatory two week notification of your child(s) withdrawal.

A written **2-week notice** is required to terminate service offered by Inspiring Scholars.

Refund Policy: No refunds will be given on registration or service payments.

Sign-In and Sign-Out: Only adults listed on the “authorized pick-up list” section of the Registration Form with photo ID will be permitted to pick-up your student. Please be sure to include anyone that you may want /need to pick-up your student on the registration form.

Personal Items: Students should not bring toys, electronic devices or unsecured personal items. Inspiring Scholars will not be held liable for any lost and/or damaged items.

Medication: We have a NO MEDICATION policy. Exceptions may be made for life sustaining medication. If accepted, a consent form must be filled out and put on file.

Outside food is not allowed