2023-2024 ASP Application
Inspiring Scholars Academy
13671 Veterans Memorial Hwy Winston, GA 30187
(678) 561- 7458

Annual Registration Fee Total:_____ Paid: Yes No Admin Initial: _____
School Attending:_____

Child's Information:

Child's Name:_____ Age: _____

Child's Name:_____ Age: _____

Child's Name:_____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent Information:

Parent Name: _____ Phone Number: _____

Email Address: _____

Parent Name: _____ Phone Number: _____

Email Address: _____

Child's Medical Info:

Child's Doctor: _____ Child's Doctor #:_____

Child's Allergies: _____

Asthmatic? Yes_____ No_____

Emergency Contact/Pickup:

Name: _____ Phone Number:_____

Name: _____ Phone Number:_____

Name: _____ Phone Number:_____

ASP Inspiring Scholars Academy Transportation Agreement

Contract agreements are between Inspiring Scholars Academy and the following:

I agree to allow Inspiring Scholars to provide transportation service for my child/children

_____ to travel between home and school(s).

I understand that my child will be transported with other students.

PAYMENT AGREEMENT: $_____ WEEKLY
(Administration will confirm and fill out weekly payment)

SCHEDULED PICK UP CHILD/CHILDREN ADDRESS: _____

DAYS(Circle)**:** M T W Th F
TIME(S): _____ (am/pm) _____ (am/pm)

DROP OFF CHILD/ CHILDREN ADDRESS: _____

ROUND TRIP (Circle one): **YES** or **NO** If Yes, **DAYS** (Circle)**:** M T W Th F
TIME(S): _____ (am/pm) _____ (am/pm)

_____, _____ is authorized to receive my child.
Name of Authorized Person Name of Authorized Person

In the event an authorized person is not present to receive my child, the following procedures are to be followed:

_____

_____

All custodial parents and or legal guardians are required to sign a Fee Agreement prior to enrollment at Inspiring Scholars Academy. Please read and initial this agreement

_____ (**Initial**) Rude and unruly behavior will NOT be tolerated. Riding privileges may be discontinued immediately for disruptive behavior. No refunds will be given for unruly behavior.

_____ (**Initial**) I agree to notify Inspiring Scholars Academy LLC in advance of any scheduled absences or requested schedule changes. My child may be considered a "**No Show**" if I do not notify scheduled changes and may be subject to a **$20.00** service fee. I understand Inspiring Scholars are responsible for my child from the time of pick up until they leave our charge.

Parent Signature: _____ Date: _____

Vehicle Emergency Medical Information

CHILD'S NAME: _____ DATE OF BIRTH _____

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

Person to notify in an emergency parent can't be reached

NAME:_____ PHONE:_____

CHILD'S DOCTOR: _____ PHONE: _____

Medical facility the center uses: **WellStar Douglas Hospital**

Current prescribed medication: _____

Child's special needs and conditions: _____

Child's Allergies: _____

In the event of an emergency involving my child and emergency contact can't be reached. I hereby authorize any needed emergency medical care. I agree to be fully responsible for all medical expenses incurred for the treatment of my child. Further I don' t hold Inspiring Scholars Academy LLC responsible for any medical expenses involved in the emergency care of my child.

CHILD'S NAME: _____

PARENT'S SIGNATURE:_____

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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____Lancaster Early Education Center_____ ☐ **to initiate credit card charges to the below referenced credit card account (Section A) OR,** ☐ **initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____ ☐ Checking ☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

For Official Use Only

Date Received
Employee Signature

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