

**KINGDOM ACADEMY
STUDENT INFORMATION**

Child's*: Last Name _____, First Name _____ Middle Initial _____

Mother's: Last Name _____, First Name _____ Middle Initial _____

Father's: Last Name _____, First Name _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No

If yes, **Guardian's:** Last Name _____, First Name _____ Middle Initial _____

Street Address* _____ **City*** _____ **ZIP Code*** _____

Parent/Guardian Phone _____ **Work Phone** _____ **Email** _____

Child's Gender* Male Female **Child's Date of Birth (mo/day/yr)*** _____

Child's Race*: American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity*: Hispanic Haitian Other, please specify _____

Child's Country of Origin: _____

Is Child Proficient in English?* Yes No

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole Other _____

Child's Social Security number*: _____ No SSN; prefer not to give SSN

MDCPS ID Number*: _____ No MDCPS ID; prefer not to give MDCPS ID

Child's Current Grade*: _____ **Child's Current School*:** _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)?* Yes No
(If not, The Children's Trust may be able to help you find affordable coverage—call 211)

Does child have a documented disability?* Yes No

- If yes, do you have (check all that apply):*
- an Individualized Family Service Plan (IFSP; if under 3 years old)
 - an Individualized Education Plan (IEP) from the school system
 - a Section 504 Plan
 - a medical diagnosis from a doctor
 - a diagnosis by a state certified/licensed professional (ex., psychologist)
 - disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Developmental Delay (under 5 only) | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Other Disability _____ |
| <input type="checkbox"/> Intellectual Disability (or mental retardation) | |

HEALTH - Any health or special situations concerning the child of which Kingdom Academy should be aware, such as allergies, existing/pre-existing illnesses, injuries, disabilities, or hospitalization during the past twelve months, or any medications prescribed for long term use. Please include any therapies the child may be receiving:

Please specify any dietary restrictions or allergies: _____

PARENT/GUARDIAN SIGNATURE*: _____ **DATE:** _____



SCHOOL YEAR TUITION AND FEES SCHEDULE

PROGRAM	TIME	PERIOD	TUITION	REGISTRATION
Preschool (2-4 Years Old)	06:30 am – 06:30 pm	Bi-Weekly	\$300.00*	\$225.00
		Semi-Annual	\$3,803.00*	\$225.00
		Annual	\$7,410.00*	\$225.00
VPK (4 Years Old)	08:30 am – 12:00 pm	3 Hours Daily	Free	N/A
	06:30 am – 06:30 pm	Bi-Weekly	\$210.00*	\$225.00
		Semi-Annual	\$2,150.00*	\$225.00
Kindergarten & Elementary	08:00 am – 02:30 pm	Bi-Weekly	\$280.00**	\$375.00
		Semi-Annual	\$2,662.00**	\$375.00
		Annual (Aug 15)	\$5,187.00**	\$375.00
After School KA	02:30 pm – 06:30 pm	Bi-Weekly	\$40.00***	N/A
After School Public School	02:30 pm – 06:30 pm	Bi-Weekly	\$120.00***	\$30.00
Winter & Spring Breaks	06:30 am – 06:30 pm	Weekly	\$160.00*	\$30.00
Drop-In	06:30 am – 06:30 pm	Daily	\$35.00*	\$30.00
Summer Camp Extended Care	06:30 am – 06:30 pm	Per Session (4 Weeks)	\$320.00	\$30.00
PROGRAM	TIME	PERIOD	TUITION	REGISTRATION
CDS-Preschool	06:30 am – 06:30 pm	Bi-Weekly	\$30.00 + CDS Copay*	\$225.00
21st CCLC-After School	02:30 pm – 06:30 pm	Weekly	Free***	N/A
21st CCLC- Breaks	09:00 am – 04:30 pm	Weekly	Free****	N/A
Step Up for Students	08:00 am – 02:30 pm	Bi-Weekly	\$75.00+**	\$375.00

* Tuition includes breakfast, lunch and snack

**Tuition includes breakfast and lunch

*** Tuition includes snack

****Tuition includes Lunch

Full Annual Payment Plan 5% Discount (Due on or before the first day of school)
Full Semester Payment Plan 2.5% Discount (1st semester due on or before the first day of school & 2nd semester due on or before January 2st)
VPK, Kindergarten & Elementary semiannual and annual total tuition fee is not inclusive of Christmas Brake (2 weeks) and Spring Brake (1 week)

Unless otherwise specified, hours of operation of the school are from 6:30 a.m. to 6:30 p.m. Monday through Friday. A late fee is charged of \$1.00 dollar per minute that the child remains on the premises after closing and \$5.00 dollars per minute after 6:45 p.m. This fee will be assessed to your account. Depending on your child's schedule different fees may apply. Please see Parent's Handbook for further clarification.

GENERAL AGREEMENTS AND POLICIES

AGREEMENT

In signing this form, I'm fully aware that:

- It is my understanding that it is the school's policy to make no refunds on registration and material fees..
- I agree to pay the amount specified in the above Schedule of Tuition & Fees regardless of my child being absent from the center while being enrolled.
- Tuition Payments will continue to be charged unless I provide the school with a written withdrawal notice a minimum of 3 weeks prior to the last attendance date.
- Full tuition is due even on weeks when holidays and emergency conditions for which the school is closed.
- If my account becomes delinquent more than one week, I understand that it will result in my child being suspended from school until the account is brought current.
- I understand that if my payment is not received by Monday, (in advance), a late charge in the amount of \$20.00 will be charged to my account.
- I am informed that a \$30.00 charge will be added to my account for any NSF checks.
- Kingdom Academy reserves the right to collect delinquent funds by using the services of a collection agency. Please be advised this may affect your credit history and interest will be compounded on the delinquent amount.

ENROLLMENT POLICY

- Enrollment shall be without regard to race, creed, sex, religion or national origin.
- I confirm that at the time of registration, I received a Parent's Manual and hereby agree to read the handbook and will cooperate fully in seeing that the rules and regulations laid down there are met. I am aware that initial and continued enrollment will be at the discretion of Kingdom Academy/KLC based upon the best interest of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children.

STATE MINIMUM STANDARDS

- 1) I have received:
 - a) A copy of the Child Care Facility Brochure, Know Your Child Care Center, per Section 402.3125(5), Florida Statutes, and notification in writing of the disciplinary practices used by the child care facility at the time of enrollment. Please see www.myflorida.com/childcare.
 - b) A copy of the Child Care Facility Brochure, Influenza Virus, Please see www.myflorida.com/childcare.
 - c) Notification in writing of the Disciplinary Practices used by the child care, per Chapter 65C-22.006(4)2, Florida Administrative Code.
- 2) In order to comply with state law, it will be necessary for the parent or guardian to Kingdom Academy with a current physical examination (HRS-H Form 3040) and immunization record (DH Form 680 or 681) Chapter 65C-22.0062, Florida Administrative Code.
- 3) I agree as required by the state law to update information furnish herein as necessary, with changes initiated and dated by me (parent/guardian) and the Director.
- 4) I have received a copy of the KA Parent Manual outlining the school's policies and procedures. I agree to read it and comply as specified.

MEDICAL AUTHORIZATION

We hereby grant to Kingdom Academy permission to take whatever action in its judgment may be necessary to supply emergency medical services to the above name child. We understand that, consistent with the circumstances of the situation and available time, Kingdom Academy will attempt to contact and follow the instructions of the parent or guardian, physician, or other person (s) designated by us above. In the event Kingdom Academy is unable to contact the parent or guardian, physician, or other person (s), we hereby grant permission to Kingdom Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Kingdom Academy in making emergency medical treatment available to the above named child.

IMPORTANT - If your child appears ill, has had a fever above 100.4 degree F within the past 24 hours, is vomiting, or shows evidence of a communicable disease, please make arrangements for alternative care. If your child has such symptoms and is present at Kingdom Academy you will be asked to pick her/him up immediately.

GENERAL AUTHORIZATION

We hereby _____ consent and authorized _____ do not consent and authorize Kingdom Academy, The Children's Trust, 21 CCLC, and other organizations associated with KA, permission for the above named child to:

- Take part in all program activities including the use of all indoor and outdoor equipment
- To take or/use still photographs, motion picture, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research documentary, and public relations purposes. I am aware that any such recordings may reveal our identity through the image itself without any compensation to me, my children or wards. Any such recordings shall be the sole property of KA, TCT, 21 CCLC. I hereby waive any and all present and future claims I may have against KA, TCT, the 21 CCLC, and other organizations associated with KA, their staff, employees, agents, affiliates and Board member respectively.
- To be transported to or from the premises of Kingdom Academy to take part in planned educational field trips or activities supervised by the staff of Kingdom Academy (provided that such field trip or activities will be separately announced to the parent or guardian 24 hours in advance of the trip or activity);
- To participate in water activities on Kingdom Academy premises.
- I give my permission for this information to be submitted to TCT, 21st CCLC, and other organizations, for program monitoring and evaluation purposes.

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY

Florida Law requires from Kingdom Academy funding partners to state in writing the purposes for which it collects social security numbers. Since Kingdom Academy is funded in part by The Children's Trust, 2 CCLC, CDS, USDA Food Program, etc., our program will share with these agencies the social security number of an individual child or youth who participates in the program or service. The social security numbers are collected for the following purposes:

- To research, track and measure the impact of funded programs and services.
- To identify and match individuals and data within and among various systems and other agencies for research purposes.

DIRECT-PAY AUTHORIZATION AGREEMENT

Parent Billing Name (Oldest Child Name): _____ Bi-Weekly Amount \$ _____

I (we) hereby authorize Kingdom Academy, Inc., to initiate debit entries to my (our account on a bi-weekly basis for my (our) complete account balance as of: _____/_____/_____:

_____ **CHECKING ACCOUNT** (hereafter called "DEPOSITORY") indicated below at the depository financial institution named below, **OR**

_____ **DEBIT CARD ACCOUNT** charges to the below referenced debit card account. (This option is only available for balances higher than \$100.00)

I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the transaction. I (we) understand that this agreement is between myself (us) and the Kingdom Academy. I (we) authorize Kingdom Academy to utilize Tuition Express to capture, create, and transmit all checking account or credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between Kingdom Academy and the below signed account holder. I (we) acknowledge that the origination of direct payments to my (our) account must comply with the provisions of U.S. law. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give Kingdom Academy written notice of revocation in such time and such manner as to afford Kingdom Academy and Depository/Credit Company a reasonable opportunity to act on it (not more than thirty (30) days).**

CHECKING ACCOUNT PAYMENT AUTHORIZATION

Name on the Checking Account: _____
Depository/Bank Name: _____ City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____
Signature: _____ Date: _____

CREDIT CARD PAYMENT AUTHORIZATION

Name on the Credit Card Account: _____
Check One: Visa Master Card
Account Number: _____ Expiration Date: _____
Signature: _____ Date: _____

OFFICE USE ONLY

Received Application: _____ Date: ___/___/___ Processed Data Input: _____ Date: ___/___/___

Attached to Application: CDS Transfer Form VPK Certificate FL Pride Certificate McKay Certificate Automatic Payment

(Copy of Check) Make sure that all forms are completely filled, signed and initialed as needed

Food Program Form Emergency Card Birth Certificate Vaccination Record Physical Form

Registration: \$ _____ Tuition: \$ _____ Uniforms: \$ _____ Sheets: \$ _____ Yearbook \$ _____

Select a Grade Level:

Two Years Old Part Time Two Years Old Full Day Pre-School Part Time Preschool Full Day VPK 3 Hours VPK Full Day

Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade KA After School

Drop In (Teacher Planning Day/Winter and Spring Breaks) After School (Name of School Presently Attending: _____)

If after school child will be brought by: Public Transportation Private Bus: _____

Provide teacher with interview form Update Classroom Roster Give student supply list Update Allergy/SWD status

Comments: _____

Withdrawal Date: ___/___/___ File Removed by: _____ Date: ___/___/___