



Enrollment and Agreement Forms

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|---|----------------|------------|-------------|---|--------------------------|-------------------------|-----------|
| Student Last Name | | First Name | | Middle Initial | Preferred Name | | Sex (M/F) |
| Street Address (include apartment #, etc) | | | City | | Zip Code | Telephone Number () | |
| Date of Birth | Place of Birth | | Child's Age | Shirt Size | Native Language | | |
| Primary Contact Information Father's Last Name | | | | Father's First Name | | | |
| Street Address (include apartment #, etc) | | | City | | Zip Code | Telephone Number () | |
| Father's Business Phone | | | | Name of Company/Employer | | | |
| Father's Pager Number | | | | Father's Cell Phone Number | | | |
| Mother's Last Name | | | | Mother's First Name | | | |
| Street Address (include apartment #, etc) | | | City | | Zip Code | Telephone Number () | |
| Mother's Business Phone | | | | Name of Company/Employer | | | |
| Mother's Pager Number | | | | Mother's Cell Phone Number | | | |
| Father's E-Mail Address | | | | Mother's E-Mail Address | | | |
| Father's Occupation | | | | Mother's Occupation | | | |
| Child Resides With: If there are custody restrictions, please describe here and present legal documents for the students' file. | | | | | | Ethnic Origin | |
| List Brothers and Sisters | | Sex | Birth Date | If Student, Name of School | | | |
| List Brothers and Sisters | | Sex | Birth Date | If Student, Name of School | | | |
| List Brothers and Sisters | | Sex | Birth Date | If Student, Name of School | | | |
| Emergency Contact Information (List names other than parents) | | | | Relationship to Child | Daytime Telephone Number | | |
| 1. | | | | Relationship to Child | Daytime Telephone Number | | |
| 2. | | | | Relationship to Child | Daytime Telephone Number | | |
| 3. | | | | Relationship to Child | Daytime Telephone Number | | |
| Doctor's Name | | | | Doctor's Telephone Number () | | | |
| Dentist's Name | | | | Dentist's Telephone Number () | | | |
| Please list medical problems, allergies, or food restrictions, if any. | | | | Please list medications your child takes regularly. | | | |
| Has student ever received any special education services? Yes No Type of Service: | | | | | | | |

| | | |
|--|--|-------------------------|
| Persons Authorized to Pick up Child Other Than Parent(s): May be asked for ID | | Telephone Number () |
| 1. | | Telephone Number () |
| 2. | | Telephone Number () |
| 3. | | Telephone Number () |

PARENT PERMISSION FOR FIELD TRIPS:
 Periodic fieldtrips may be taken in order to expand classroom learning. Parents/guardians will be notified in advance, with the details and any extra costs involved of each trip. An additional signed permission slip will be **required** for each trip. Telephone permission cannot be accepted.

We have permission to take your child _____ on these trips.

| | | |
|----------------------------------|--------------------------|-------------|
| <u>Parent/Guardian Signature</u> | <u>Witness Signature</u> | <u>Date</u> |
|----------------------------------|--------------------------|-------------|

PARENT PERMISSION FOR EMERGENCY EVACUATION:
 We regularly schedule and practice emergency drills as required by KDHE to maintain a safe environment for your child.

In the case of a real emergency we have permission to evacuate the premises with your child _____.

| | | |
|----------------------------------|--------------------------|-------------|
| <u>Parent/Guardian Signature</u> | <u>Witness Signature</u> | <u>Date</u> |
|----------------------------------|--------------------------|-------------|

PARENT AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR:

I/We _____, and _____, do hereby state that I am/we are the parent(s) or legal guardian(s) of _____, a minor, age _____, born on _____, who resides with me/us at _____.

I/We, _____, and _____, do hereby authorize, for emergency purposes only, a designated employee of Honey Tree Academy LLC to transport the above minor by ambulance, and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision and the advice of any physician or surgeon licensed to practice medicine in the State of Kansas.

Date of last Tetnus/Diphtheria Booster _____ Allergies to food or drugs _____

Special medications or pertinent medical information _____

| | | | |
|---------------|---------------|-----------------|---------------------|
| Insurance Co. | Policy Number | Primary Insured | Hospital Preference |
|---------------|---------------|-----------------|---------------------|

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|--|--------------------------|-------------|
| <u>Parent/Guardian Signature for Authorization</u> | <u>Witness Signature</u> | <u>Date</u> |
|--|--------------------------|-------------|

| | | |
|--|--------------------------|-------------|
| <u>Parent/Guardian Signature for Authorization</u> | <u>Witness Signature</u> | <u>Date</u> |
|--|--------------------------|-------------|

PARENT PERMISSION FOR CONSENT AND RELEASE:
 On occasions, your child may be photographed while at Honey Tree Academy. These photographs may be used by Branches Academy for programming purposes, marketing, advertising, public television, newspapers, magazines, electronic, or digital communication.

I give Branches Academy the right and permission to copyright, publish, or use photographs of my child _____ for any lawful purposes.

| | | |
|------------------------------------|--------------------------|-------------|
| <u>Parent/Guardian's Signature</u> | <u>Witness Signature</u> | <u>Date</u> |
|------------------------------------|--------------------------|-------------|

GENERAL INFORMATION ABOUT YOUR CHILD:
 Please describe any previous preschool or group situations your child has had.

Describe your child's interactions with others.

List your child's favorite activities and interests.

| | | | |
|--|--|-------------------------|--------------------|
| Favorite foods | Foods your child does not like | | |
| How does your child react to various situations? | | | |
| Any known problems or concerns that we should be aware of? | | | |
| <p><u>With this enrollment form, I wish to enroll my child in the following:</u></p> <p><u>ALL DAY SCHOOL:</u> 8:30 am – 4:00 pm</p> <p>_____ Kinder _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th</p> <p>_____ Kindergarten 8:30 am – 11:30 pm</p> <p>_____ Kindergarten 1:00 am – 4:00 pm</p> <p>_____ Extended Day 7:30 am – 5:30 pm</p> <p><u>SUPPLEMENTAL KINDERGARTEN:</u></p> <p>For Maize Kindergarten Students</p> <p>_____ Morning 8:30 – 12:15 (bus pickup)</p> <p>_____ Afternoon (bus drop off) 12:15 – 4:00</p> <p><u>BEFORE AFTER SCHOOL CARE:</u></p> <p>_____ 7:30 – 8:30 am</p> <p>_____ 4:00 – 5:30 pm</p> <p><u>ENROLLMENT DATE:</u></p> <p>_____ - _____</p> <p><u>FIRST DATE OF ATTENDANCE:</u></p> <p>_____ - _____</p> <p>Referred by:</p> <p>_____</p> | <p><u>TUITION AND FEES:</u></p> <p>_____ School Year Nonrefundable Enrollment Fee - \$200</p> <p>_____ Summer Nonrefundable Enrollment Fee - \$50</p> <p>_____ Summer Activity Fee - \$150</p> <p><u>SUPPLEMENTAL PART TIME KINDERGARTEN WEEKLY FEES:</u></p> <p>_____ 5 Half Days - Monday- Friday - \$120</p> <p>_____ 3 Half Days - MWF - \$80 * not official kindergarten</p> <p>_____ 2 Half Days - TTH - \$55 * not official kindergarten</p> <p><u>ALL DAY SCHOOL WEEKLY FEES:</u></p> <p>_____ 5 Full Days Kindergarten – Monday – Friday - \$185</p> <p>_____ 2 Full Days Kindergarten – TH - \$90 * not official kindergarten</p> <p>_____ 3 Full Days Kindergarten – MWF - \$125</p> <p>_____ 5 Full Days Grades 1st – 5th – Monday – Friday - \$165</p> <p><u>BEFORE AND AFTER SCHOOL:</u></p> <p>_____ \$20 weekly (ENROLLED STUDENTS)</p> <p>_____ \$50 weekly (NON-ENROLLED STUDENTS) Maize</p> <p>_____ \$60 weekly (NON-ENROLLED STUDENTS) Goddard</p> <p><u>LUNCH:</u></p> <p>_____ -\$10 tuition reduction Grades 1-5 only</p> <p style="padding-left: 20px;">There is a weekly tuition reduction at BRANCHES if your child brings their lunch everyday.</p> <p><u>INSERVICE DAYS (Space available basis for supplemental kindergarten):</u> <u>You will need to obtain verification from the Director of availability for the time your child is not normally in attendance when their other school is not in session.</u></p> <p>_____ \$20 for each additional half day</p> | | |
| <p>I certify that this information is true and correct. I have read and understand the policies and procedures outlined in the Parent Handbook, and agree to the policies. I understand that these policies may be revised during the school year, in the form of written parent communication. My non-refundable enrollment fee accompanies this agreement/enrollment form. I understand that my child may not begin attending Branches Academy until ALL paperwork has been completed and turned into the Academy Director, and ALL payments have been made.</p> | | | |
| <u>Relationship to Student</u> | <u>Name</u> | <u>Signature</u> | <u>Date</u> |
| | | | |
| <p><u>Office Use Only:</u></p> <p>Enrollment Fee _____ Enrollment Form _____ Parent Handbook Form _____ Health Assessment _____ First Week Fee _____ Hospital Emergency Form _____</p> | | | |

- We will be closed one week during Spring Break and Winter Break. Tuition is not due during the week of Winter Break or Spring Break. ‘Spring Training’ and ‘Winter Wonderland’ weeks will be offered, at an additional charge, for students that need fun activities to keep them busy during those weeks.