



SMART STARS ACADEMY II CHILD REGISTRATION FORM (ONE PER CHILD)

CHILD'S INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Date of Birth _____ Age _____ Enrollment Date _____ Start Date _____

Assigned Classroom _____ Days Attending (*please circle*) M T W TH F

Allergies or other important information: _____

For security purposes, please provide both parent/guardian information

PARENT/LEGAL GUARDIAN 1 INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Home Address _____ City _____ State _____ Zip Code _____

Social Security Number _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

PARENT/LEGAL GUARDIAN 2 INFORMATION:

Last Name _____ First Name _____ Gender: M/F

Home Address _____ City _____ State _____ Zip Code _____

Social Security Number ----- ____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____



EMERGENCY CONTACT INFORMATION FORM

(For Office & Classroom Emergency Binder)

Child's Name: _____

Child's Address: _____

Birth date: _____ **Days per Week** ____ (M T W Th F)

Emergency Contacts/ Authorized Pick – Ups

1. Name: _____ Relation to Child: _____
Address: _____
Work Phone: _____ Cell Phone: _____
2. Name: _____ Relation to Child: _____
Address: _____
Work Phone: _____ Cell Phone: _____
3. Name: _____ Relation to Child: _____
Address: _____
Work Phone: _____ Cell Phone: _____

Name of Child's Physician & Telephone Number

Name: _____ Telephone #: _____

Is your child currently taking any medications? If yes, please list medications and possible side-effects below:

Does your child have special health needs (allergies, asthma, etc.) that we should be aware of? Please request a special care plan so that we can best accommodate your child's needs.



Child's Name _____

If cakes, cookies, or other treats are given as a snack in the event of a Birthday or other special occasion, do you object to your child consuming them? _____

Is a language other than English spoken at home? _____

If so, what language? _____

What Holidays do you and your family celebrate?

_____ New year's

_____ Valentine's day

_____ St Patrick's Day

_____ Easter

_____ Cinco de Mayo

_____ Independence Day

_____ Rosh Hashanah

_____ Ramadan

_____ Halloween

_____ Thanksgiving

_____ Chanukah

_____ Christmas

_____ Kwanzaa

_____ Diwali

Other(s):

Does your child have any specific needs that we should know about?

Please list three most important qualities you look for when choosing the perfect care for your child:

1. _____

2. _____

3. _____



AUTOMATED ELECTRONIC FUNDS TRANSFER **AUTHORIZATION FORM**

Center: _____ Center's Employer Identification Number: _____

Child's Name: _____

TAPE VOIDED CHECK HERE

I/We _____ hereby authorize Smart Stars Academy II to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our checking/savings account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Smart Stars Academy II will occur on the 27th of the month proceeding the month services are rendered or if the 27th falls on a holiday or weekend the EFT will occur the last Smart Stars Academy II business day preceding the 27th. I understand that the amount withdrawn each month from my account will equal the amount of the outstanding balance owed on my account. I also understand that a \$50.00 fee will be charged to me on all electronic payments dishonored.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit /ABA#: _____ Account #: _____

This authority is to remain in full force and effect until Smart Stars Academy II has received written notification from me/us of its termination in such a manner as to afford Smart Stars Academy II a reasonable opportunity to act on it (minimum of seven business days).

Name (s) on account: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



FINANCIAL AGREEMENT

This agreement is made and entered into between Smart Stars Academy II and (Parent(s) Name) _____.

Smart Stars Academy II hereby accepts (Child's Name) _____ for enrollment beginning _____, 20__. I/We the parent(s), agree to pay the applicable tuition and fees for the services which we subscribe per month under the following terms:

1. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to holidays, inclement weather or as a result of the end of the programs cycle. Once you have paid your child's tuition for the month, you are committed for the entire month. There is no exception to this policy. Any change in tuition becomes effective as of the 1st of the next month. This refers to a child moving from one program to the next or a shift in the number of days a child is scheduled to attend in the program in which they currently participate.
2. Any child registered who does not start at the Academy on the agreed upon date will forfeit all deposits and fees paid (unless previously agreed to with the Center Director).
3. An annual supply fee \$_____ (non-refundable) is due at the time of enrollment to guarantee placement for your child.
4. It is the responsibility of the parent to maintain tuition payments throughout any intermission in attendance, regardless of the length of time, to continue your account in good standing. Interruption of payments resulting from temporary withdrawal from the center will result in losing the child's placement. If placement is available upon return, a new Supply Fee will be required prior to reinstatement and is subject to all previous conditions.
5. Monthly tuition payments are due on the 27th of the month preceding the month of service and will be automatically deducted using the automatic EFT (Tuition Express) system. If this date falls on a weekend or a holiday, payments will be due the last Beacon Preparatory Academy business day prior to the due date. Payments received after the due date will be subject to a \$50.00 "Late Fee" for each day they are late. Payments not received by the 15th of the month will result in interruption of the child's attendance until all financial obligations including late fees are up to date.



6. If you terminate services and have an outstanding balance due on your account, you will be held responsible for paying your bill. If it is necessary that we must seek legal action against you in order to obtain payments due, you will be responsible for all of our collection and legal costs including attorney and court fees.

7. There will be a \$50.00 fee charged for any returned checks or accounts accessed which do not have sufficient funds to cover tuition payments.

8. A late pick-up fee will be imposed for children held after hours of operation. This charge will be assessed at a rate of \$10.00 for each ten-minute period. This fee will be charged even if you have notified us that you will be late. The late pick-up fee will be billed to you on the following day and must be paid within two business days. Try to make alternate arrangements if you cannot be at the Beacon Preparatory Academy in time to pick up your child. This will save you a late fee and ensure our staff a timely departure.

9. In the event your child has not been picked up by 8: 00 p.m. and we have not been in contact with you or the emergency contact, we will by law call DCF (Division of Children and Families). See Policy on the Release of Children.

I/We have read the above terms and understand the financial commitment to Smart Stars Academy II. I/We recognize that this is a legal agreement. I/We sign it with the full knowledge and consent of its meaning and importance.

Signature of Parent / Legal Guardian	Relationship	Date
--------------------------------------	--------------	------

Signature of Parent / Legal Guardian	Relationship	Date
--------------------------------------	--------------	------



IDENTIFICATION FORM

Child's Name: _____

Parent's Signature: _____

Please bring in copies of identification (i.e. driver's license) on or before your child's first day at Smart Stars Academy II.

Please attach:

Parent / Guardian 1's License:

Parent / Guardian 2's License:



Child Image Usage Consent Form

This parental consent form serves to both inform you and to request permission for your child's photo/image and personally identifiable information to be published online, including our public website, social media sites, other Internet sites and to be used for Beacon Preparatory Academy publicity purposes.

I/we are aware that we are granted live video feed access via proprietary application into our child's assigned classroom along with all the other parents of this assigned classroom. In addition, I/we are aware that our child's pictures and videos will be shared in the private closed Facebook group of Beacon Preparatory Academy & Smart Stars Academy II.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the director of your child's center and such rescission will take effect upon receipt.

Check one of the following choices: _____ I/We GRANT or DO NOT GRANT permission for my child's photo/image to be used.

Child's Name: _____

Classroom: _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____



LIMITED WAIVER OF LIABILITY

Smart Stars Academy II provides serious education, recreation and sport programs. Our staff is trained to provide the maximum of protection for your child while in our care. Even with all these safeguards, injuries can occur. As a parent or legal guardian of the above-named student, I fully understand the risks involved in my child's participation in all the daycare's activities. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participation in the Smart Stars Academy II education, sport and recreation programs. I further agree to waive the right to press legal charges against Smart Stars Academy II, its officers and staff, in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above-named child.

1. I give my child, identified above, permission to participate in all activities and events offered at the Smart Stars Academy II including but not limited to water slides, inflatables, animal/reptile show participation, water play, sports and games, and any and all other activities provided at the summer camp.

_____ (initial here if permission is allowed)

2. I am aware of the inherent dangers and risks involved in summer camp physical activities including bodily injury to the eyes, nose, head neck or back; sprains, fractures, breaks or dislocations of the joints or limbs; lacerations or concussions.

_____ (initial here)

3. In the event of an injury of illness, I give permission to Smart Stars Academy II to seek and authorize emergency medical or dental care for my child for treatment by a physician, dentist, nurse or licensed EMT and/or emergency room staff at the local hospital or onsite. I understand that I will be responsible for all medical & dental bills ensuing from any such emergency.
4. I understand that the Smart Stars Academy II is not responsible for personal property damaged, lost, or stolen while members and/or program participants are using the Smart Stars Academy II facilities or on the premises.



5. I understand that Smart Stars Academy II does not provide any accident or medical insurance for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy provisions listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. NOTE: Your child will not be allowed to participate in our program unless your medical insurance provider and policy number are provided below:

Insurance Co.: _____
Name of Policy Holder: _____
Policy/ID No.: _____
Insurance Co. Phone: _____
Insurance Co. Address: _____

6. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Smart Stars Academy II and its owners, trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this summer camp except those things caused by the sole negligence of Smart Stars Academy II.
7. I give my perpetual permission to Smart Stars Academy II to use, without limitation or obligation, photographs, film footage, or tape footage which may include my child's image or voice for purposes of promoting or interpreting to the Beacon Adventures Camp, Beacon Preparatory Academy & Smart Stars Academy II.

Child's Name: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



DRESS CODE

Below you will find clarification on what articles of clothing can and cannot be worn to daycare. This list is being provided to you so that there will be no confusion as to what is appropriate and what is not appropriate.

1. Footwear must be worn at all times. Footwear that is considered unsafe such as, loose sandals, flip-flops, shower shoes, wheelie shoes and the like, are not permitted.
2. Hats or other head coverings, except in the case of religious observance, may not be worn in the building.
3. No clothing may be worn that promotes illegal substances, alcohol or tobacco products. In addition, clothing with messages or graphics deemed offensive, profane, violent, derogatory or otherwise inappropriate is not permitted.

Item-please label each	Check List
Sleeping Bag in a Laundry Bag	
Slippers	
Baby Wipes	
Change of Clothes (2)	
Bibs (if applicable)	
Diapers (if applicable)	
Paper Towel Roll	
Tissue Box	
Lysol Wipes	
Pajamas	

You will be notified of any other items that may be necessary, by your classroom teacher, in the beginning of the school year.



AGREEMENT

Child's Name _____

I understand that this amount covers expenses for attendance of my child in Smart Stars Academy II with the use of all included programs, educational instructions, supervision, educational materials, toys, participation in various activities, daily meals (breakfast, lunch, supper, and snacks). This amount does not include any trips or activities outside of Smart Stars Academy II, additional programs offered by Smart Stars Academy II, physicians' fees, hospital fees, or medicine other than provided by standard daycare center emergency procedures.

I understand that there are no deductions for any absence in case of illness, vacations or other reasons. Full payment is due regardless of government or religious holidays included in the Smart Stars II Annual Calendar. Additionally, it is our policy that if you remove your child for a given month(s) you are responsible for half of that month's tuition in order to hold your child's seat. All refunds and/or deductions for any reason are given solely at the discretion of the owners, based on individual circumstances.

For the safety, welfare and proper maintenance of all children of Smart Stars Academy II, retains the right to terminate this Contract without notice for the following reasons:

1. The child's behavior is destructive, uncontrollable, violent, or threatening to the other children or providers at the care facility. This determination is made in the sole discretion of the Provider.
2. Parent's behavior is threatening or abusive to the other children or providers at the care facility.
3. Childcare fees are 10 days or more delinquent.
4. The child is absent for 14 days or more without reasonable explanation or payment from the Parent(s)
5. Misrepresentation regarding the medical or mental history of a student. In such an event there will be no refund or adjustment of any part of the daycare center fee. The daycare shall have further right to charge and receive collection of attorney's fees on any unpaid balance plus interest, expenses and court costs, if any, in the event that the daycare initiates proceedings for the collection on any unpaid balance due.
6. I hereby confirm that the above-named child is in good physical condition and has been examined by a physician within the past 6(six) months and is in relatively good health and able to participate in Smart Stars Academy II educational and sport programs.

7. I understand that I have to pick up my child at or before 8:00 PM and drop off my child not earlier than 6:30 AM to the daycare premises. I understand if I am late to pick up my child or earlier than our open hours before the above stated time there will be additional charge of \$1.00 per minute the child spends in the



daycare center. This payment should be made at the time of late pick up/early drop off to the staff that is present with your child.

8. If child is out of daycare center sick for more than 3 days parents are obligated to submit a doctor's notice upon the child's return.

9. Parents must notify daycare center's office in writing for all changes of address, telephone numbers, and emergency contacts not later than 7 business days after changes occur.

10. I have read the Agreement of the Enrollment terms, which are previously stated in Agreement and agree that this enrollment is acceptable to me and is subject to everything containing therein. In the event one parent executes this agreement, I acknowledge that I am also acting as the agent of the other parent with the authority to enroll my child into Smart Stars Academy II and agree to execute this agreement on his or her behalf. I recognize that Smart Stars Academy II relies upon the representation herein made in Parent's Signature.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Enrollment

Required documents

In order to enroll at Smart Stars Academy II program, you must bring the following (filled out and signed):

- Parent's Identification Forms
- Custody court order (if applicable)
- Registration form
- Emergency contact information and consent form
- Universal child Health Record AND Immunization Record
- ☐ Signed privacy policy for camera usage, consent for photographs, video and interviews, Social media use policy and any other applicable confidentiality related policies



WALKING or BUS TRIP WAIVER AND RELEASE OF LIABILITY FORM

Participant Information:

- Child's Full Name: _____
 - Date of Birth: _____
 - Parent/Guardian Name: _____
-

Acknowledgment of Risk and Assumption of Responsibility

I, the undersigned parent/legal guardian of the above-named child, understand that participation in the walking or bus trip involves certain inherent risks, including but not limited to:

- Slips, trips, or falls
- Exposure to weather conditions
- Interaction with wildlife or insects
- Road or pedestrian hazards
- Minor injuries such as scrapes, bruises, or strains

I certify that my child is physically able and properly attired to participate in this trip.

Release of Liability

In consideration for my child being allowed to participate in the walking trip, I hereby:

- Release and hold harmless the trip organizers, staff, volunteers, and any affiliated organizations from any and all claims, liabilities, damages, or costs arising from my child's participation.
 - Accept full responsibility for any medical expenses incurred as a result of any injury or illness sustained during the trip.
 - Authorize the trip organizers to obtain emergency medical treatment for my child if I cannot be reached.
-

By signing below, I affirm that I have read and understood this waiver and agree

Signature

Date