



Your Stars. Our Passion. Their Future.



Registration and Financial Agreement between Smart Stars Academy

and _____.

I, _____, residing at
_____, agree to register my child
_____ to Smart Stars Academy. The tuition will be
\$_____ per month, which is due on the first of each month (a late payment charge of \$50 will be
added for payments made after 5th of each month.)

I understand that this amount covers expenses for attendance of my child in Smart Stars Academy 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, additional programs offered by Smart Stars Academy, 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's 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, retains the right to terminate this Contract without notice for the following reasons:

*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.

- * A Parent's behavior is threatening or abusive to the other children or providers at the care facility.
- * Childcare fees are 10 days or more delinquent.
- * The child is absent for 14 days or more without reasonable explanation or payment from the Parent(s)
- * 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.

In case of a medical emergency, Smart Stars Academy shall obtain the necessary emergency medical care for the child, including but not limited to transportation to an emergency room. The Parent(s) agrees to pay all costs and expenses incurred in connection with any medical care provided to the child, including the cost of transportation. I understand that Smart Stars Academy will make every effort to contact my emergency contact or myself before or immediately after such emergency treatment is rendered.

Permission hereby granted Smart Stars Academy to use any photographs, film or video, of the above student in any public release, publicity, and advertisement of brochures, television program, promotional video or daycare's web site.

Parent/guardian further agrees to waive the right to press legal charges against Smart Stars Academy, its officers, directors, and employees, in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named child.

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's educational and sport programs.

I understand that I have to pick up my child at or before 7:00 PM and drop off my child not earlier than 7:00 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.

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.

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.

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 and agree to execute this agreement on his or her behalf. I recognize that Smart Stars Academy relies upon the representation herein made in Parent's

Signature _____

Date _____



FEES

Upon the registration process I, the parent agree to leave a non-refundable Registration and Supply Fee of \$200.00 for 2-year-olds, \$250.00 for 3-year-old, \$300 for 4-year-old, and \$350 for 5-year-olds. These fees include all workbooks and textbooks that the child will be using.

I also understand that if my child is sick or on vacation, the tuition fee must be paid in full by the 5th of the month. Only during the months of July or August Smart Stars Academy will hold the spot for the child without the monthly tuition fee if the child will be absent for at least one month.

Signature _____

Date _____



Smart Stars Academy Application for Admission Form

\$_____ Application and Supply Fee paid on _____.

Applicant's Full Name- _____

Birth Date- _____ **Gender-** _____ **Current School-** _____

Language (s) Spoken at Home- _____

Parent/ Guardian #1

Name- _____

Home Address- _____

Phone Number(s)- _____

E-mail Address- _____

Employer- _____

Parent/Guardian #2

Name- _____

Home Address- _____

Phone Number(s)- _____

E-mail Address- _____

Employer- _____

Emergency Contacts Other than Parents

****Be advised, that any person, other than a parent, picking up your child MUST present a valid form of picture ID that will be photo copied for our records.**

Name- _____

Relationship to Child- _____

Phone- _____

Name- _____

Relationship to Child- _____

Phone- _____

Allergies: _____
_____.

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

_____.

How did you learn about Smart Stars Academy?

_____.

Smart Stars Academy finds family involvement to play a significant role in each child's success. We rely and respect any involvement from each parent. How do you see yourself involved in our learning center?

_____.

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

1. _____

2. _____

3. _____



EMERGENCY MEDICAL RELEASE AGREEMENT

As the parent or legal guardian of _____, I, give my permission for my child to receive whatever emergency medical care that may be deemed needed to Smart Stars Academy personnel for the treatment of any injury that may be incurred while in the activities on premises or elsewhere.

I understand that Smart Stars Academy will make effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered.

Signature

Date

MEDICAL INSURANCE INFORMATION

NAME OF PRIMARY INSURER

NAME OF CHILD'S MEDICAL INSURANCE

COMPANY _____

CONTRACT # _____

GROUP# _____ ID# _____

(Please include a copy of your medical insurance card)

MEDICAL RELEASE

As a parent or legal guardian of _____, I hereby confirm that the above named person is in good physical condition and has been examined by a physician with the last 6 (six) months and is in relatively good health and able to participate in Smart Stars Academy's education, recreation and sport programs.

Signature

Date



CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to Smart Stars Academy staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature _____ Date ____/____/____



LIMITED WAIVER OF LIABILITY

Smart Stars Academy 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 of 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's education, sport and recreation programs. I further agree to waive the right to press legal charges against Smart Stars Academy, 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.

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.

Signature

Date



Discipline Policy

One of the goals at Smart Stars Academy is to develop self-esteem and self control. It is extremely important that children learn to express themselves orally in order to resolve conflicts and convey their emotions. Children are given 'time out', that is age appropriate and always under adult supervision, if the child reacts in an aggressive manner.

Children attending Smart Stars are prohibited to exhibit the following behaviors:

A) Physical violence with intent to hurt others B) Physical violence with intent to hurt themselves C) Intent to destroy the Day Care Center's property D) Any form of bullying to either students or adults. If any of this behavior is displayed repeatedly the parents will be called in for a conference. If the behavior continues after several attempts, this will result in termination of services rendered for that child at Smart Stars Academy.

We attempt to provide the best possible care for your children, along with the latest resources available. In order to maintain our facility and everything that we have to offer, we need our supplies and educational resources in good condition. Therefore, we ask that all children be respectful of the school's property. If an incident occurs in which an item, or piece of furniture becomes damaged, we will ask the responsible parent or guardian to pay for it.

We demonstrate courteous behavior to our students, and in turn expect the same!

Signature

Date



Sick Policy

Our sick policy requires that children remain home if they are sick. This is for the safety of all students and staff.

We takes all necessary precautions to avoid the spread of infection through sanitizing all surfaces, and frequent hand washing. However, we need the full cooperation from all parents, since our efforts will not help if children are brought to school displaying symptoms of communicable illnesses.

If your child becomes ill in school, you will be expected to pick them up within an hour, or the emergency contact will be called to pick up the child.

For the safety of the children and staff, the child cannot return for at least 24 hours after symptoms have resolved and with a doctors note stating that they are not contagious. The doctors note should have a date to return to school, a diagnosis, and whether or not they are contagious. In addition, if the child is prescribed an antibiotic, they must be on it for 24 hours before returning. Lastly, children must be fever free for at least 24 hours without the aid of a fever reducer in order to be allowed back at school.

Please keep in mind that the common cold is contagious, and spreads very easily. What may be the common cold for your child, may manifest as something more severe for another child who catches the same germ. The common cold can lead to ear infections, sinus infections, strep throat, croup, bronchitis, and even pneumonia. Not every child has the same immune system to fight off the common cold.

Symptoms requiring your child to remain home from school:

- Fever - 99.5 or higher under the arm***
- Diarrhea - loose, runny or watery stool that occurs 2 or more times within a 4 hour period***



- *Vomiting - if your child has vomited once, we require a 24 hour period of monitoring before they can return to school*
- *Sore throat, trouble swallowing, loss of voice*
- *Continuous dry or wet cough*
- *Runny nose (other than clear)*
- *Rash - any dots or unidentified rash found on the body, especially when presented with open sores or blisters*
- *Pus, drainage, or redness of the eyes*

*If any of the above symptoms are due to allergies or a non-communicable illness, you **MUST** submit a doctor's note stating so.*



Photo/Video Request Form

Smart Stars Academy would like to request your permission in the use of your child's photo pictures and/or videos for our facility, website, and other forms of advertising.

Signature

Date

In an attempt to put our parents' minds at ease we at Smart Stars offer a service through our very secure website, where the parents can view their children through our surveillance cameras. Each classroom will have their own camera. Each parent will have their own login and password, and only access to that room in which his/her child is attending. We would like to request your consent; only the parents of the children in your child's classroom will have access to the camera and therefore, be able to view all the children in that class.

Signature

Date



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



Items Necessary for School

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.