



# ENRICHMENT DAYS

## CHILD'S REGISTRATION APPLICATION

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Grade: \_\_\_\_\_ Name of School Currently Attending: \_\_\_\_\_

**Dates Offered:** Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Monday, October 10 <sup>th</sup>    | <input type="checkbox"/> Friday, March 31 <sup>st</sup>    |
| <input type="checkbox"/> Monday, November 7 <sup>th</sup>    | <input type="checkbox"/> Monday, April 10 <sup>th</sup>    |
| <input type="checkbox"/> Tuesday, November 8 <sup>th</sup>   | <input type="checkbox"/> Tuesday, April 11 <sup>th</sup>   |
| <input type="checkbox"/> Wednesday, November 9 <sup>th</sup> | <input type="checkbox"/> Tuesday, April 18 <sup>th</sup>   |
| <input type="checkbox"/> Friday, January 27 <sup>th</sup>    | <input type="checkbox"/> Wednesday, April 19 <sup>th</sup> |
| <input type="checkbox"/> Friday, February 17 <sup>th</sup>   | <input type="checkbox"/> Thursday, April 20 <sup>th</sup>  |
| <input type="checkbox"/> Friday, March 10 <sup>th</sup>      | <input type="checkbox"/> Friday, April 21 <sup>st</sup>    |
| <input type="checkbox"/> Friday, March 17 <sup>th</sup>      |  |

**\*\*End of School:**

- Monday, June 19<sup>th</sup>
- Tuesday, June 20<sup>th</sup>
- Wednesday, June 21<sup>st</sup>  
\*3:30pm dismissal

**\*\*Child's Schedule:**

- School Day (8:30-3:30)
- Extended Day (7:00-6:30)

## WHERE TO REACH PARENT

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

### PERSONS AUTHORIZED TO PICK UP CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### Child's Doctor

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies? If so, what? \_\_\_\_\_

Does your child require medication? \_\_\_\_\_

**\*\*If so, medications and accompanying paperwork must be provided in order for your child to attend. The School Nurse must be notified of any restrictions or conditions.**

## **Admissions Policy:**

Home Away From Home Academy admits children whose academic and personal needs can be met by the programs we provide. There is no discrimination made between applicants on the basis of race, creed, nationality, place of origin, or disabilities. All children are accepted on a conditional basis. Parents may be asked to withdraw their child if the school determines that the program is not meeting the child's needs. To this effect, careful consideration is exercised before admitting children with the following needs:

***Children with physical disabilities:*** Children admitted to Home Away From Home Academy must be able to tolerate and physically participate fully in all of our programs.

***Children with learning differences:*** Placement decisions are made on both determining if Home Away From Home Academy will be a suitable learning environment for the child given their particular learning challenge(s), and moreover, if sufficient learning support resources are available to address the child's academic, behavioral, emotional, and/or social needs at the time of admission.

**If any of the above relates to your child, we may require a doctor's note prior to registration.**

### ***Failure to Provide Medical History***

Parents' failure to provide details concerning child medical needs, professional evaluations on discipline, behavior, or social development will grant Home Away From Home Academy the right to require the parents to withdraw the child without reimbursement of payment. In such a case parents hereby consent to the withdrawal, waive any and all legal remedies seeking to reverse, modify, or question the decision of Home Away From Home Academy to require the withdrawal of the child.

### **Conditions for admissions refusal:**

Home Away From Home Academy reserves the right to refuse admission to children based on the following considerations:

- When parents are requesting "unreasonable accommodations".
- There are negative elements in the child's academic or behavioral record that could potentially have a negative impact on the Home Away From Home Academy community and/or your child
- The class size is at capacity for the grade being applied for.
- Pertinent medical or developmental information is not disclosed at the time of registration.
- Required documentation as per admissions procedures is not provided.

### Fees & Payments

Full payment is due at the beginning of each month. Enrollment is limited. Placement in class is not guaranteed unless you are paid in full. All payments are non-refundable and non-transferable.

### Cancellation Policy

In the event of a breach or cancellation of this contract for any reason, the initial payment shall be paid to Home Away From Home Academy as liquidated damages. Both parties agree that using the initial payment for liquidated damages is reasonable in light of the anticipated or actual harm caused by any cancellation or breach of this agreement, the difficulty of proof of loss, and the inconvenience or non-feasibility of otherwise obtaining an adequate remedy. In addition we reserve the right to cancel or combine classes with insufficient enrollment and to change the time, day, and instructor when necessary. In these instances, refunds will be issued. Refunds will not be issued for cancellations due to any unforeseen emergency circumstances or disasters.

### Waiver

*I waive any liability against Home Away From Home Academy or any of its subsidiary companies, on behalf of my child, for any personal injury, illness, or loss of property while participating in any activity or any class offered by the school. In the event that a medical emergency occurs I authorize Home Away From Home Academy to seek emergency medical care for my child as deemed necessary by the Director.*

*In addition, I give permission for my child to be photographed/video taped during the program. I understand that the photographs will be used by The Academy for the purpose of publicizing and promoting the school's programs and services. Furthermore, compensation will not be expected.*

*I fully understand and accept the terms and conditions of this agreement. I will be responsible for all charges/payments for this account.*

Signature of parent/legal guardian \_\_\_\_\_

Date \_\_\_\_\_