

Child Care Application for Enrollment

**Student Information**:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_ Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Hours of Care Needed: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of the Week in Care: M T W TH F

Students will provide LUNCH & SNACK

--------------------------------------------------------------------------------------------------------------------------------------------------

**Family Information:** Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custody: Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------------------------------------------------------------------------------------------------------------------------------

Mothers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.: \_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.: \_\_\_\_\_\_\_\_\_

-----------------------------------------------------------------------------------------------------------------------------

**Upon Enrollment with Academy of Rising Stars Inc,** you understand that we partner with Authorize.Net as our billing and processing company. This contract is both with Authorize.Net and AORS. (Parent/Guardian) agrees to a 2-week Cancellation of account policy. Cancelation of accounts must be given by mail, Email or Fax to AORS. Note if you do not submit cancellation in writing as listed your account will continue to be billed until you do so. Note all accounts must be in current standings to be able to cancel. All Accounts will be charged a $10 Late fee following any declined charges. By signing this form, I authorize the Academy to charge my Credit Card for my child’s Weekly\_\_\_\_ Biweekly \_\_\_\_ Monthly \_\_\_\_ childcare tuition of \_\_\_\_\_\_\_\_\_\_. Or any past due balance on my account.

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card on File:**

**Name as it appears on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address associated with card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp.: \_\_\_\_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_**

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. Please provide: Name, Address, and Phone Number.

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list allergies, Special medical information or dietary needs, and any other areas of concern or important information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------------------------------------------------------------------------------------------------------------------------------

**Contacts:**

Child will be released only to the following persons listed below and custodial parent or legal guardian. The following people will also be contacted and are authorized to remove child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

Helpful Information about Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Section 65C-22.006(2), F.A.C, requires a current physical examination (Form 3040) and immunizations record (Form 680 or 681). Both forms must be turned in before your child can start school at Academy of Rising Stars In.
* Section 402.312(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, “Know your Child Care Facility” (CF/PI 175-24).
* Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the Child Care Facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian Date

Academy of Rising Stars Inc.

Christian Based Learning Center

314 N Hwy 17 Palatka, Fl. 32177

[www.academyofrisingstarsinc@gmail.com](http://www.academyofrisingstarsinc@gmail.com)

386-328-6448

Lindsey McKinney – Owner & Director / Jennie Dowling – Assistant Director

---------------------------------------------------------------------------------------------------------------------------------------

**Authorization for Emergency Treatment**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom it May Concern:

I hereby give my consent for Putnam Medical to administer necessary treatment to my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last DPT or Tetanus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company covering child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian Date

---------------------------------------------------------------------------------------------------------------------------------------

**Liability Waiver**

I do hereby, for myself, my heirs, executors and administrators, waive and release any rights and claims for damages I may have against Academy of Rising Stars Inc. and its agents, representatives, successors. And assigns for any, and all, injuries and damages suffered by enrollee in connection with the program at Academy of Rising Stars Inc.

Signature of Parent/Guardian Date

---------------------------------------------------------------------------------------------------------------------------------------

**Photography Release**

Your child’s privacy is very important. Your child’s pictures will not be posted by Academy of Rising Stars Inc, on the website or other outlets without your permission.

\_\_\_\_\_\_\_\_ As Parent/Guardian I give permission for my child to be photographed while under the care of Academy, and photos can appear on Academy’s website, Academy Facebook page, or used for local advertisement.

\_\_\_\_\_\_\_\_ As Parent/Guardian I wish to not have my child photographed while in the care of the Academy.

Signature of Parent/Guardian Date

Academy of Rising Stars Inc.

Christian Based Learning Center

314 N Hwy 17 Palatka, Fl. 32177

[www.academyofrisingstarsinc@gmail.com](http://www.academyofrisingstarsinc@gmail.com)

386-328-6448

Lindsey McKinney – Owner & Director / Jennie Dowling – Assistant Director

--------------------------------------------------------------------------------------------------------------------------------------------------

**Acknowledgment of Discipline Policy and Hours of Operation**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent or Legal Guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read the following information, then print and sign your name below.

**DISCIPLINE POLICY**

Child(ren), shall not be subjected to discipline which is severe, humiliating, or frightening.

Discipline shall not be associated with food, rest, or toileting.

Spanking or any other form of physical punishment is prohibited.

**HOURS OF OPERATION**

Academy of Rising Stars Inc. Open for care from 7:00 am – 6:00 pm as stated in the Parent Handbook and Policies Manual.

No drop off after 10:00 am as listed in Parent Handbook and Policies Manual.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

--------------------------------------------------------------------------------------------------------------------------------------------------

**Enrollment Agreement**

**Please initial each section listed below, then sign and date the last page.**

\_\_\_\_\_\_**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration fee of $50 shall be paid in advance to enroll my child.

\_\_\_\_\_\_**SUPPLY FEE:** I understand that an annual, non-refundable, Supply Fee of $50 shall be paid annually by the 1st Monday of July. The fee may change year to year based on need.

\_\_\_\_\_\_**TUITION and MODIFICATIONS CONDITIONS:** $ \_\_\_\_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice, as conditions require. The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days: (Check all that apply) \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F From \_\_\_\_\_\_\_\_am/pm to \_\_\_\_\_\_\_\_ am/pm

\_\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. I understand that no credit will be issued for Holidays or days off.

\_\_\_\_\_\_ **LATE OR UNPAID TUITION**: If payment in full is not received when due, I agree to pay a late payment fee of $10 per day that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child’s spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency. Academy of Rising Stars Inc. reserves the right to require Tuition Express payments if payments are not received on a timely manner. In the event that Academy of Rising Stars Inc. has to commence legal action to collect any funds for tuition or other fees owed; the parent/guardian agrees that all attorney fees and court costs incurred in the collection-proceedings will be sole responsibility of the parent/guardian.

\_\_\_\_\_\_ **SIBLING DISCOUNT**: I understand that if my child attends full time, a fifteen-dollar discount is offered to me for each additional child from my immediate family who enrolls in a FULL-TIME program. The discount applied to the lowest tuition rate. Discounts are not applicable on any fees or services.

\_\_\_\_\_\_ **LATE PICKUP:** I understand that I must pick up my child by 6:00 pm. I understand that I will be billed $20 if I pickup after 6:05 pm. Should my child remain at the school longer than an hour after closing time, the state of Florida mandates that the Florida Department of Children and Family Services be contacted.

\_\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee of $25 will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more that two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. I am responsible for the principal amount plus all returned check fees.

\_\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contacts contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Parent Handbook. I understand that when my child misses school that my child’s tuition will not be prorated or discounted.

\_\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

\_\_\_\_\_\_ **FORMS:** I have read and signed all mandatory enrollment information; which includes discipline policy, photo and liability waiver, and emergency authorization for treatment form in case of an emergency. I understand that I must keep my child’s health immunizations and other records up to date at all times. Past due immunizations will require your child to miss school until they are completed. No refunds or discounted tuition given.

\_\_\_\_\_\_ **PARENT HANDBOOK:** I understand that the Parent Handbook is online and that it includes the open-door policy, health policy, and students’ discipline. I have read and reviewed the *Know Your Child Care Facility* and *Influenza Virus* brochures.

**I understand the terms and conditions to Academy of Rising Stars Inc. Enrollment Agreement. I agree to abide by the terms while my child is enrolled at Academy of Rising Stars Inc.**

Signature of Parent/Guardian Date

Academy of Rising Stars, Inc.

Christian Based Learning Center

314 N Hwy 17, Palatka, Fl. 32177

academyofrisingstarsinc@gmail.com

Lindsey McKinney – Owner & Director / Jennie Dowling – Assistant Director

--------------------------------------------------------------------------------------------------------------------------------------------------

Preschool Program and VPK 4 Attendance and Tardiness Policy

Parents and children enrolled in the VPK program must comply with this attendance policy

**VPK and Preschool Attendance Requirements**

1. Your child must arrive in VPK classroom no later than 9:00 a.m. daily.
2. Your child must participate in VPK activities until 12:00 noon daily.
3. Children who arrive 11:45 will be counted as absent on the VPK attendance form
4. You must call the Office 386-328-6448 if your child is going to be late or absent. If absent an excused note must be given to PK teacher the next day. **NOTE,** do not forget what is considered an excused absence or tardy.
5. If your child is absent for 7 consecutive days, he/she will be dismissed from the PK program.
6. Absences and Tardiness may be excused under “extraordinary circumstances” if appropriate documentation is provided. These include:
	1. Hospitalization of the child, parent or guardian. (Doctor’s Note needed)
	2. Illness of the student, parent or guardian that requires the ill person to remain at home. (Doctor’s note needed.)
	3. Death of a member of the student’s, parent’s or guardian’s immediate family. (Obituary)
	4. Court ordered visitation (Court Documents needed)
7. A child may not be absent more than 15 days per year for illness.
8. A child may not be absent more than 20 days per year regardless of circumstances.
9. Parents must complete and sign the attendance/parent choice form EACH month. These forms will be located in the sign our folder and must be signed on the last instructional day of each month.
10. **Preschool Children will not be allowed to be dropped off after 10:00 am unless they have a morning doctor’s or medical appt. etc. children need to be on time for effectiveness of daily schedule.**
11. **Please make note payment is due regardless of absentees of any kind, includes vacations, sickness, etc.**

**Parents are required to sign the parental choice certificate at the end of each month to verify Childs Attendance**

**Children who do not meet attendance requirements could be terminated from our VPK program.** Child may be allowed to remain in 4-year-old class but will be required to pay full tuition.

**I understand and accept the terms of the VPK attendance policy.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**