

Marigold Learning Academy

Registration Packet Information

Dear Parents/Guardians:

On behalf of Marigold Learning Academy, we would like to extend a warm welcome to our students. We are very excited and look forward to a great year. Below you will find important information and forms regarding our registration process.

*ADMISSION FORM: Please fill out this form and return it with your registration packet.

*DOCTOR'S STATEMENT: Please have the child's physician complete and return with registration packet.

*STUDENT PROFILE FORM: Please fill out this form and return it with your registration packet.

*ACCEPTABLE USE OF TECHNOLOGY AGREEMENT: Please read our Student Technology Acceptable Use Guidelines' for Marigold Learning Academy and return with registration packet.

*PHOTO RELEASE PERMISSION FORM: Please fill out this form and return it with your registration packet.

*ACCOUNT AGREEMENT: Please fill out this form and return it with your registration packet.

*PARENT HANDBOOK OF OPERATIONAL POLICIES: Please sign the last page and return it with your registration packet.

Please look through the registration forms carefully and mail, email, or drop the packet off as soon as possible at 401 W. Washington Street, Rockwall, Texas 75087. If you have any questions, please do not hesitate to contact us at (972)722-3892. Thank you very much for your cooperation, and we look forward to serving you and your child/children.

Sincerely,

Karri Wilson, M.Ed
Executive Director, Marigold Learning Academy
401 W. Washington Street
Rockwall, Texas 75087
www.marigoldlearningacademy.com
marigoldlearningacademy@gmail.com
Phone: (972)722-3892

MARIGOLD LEARNING ACADEMY
2016/2017 School Year Enrollment

Child's Full Name: _____ **Gender:** _____ **Date of Birth:** _____

Address: _____ **Zip:** _____

Home Phone: _____ **Family Email:** _____

Mother's Name: _____ **Father's Name:** _____

Cell#: _____ **Cell#:** _____

Business #: _____ **Business #:** _____

Please enroll my child in the following:

- Early Intervention Half Day Pre-School Program**
___ 8:30am – 11:30am Circle Selected Days: Mon / Tues / Wed / Thurs / Fri
___ 12:30pm – 3:30pm
- Pre-K Program: 8:30 am – 3:30 pm**
___ 5 Days ___ 3 Days ___ 2 Days Circle Selected Days: Mon/ Tues/ Wed/ Thurs/ Fri
- Kindergarten Five Day Program: 8:30 am – 3:30 pm**
- First Grade Five Day Program: 8:30 am – 3:30 pm**
- After School Program: 3:30 pm – 5:30 pm**

Extended hours are available 7:30 am – 8:30 am and 3:30 pm – 5:30pm
___ Yes, my child will be arriving early at _____ and leaving at _____.

INCENTATIVE PROGRAM:

5% discount off the total net tuition will apply if paid in at the beginning of each semester.

AGREEMENT:

- Tuition includes snacks, and educational materials
- A non-refundable registration fee of \$150.00 is due at the time of enrollment.
- Tuition is due on the 1st day of each month. A late fee of \$25 dollars will be applied if not paid by the 3rd day of each month and \$10 for each additional day thereafter. Payment will be pro-rated if you sign up mid-month.

It is understood that there will be no make-up days and no refunds will be made for school closings, absences or withdrawals. If your child is withdrawn for any reason, the total is due and payable. Marigold reserves the right to cancel the enrollment by the 10th day of the month if tuition for that month has not been received. Marigold reserves the right to terminate this agreement at any time for any reason and will refund the tuition pro-rata.

Date: ___/___/___ Signature of Parent or Guardian _____

Marigold Learning Academy 401 W. Washington Street, Rockwall, Texas 75087
Tel: (972)722-3892 Fax:(214)602-2729

ADMISSION INFORMATION

Operation Name Marigold Learning Academy		Director's Name Karri Wilson	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the Marigold Learning Academy to allow my child to leave the school ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
1.	2.	3.	

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the school employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which the Director should be aware of:

IMMUNIZATION RECORD:
<input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.

<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.
--

Signature – Parent or Legal Guardian

Date



DOCTOR'S STATEMENT

I have examined _____ in the past 12 months and he/she is in good health and can attend school.

Please list any concerns:

Signature of physician

Date

Printed name of physician

Tel: (972)722-3892

Fax: (214)602-2729

**MARIGOLD LEARNING ACADEMY
INDIVIDUAL STUDENT PROFILE**

Name: _____ Grade Level: _____

Age: _____ Date of Birth: _____

Name and Ages of Siblings:

Likes:

Dislikes:

Gets Frustrated When:

Communicates his/her Frustration By:

Communication Mode: Verbal _____ Non-Verbal _____

If Non-Verbal what is their means of communication:

Environmental Allergies:

Food Allergies and Foods Not Allowed:

Potty Trained. Yes _____ No _____

Comments: _____

Feeds Self. Yes _____ No _____

Comments: _____

Parents Name: _____

Address: _____

Contact Number: _____

ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

Marigold Learning Academy has made a commitment to provide access to technology for students to better prepare them for their future. As part of this commitment it is imperative that students agree to use this technology responsibly. The use of the Computer Lab will be monitored by a staff member at all times. Students may use the Computer Lab for class assignments, instruction, research, and when granted permission and supervised by a staff member. The computers will only be used for educational purposes only.

Computer games will be available in the computer for our students to use as an added compliment to their curriculum or therapy session. These activities are monitored and approved by Marigold Learning Academy Executive Director.

If a student has a computer game that he/she would like to bring from home to school, the game will need to be approved by Marigold Learning Academy Executive Director before it can be used by the student.

Downloading files from the Internet, loading software, emailing and instant messaging friends, and others are strictly prohibited.

I agree to follow the rules contained in this agreement. I understand that violation of these rules may result in restricting my network usage.

Student Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



ACCOUNT AGREEMENT

Parent's Last Name	First	Home Phone
--------------------	-------	------------

Address	City	State	Zip
---------	------	-------	-----

Social Security #	Driver License #	Business Phone
-------------------	------------------	----------------

Employer	Address	City	State	Zip
----------	---------	------	-------	-----

The undersigned agrees and understands that services rendered for child care are subject to the following conditions:

1. Tuition is due on the 1st day of each month.
2. A late fee of \$25 dollars will be applied if not paid by the 3th day of each month and \$10 for each additional day thereafter.
3. Should you decide to leave the academy, a 30 day notice is required. You are responsible for all charges incurred during this period. Whether or not, your child is in attendance.
4. In the event the account is turned over to an agency or attorney for collection, the undersigned agrees to pay all outstanding balances as well as collection costs, reasonable attorney fees, and/or court costs.

Signature of Parent or Guardian

Date



PHOTO RELEASE PERMISSION FORM

Marigold Learning Academy is requesting your permission to use any pictures taken of your child, whether a snap-shot or professionally done, for advertising purposes. We advertise locally through magazines, business directories, through our website, Facebook, etc. If you feel comfortable with your child’s picture being used to advertise for us, then please fill out the bottom portion and return it with your completed registration paperwork. Thank you for considering this opportunity for us to show off your child’s beautiful face!

I, _____, am the parent / legal guardian (circle one) of _____ . I fully give my permission for Marigold Learning Academy to use my child’s picture for any advertising purposes. This includes, but not limited to, magazines ads, business directories, flyers, and the school’s website. I understand that photographs of my child can or will be used currently or after enrollment at Marigold Learning Academy.

Please print your child’s name

_____/_____/_____
DOB

Parent Signature

Date

(Disclaimer: Please know that some classes choose to use children’s pictures for various arts, gifts, table tags, and cubby or door decorations. All advertising done for Marigold Learning Academy will be done in a professional and tasteful manner. There will be no exploiting, misuse, or improper manner of picture advertisement.)