



# 2015-2016 REGISTRATION

## Student Information:

Child's Name:		Sex:	Age:	DOB: _____/_____/_____	
Address:		City:		ST:	Zip:
Home Ph:		E-mail Address:			
Child Resides With:	Mother's Name:		Father's Name:		
Mother's Work Ph:	Mother's Cell Ph:	Father's Work Ph:		Father's Cell Ph:	

## Medical Information: I hereby grant permission for the staff of All Children Excel Academy to contact the following medical personnel to obtain emergency care for my child if warranted.

Doctor:	Address:	Phone:
Dentist:	Address:	Phone:
Hospital Preference:		
Are there any medical conditions, allergies, or special dietary needs to which we should be alerted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify:		

## Alternative Contacts/Persons Authorized to Pick-up: Child may be released only to the custodial parent, legal guardian or persons listed below with picture ID. If the custodial parent or legal guardian cannot be reached the following persons will be contacted and are authorized to remove child from facility in the case of illness, accident, or emergency.

Name:	Home Ph:	Cell / Work Ph:
Name:	Home Ph:	Cell / Work Ph:

## 5-Day Program Fees & Payment Information: (Daily rates are available for Non-VPK – Call office for pricing)

<input checked="" type="checkbox"/> Program Selection & Weekly Tuition	<b>Partial Day (Non-VPK)</b> 7:30-2:30 <input type="checkbox"/> \$115/wkly	<b>Full Day (Non-VPK)</b> 7:30-6:00 <input type="checkbox"/> \$165/wkly	<b>VPK*</b> 8:30-11:30 <input type="checkbox"/> No Fee	<b>VPK Partial (Wrap-Around)</b> 11:30-2:30 <input type="checkbox"/> \$65/wkly	<b>VPK Full (Wrap-Around)</b> 11:30-6:00 <input type="checkbox"/> \$115/wkly	*VPK certificate (CE) must be presented at time of registration or you will be subject to payment of standard program fees.
<input checked="" type="checkbox"/> Monthly Discount Plan (due on 1 <sup>st</sup> )	<b>Partial Day--Discounted</b> <input type="checkbox"/> \$384.50/mo. (Non-VPK) 7:30-2:30 <input type="checkbox"/> \$210/mo. (VPK Wrap) 11:30-2:30		<b>Full Day--Discounted</b> <input type="checkbox"/> \$564.50/mo. (Non-VPK) 7:30-6:00 <input type="checkbox"/> \$384.50/mo (VPK Wrap) 11:30-6:00		\$	
<b>Non-VPK &amp; Wrap-Around Annual Fees:</b>	Annual Registration Fee \$50 (due upon registration--prorated quarterly)					\$
	Materials Fee \$100 (½ due registration & ½ due Jan.'16--prorated monthly)					\$
<b>FOR OFFICE USE--Form of Pmt.:</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Check# <input type="checkbox"/> Cash						<b>\$ TOTAL</b>

## Guaranteed Form of Payment – REQUIRED VISA / MasterCard

Card Holder Name:	Card Type:
Credit Card #:	Expiration Date:
Billing Address & Zip Code (if different from above):	

How did you hear about us?  Friend  Publication/Ad.--which one? \_\_\_\_\_  Birthday Party  Internet

I fully understand weekly tuition payments are due the Friday before the billed week. I am aware that weekly payments are considered late after 6:30 p.m. on Friday and a \$20 late fee will be applied to accounts for late payment of tuition. I fully understand monthly tuition payments are due by the 1<sup>st</sup> of the month. I am aware that monthly payments are considered late after the 8<sup>th</sup> of the month and are ineligible to receive the monthly tuition discount as a late payment penalty. **I hereby authorize All Children Excel Academy to prepare and submit credit charge slips using the charge card listed above to collect payment for past due balances totaling/exceeding two weeks of unpaid tuition; and if I have selected a monthly payment plan, outstanding balances will be charged on the 16<sup>th</sup> of each month.** I understand the charges applied to my credit card will include applicable late fees/penalties, and any other unpaid items personally charged to my account by me and/or the student.

All Children Excel Academy requires a **"30 Day Written Drop Notice"** which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition. I have read and agree to comply with this requirement.

\_\_\_\_\_  
 Signature of Parent/or Legal Guardian Date

## All Children Excel Academy Registration Form

State of Florida, Department of Children and Families  
Section 65C-22.006(2), F.A.C., requires a current physical examination (Form DH 3040) and immunization record (Form DH 680) within 30 days of enrollment.

State of Florida, Department of Children and Families  
Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

State of Florida, Department of Children and Families  
Section 65C-22.006(4)(c)2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. Please see the All Children Excel Academy *Parent Handbook*.

All Children Excel Academy also requires that parents receive a copy of the All Children Excel Academy *Parent Handbook* and that the following forms are completed and on file upon the first day of student attendance:

- Completed and signed Registration form
- Release and Waiver of Liability form for Gymnastics Instruction
- Certificate of Eligibility for VPK classes, if eligible
- Copy of child's original Birth Certificate
- Current Florida Student Health Examination form—original only (physician provided)
- Florida Certificate of Immunization—original only (physician provided)
- Copy of Parent/Guardian Photo ID
- Signed and notarized Medical Consent form
- Signed verification of receipt of the DCF brochure/guide to parents on *Influenza Virus*
- Signed Developmental Screening Release form
- Signed Video/Photo Release form
- Signed outside Food Permission Slip, including milk
- Student Information forms: *What Makes Your Child Special?* & Emergency Data Card

By signing below, you verify that you have received the above items, and that all information on these forms is complete and accurate. Your signature verifies that you have read the All Children Excel Academy *Parent Handbook* and understand and agree to follow the policies and procedures of All Children Excel Academy. If, at any time, a parent/guardian and the school can not come to an agreement on school/student issues, the parent may be asked to withdraw the child.

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Signature of Parent/or Legal Guardian

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Date



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in All Children Excel Academy Gymnastics, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue ACE Gymnastics Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance or any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed name of participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Parent/or Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/or Legal Guardian





# All Children Excel Academy

## Medical Consent Form

The employees of All Children Excel Academy are committed to the provision of a safe environment for your child. Accidents do occur however, and children do become ill. Therefore, it may become necessary to have your child medically treated.

**The following section is to be completed by a parent/legal guardian:**

Child's Physician:	Physician Phone:
Address:	City, State, Zip:
Preferred Hospital/Location:	
Known Allergies:	Severe <input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Medication:	
Medical Ins. Co.:	Med. Ins. Phone:
Member I.D.#:	Policy/Group/Plan#:

**Consent to Medical Treatment:**

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_, a minor, and have given my consent for him/her to attend All Children Excel Academy in Longwood, FL. In the event that he/she is injured while attending such school and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I hereby authorize the Director, office administration, or teacher to give such consent for me, if I cannot be reached, or if emergency conditions warrant immediate treatment. In the event this person(s) give(s) consent for me, I agree to hold such person(s) free and harmless of any claims, demands, or suits for damage arising from the giving of such consent. I give consent that such necessary medical treatment be performed at the closest appropriate medical facility. I also assume responsibility for any and all medical bills incurred.

Parent/Legal Guardian Signature \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Printed Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the foregoing instrument was acknowledged before me by \_\_\_\_\_, personally known to me, or who has produced proper proof of identification.

Parent/Legal Guardian Driver's License No. \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Printed/Typed Name or Stamp \_\_\_\_\_



# All Children Excel Academy Photo and Video Release

I hereby grant permission for my child to be included in school photographs and/or videos of my child's activities at All Children Excel Academy. I understand that images may appear in forms such as display panels, brochures, ACE website, newspaper or other such publications and special projects such as memory books/videos. At no time will the names of children be used in any of these sources. I agree that I am to receive no compensation for my child's appearance and I also understand that I have no ownership rights to the photography or negatives.

Child's Name \_\_\_\_\_

Parent/Legal  
Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_





# All Children Excel Academy Developmental Screening Release

During a child's first few years of life many important skills and abilities are established, that are key to success in school and later life. The All Children Excel Academy staff has completed a training course in observing and screening young children and we have implemented this program for the children in our care.

When the results indicate that your child's development is typical, we will provide you with a summary of your child's progress and will suggest age-appropriate activities that you might wish to do with your child. If the results point out areas of possible concern, we will advise you on how to schedule a more detailed assessment for your child. All of the information about your child and family is held in confidence.

Please indicate below with a check mark if we have your permission to periodically monitor your child's growth and development.

I DO  I DO NOT GRANT PERMISSION TO HAVE MY CHILD SCREENED AND/OR OBSERVED FOR POTENTIAL DELAYS, CHALLENGING BEHAVIORS OR OTHER CONCERNS.

If child was born prematurely, how early was the birth? \_\_\_\_\_

Is your child currently receiving therapy of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list type of therapy \_\_\_\_\_

Other Information (i.e. relevant medical condition, sibling with a disability, etc.)

\_\_\_\_\_

Child's Name \_\_\_\_\_

Parent/Legal  
Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



DCF has recently changed some of their policies; one of these changes requires the school to have written consent on file for your child to participate when outside food is brought into the center.

*65C-22.005 Food and Nutrition.*

*Parents or legal guardians must be advised in advance of each food-related activity, such as special occasions and learning activities, which include food consumption. Written parental permission may be obtained in the form of a general or specific permission slip. Documentation of parent permission for food activities must be maintained for a minimum of four months from the date of each activity.*

The attached notice will serve as our general permission slip for any food activities that the school does, to include serving milk at snack time. We will continue to keep your child's individual needs and allergies in mind when planning activities.

Thank you again for allowing us the opportunity to teach your children, we enjoy having all of them.

- Yes, I agree to have my child, \_\_\_\_\_ participate in food activities. This includes holiday parties, individual events and children's birthday celebrations.
- No, I do not agree to have my child, \_\_\_\_\_ participate in food activities. *(Please state reason or allergies below.)*

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

Parent/Legal  
Guardian Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_







## What Makes My Child Special!

Child's Name: \_\_\_\_\_ Name my child goes by: \_\_\_\_\_

Previously my child was cared for:

- In a home day care setting
- At another center
- Home with me
- By a relative, friend or neighbor

There were \_\_\_\_\_ other children around my child most of the day.

I would say that his/her day was relatively structured / unstructured. (Circle one)

In new situations, my child tends to: \_\_\_\_\_

Any allergies or special needs: \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ What does your child say when he/she needs to use the toilet?

Does your child need help: Dressing/Undressing \_\_\_\_\_ Eating \_\_\_\_\_ Washing Hands \_\_\_\_\_ Toileting \_\_\_\_\_

Does your child have any special fears or problems? \_\_\_\_\_

### Sleep

My child generally (does / does not) take \_\_\_\_\_ nap(s) during the day. They each last around \_\_\_\_\_ hours.

Special sleep items (doll, blanket, etc.) \_\_\_\_\_

Special hints to help at naptime: \_\_\_\_\_

### Eating

My child has special dietary needs (please list) \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Special hints / concerns regarding mealtime: \_\_\_\_\_

### Learning & Fun

Favorite Games: \_\_\_\_\_

Favorite Songs / Books: \_\_\_\_\_

Likes to do the following activities: \_\_\_\_\_

My child can't part with (i.e. toy, stuffed animal): \_\_\_\_\_

Favorite Color: \_\_\_\_\_ Pets: \_\_\_\_\_ Sibling names and ages: \_\_\_\_\_

### Other

Does your child have any other friends / acquaintances at this center? \_\_\_\_\_

If yes, who are they? \_\_\_\_\_

I would describe my child as (shy, outgoing, a leader, strong willed, etc.): \_\_\_\_\_

Any other information that would help us best meet your and your child's needs?

\_\_\_\_\_

