

2026-2027 ASP Application

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 page must be completed for enrollment

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 : _____

Inspiring Scholars Academy
13671 Veterans Memorial Hwy Winston, GA 30187

Child's Information:

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

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

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

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent Information:

Guardian Name: _____ Relationship _____

Phone Number: _____ Email Address: _____

Guardian Name: _____ Relationship _____

Phone Number: _____ Email Address: _____

Child's Medical Info:

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

Child's Allergies: _____

Asthmatic? Yes _____ No _____

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:

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

Emergency Contact/Pickup:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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Contract agreements between Inspiring Scholars Academy and _____

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.

PICK UP/ DROP OFF AT SCHOOL _____

DAYS(Circle): M T W Th F

TIME(S): _____ (am/pm) _____ (am/pm)

Please read and initial this agreement

_____ 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.

_____ I agree to notify Inspiring Scholars Academy LLC via Procure 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.

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

_____ Please be advised that changes will be communicated via Procure

_____ Your child must be ready at the scheduled pick-up time. Once the driver arrives your child has two (2) minutes to enter the vehicle before being considered a "No Show". For each "No Show" you will be assessed a \$20.00 service fee.

_____ I understand Inspiring Scholars will charge a \$36 fee for returned payment and a \$5 check fee

_____ \$25 late fee if payment isn't made by 7 pm Mondays. (Exclude auto pay) ISA is cashless.

_____ A minimum of two (2) week notice in writing is required for discontinuing services

_____ Tuition is not prorated and full payment is due whether your child rides or not. No credit/reimbursement is given for child illness, behavior issues, or closings due to emergency situations or inclement weather.

_____ Delinquent accounts sent to collections will be charged a 30% collection fee in addition to the remaining balance.

_____ **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.

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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:** _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental authorization except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of the parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- _____Band-aids
- _____Bactine or similar first aid spray
- _____Neosporin or similar ointment
- _____Bactine or similar first aid spray
- _____Sunscreen(parent must supply)
- _____Non-Prescription ointment (such as A & D: Desitin, Vaseline)
- _____Other (please specify):

Signature: _____ **Date:** _____

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Vehicle Emergency Medical Information

CHILD'S NAME _____ DATE OF BIRTH ___/___/___ CHILD'S SCHOOL _____

CHILD'S NAME _____ DATE OF BIRTH ___/___/___ CHILD'S SCHOOL _____

CHILD'S NAME _____ DATE OF BIRTH ___/___/___ CHILD'S SCHOOL _____

PARENT/GUARDIAN: _____ PHONE _____

WORK NUMBER _____ EMPLOYER NAME _____

PARENT/GUARDIAN: _____ PHONE _____

WORK NUMBER _____ EMPLOYER NAME _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____

PERSON TO NOTIFY IN AN EMERGENCY: PARENT CAN'T BE REACHED

NAME _____ PHONE _____

NAME _____ PHONE _____

MEDICAL FACILITY CENTER USES: WELLSTAR DOUGLAS HOSPITAL

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:

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

I AUTHORIZE INSPIRING TRANSPORTATION SERVICES (ITS) TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD IN THE EVENT OF AN EMERGENCY WHEN I OR MY EMERGENCY CONTACT CANNOT BE REACHED. I HEREBY AUTHORIZE ANY NEEDED EMERGENCY MEDICAL TREATMENT AND AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENSES INCURRED FOR THE TREATMENT OF MY CHILD. I FURTHER AGREE THAT I WILL NOT HOLD INSPIRING TRANSPORTATION SERVICES (ITS) RESPONSIBLE FOR ANY/ALL MEDICAL BILLS OR TRANSPORTATION FEES.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**Inspiring Scholars Academy
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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.

Delinquent accounts sent to collections will be charged a 30% collection fee in addition to the remaining balance.

I agree to notify Inspiring Scholars Academy LLC via Procure 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 care.

Tuition is not prorated and full payment is due whether your child attend or not. No credit/reimbursement is given for child illness, behavior issues, or closings due to emergency situations or inclement weather.

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

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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.

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.

**Inspiring Scholars Academy
OBSERVED HOLIDAYS
(CLOSED)
2026-2027**

September 7	Labor Day
November 26-27	Thanksgiving
December 24-25	Christmas Eve/Day
January 1 2027	New Years
January 18	Martin Luthern King
May 31	Memorial Day
June 18	Juneteenth
July 5th	Independence Day