

INSPIRING SCHOLARS ACADEMY STUDENT FILE CHECKLIST

Inspiring Scholars Academy LLC is licensed by Bright from the Start: the state of Georgia Licensing Agency for Daycares. As such, these forms are required as part of the guidelines of the state.

Each form must be completed in its entirety or the enrollment will not be accepted.

Child Name (s): _____

Date of Enrollment: _____

Start Date: _____

----- Office Only -----

Place a check mark or N/A for each completed form on file.

_____ Registration Fee

_____ Completed Enrollment Forms

_____ Form 3231 (Immunization certificate for non- school age children)

_____ Birth Certificate

_____ Driver' s License

_____ Tuition Express

Registration \$100 Pd Y N

Staff Receiving Application : _____

School Attending: _____

Child's Information:

Child's Name: _____ D.O.B: _____

Child's Name: _____ D.O.B: _____

Child's Name: _____ D.O.B: _____

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: _____

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.

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** WEEKLY If NO: 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.

_____ (Initial) **Weekly tuition is due Fridays** before the week of service. Your child will not be permitted to attend until full payment is made.

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Vehicle Emergency Medical Information

CHILD'S NAME: _____ DATE OF BIRTH _____

SCHOOL CHILD ATTENDS: _____

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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Bright from the Start: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) or Adult enrolled to receive day care

| Name: (Last, First and Middle Initial) | SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III. | Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs) | | | | |
|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Head Start | Foster Child | Migrant | Runaway | Homeless |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.)
income received by child household members listed in PART I here. \$ _____/_____

B. Other Household Members¹. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

| Name of Other Household Members (First and Last) | 1. Earnings from work before deductions / How often? | 2. Subsidies, child support, alimony / How often? | 3. Social Security, pensions, retirement / How often? | 4. All other income / How often? |
|--|--|---|---|----------------------------------|
| 1. _____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ |
| 2. _____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ |
| 3. _____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ |
| 4. _____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ |
| 5. _____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ | \$ _____/_____ |

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX _____ ☐ I do not have a Social Security Number

PART III: Enrollment Information: *Children Only*

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. ☐ (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

Circle the meals your child will normally receive while in care: **Breakfast AM Snack Lunch PM Snack Supper Evening Snack**

PART IV: Signature

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.***

Signature: **X** _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

| | |
|---|--|
| Check (✓) one ethnic identity: <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Not Hispanic/ Latino | Check (✓) one or more racial identities: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial |
|---|--|

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ **Per:** ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Year **Household Size:** _____

Categorical Eligibility: check (✓) if applicable ☐ **Eligibility:** check (✓) one Free ☐ Reduced ☐ Paid ☐

Day Care Homes Only: check (✓) one Tier I ☐ Tier II ☐

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ **Date:** _____

Confirming Official's Signature: _____ **Date:** _____

Follow Up Official's Signature: _____ **Date:** _____

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Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ ☐ 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.

SECTION A

| | | | |
|----------------------|------|-----------------|-----|
| Cardholder Name | | Phone # | |
| Cardholder Address | City | State | Zip |
| Account Number | | Expiration Date | |
| Cardholder Signature | | Date | |

SECTION B

| | | | |
|---|------|-----------------------------------|----------------------------------|
| Your Name | | Phone # | |
| Address | City | State | Zip |
| Bank or Credit Union Name | | | |
| Bank or Credit Union Address | City | State | Zip |
| | | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Routing Transit Number (see sample below) | | Account Number (see sample below) | |

For Official Use Only

Date Received

Employee Signature

| | | |
|---|----------------------------------|-------|
| John Sample Mary Sample 123 Nice Street Anytown, USA | BANK OF THE WEST 555-555-5555 | 00226 |
| Pay to the order of: Attach Voided Check Here \$ | | |
| Deposit slips not accepted _____ Dollars | | |
| 123456789 | 1800330 | 0226 |

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Inspiring Scholars Academy ASP 2025 (Parent Copy)

Inspiring Scholars Academy after school program is packed with challenging, interactive, hands-on activities led by our enthusiastic staff. The purpose of the parent handbook/guidelines is to ensure all students have an enjoyable experience.

Hours 6:00am-6:00pm (max 10 hrs.)

Breakfast 8AM- 8:30PM

Water Bottle: Is mandatory daily **\$1 Daily Water Bottle Fee-** If your child doesn't have one each day.

Outside Food: Inspiring Scholars does not allow outside food, snacks, drinks, etc...

Tuition: Payment is due Friday and child can't be dropped off on Monday without full payment

Non Payment: Services will be suspended until full payment is made including late fees. Termination of services for non-payment does not eliminate the mandatory two week notification of your child(s) withdrawal.

The sibling discount benefit will be discontinued if there are 2 consecutive late payments of tuition.

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 6 pm Mondays'. Late fees will be charged weekly on all accounts with outstanding balances enrolled/unenrolled status.

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

Late Pick-up: 1st occurrence \$1 per minute per child, 2nd occurrence \$3 per minute per child, 3rd occurrence \$5 per minute per child and possibly withdrawn.

Refund Policy: No refunds will be given.

Sign-In and Sign-Out: Students must be signed in and out by an adult each day. Adults listed on the "authorized pick-up list" section of the registration form with photo ID will be permitted to pick-up your child. Please be sure to include anyone that you may want or need to pick-up your student on the camp registration form.

Personal Items: Students should not bring toys, electronic devices, backpacks 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.