



STUDENT APPLICATION

Date _____

Student's Full Name: _____

Date of Birth: ___ / ___ / ___ Age: ____ Sex: Male Female

Last 4 Digits of Child's Social Security #: ____ - ____ - ____ - ____

Is your child potty trained? Yes No

Official Use Only: Application Birth Certificate Immunizations Physical
 Parental Authorization & Agreement Authorized Pick Up & Release
 Emergency Treatment & Transportation Copies of Parents'/Guardian's Driver's Licenses

Start Date: ___/___/___ Assigned Class: _____

FATHER/GUARDIAN

Name _____
Address _____
City _____ State ____ Zip _____
Home Phone # _____
Cell Phone # _____
Occupation _____
Place of Employment _____
Work Phone # _____
Email _____

MOTHER/GUARDIAN

Name _____
Address _____
City _____ State ____ Zip _____
Home Phone # _____
Cell Phone # _____
Occupation _____
Place of Employment _____
Work Phone # _____
Email _____

If applicable:

STEP FATHER

Name _____
Address _____
City _____ State ____ Zip _____
Home Phone # _____
Cell Phone # _____
Occupation _____
Place of Employment _____
Work Phone # _____
Email _____

STEP MOTHER

Name _____
Address _____
City _____ State ____ Zip _____
Home Phone # _____
Cell Phone # _____
Occupation _____
Place of Employment _____
Work Phone # _____
Email _____

In the event of an emergency, and the parents listed above cannot be reached, please contact the following:

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

Brother's and Sister's Names and Ages

Name _____ Age ____ Name _____ Age ____
Name _____ Age ____ Name _____ Age ____

Has your child ever attended a daycare or preschool? No Yes If yes, please provide the name and phone number of the previous school(s)



Parental Authorization and Agreement

_____ Date of Birth ____ / ____ / ____
(Child's Name)

FINANCIAL AGREEMENT

I understand that tuition payments are based on a weekly payment

I understand that tuition payments that are not honored by the bank will incur a \$25.00 late fee. All payments must be current. Any payment over 10 days old will result in the removal of your child from the program until all payments, including late fees, are paid in full. All registration fees and curriculum/activity fees are non-refundable. Attendance does not change the fee.

I understand that if my child is picked up after 6:00 p.m., I will be charged an additional \$1.00 fee for each minute, thereafter. (Late payments are to be made directly to Bonita Springs Academy by cash.)

PHOTO RELEASE

I give my permission for my child's photograph or video image to be taken while he/she is in the care of

Bonita Springs Academy personnel. Such images may be posted in classrooms or other appropriate areas within the facility, used in Bonita Springs Academy presentations or promotional materials, distributed to staff or clients, or used in a school annual yearbook. I understand that I may terminate this permission at any time in the future.

AUTHORIZATION FOR OBSERVATION AND DEVELOPMENTAL SCREENING

I give my permission for my child to be observed and receive developmental screening which may include vision, hearing, speech, language, motor and developmental skills. I understand that these screenings are to help the teacher plan appropriate activities for my child. I also understand that following these screening the results will be shared with me through a conference.

PARENTAL PLEDGE AND SUPPORT

I have received the Bonita Springs Academy student/parent handbook and agree to read it in its entirety, and to adhere to the policies as stated.

I have read the Bonita Springs Academy student health policy and agree to adhere and follow the practices and policies as stated.

I have read the Bonita Springs Academy discipline policy and agree to adhere, follow and support the practices and policies as stated.

I have read, consent to, and support all of the above authorizations, pledges and agreements as stated and required by Bonita Springs Academy.

_____ Date: ____ / ____ / ____
Parent/Guardian Signature



Emergency Treatment and Transportation

(Child's Name)

Please check and/or list any medical condition your child may have:

Allergies Asthma Diabetes Heart Condition Other:

Allergies:

If allergic, what are signs/symptoms of allergic reaction?

Other Health Condition(s)/Concerns/Medications:

Authorization for Medication

Disbursement of medication sent in from home is as follows: (1) All medication dispensed at Bonita Springs Academy requires a written authorization by the student's primary doctor; this includes over-the-counter medication (2) Completion of an Over-the-Counter Medication Authorization Form (3) Medication in the ORIGINAL container - Prescription meds in the original pharmacy labeled container (4) All meds must be delivered by the parent(s) to the classroom teacher. Medications should never be in the possession of the student, including backpack or lunch box.

Authorization for Emergency Medical Care

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at Bonita Springs Academy; and that my child's immunizations are kept current as required by the State of Florida. In case of emergency, I/we authorize any representative of Bonita Springs Academy to present the above stated minor to receive any emergency care my child may need. I give permission for Bonita Springs Academy to call my student's physician and/or dentist, as listed on Application for Enrollment, in the event of an emergency.

Preferred Hospital: _____

Authorize Ambulatory Transportation YES NO

Mother/Legal Guardian's Printed Name Mother/Legal Guardian's Signature Date

Father/Legal Guardian's Printed Name Father/Legal Guardian's Signature Date



Authorized Student Pick-Up and Release

(Child's Name)

Bonita Springs Academy use the following criteria to assure each student is picked up or removed from the Academy by authorized persons only:

1. No child will be released to any person whose name does not appear on this Authorization Pick-Up List or has been approved and added by using the authorized addition form.
2. Before any person can remove a child, proper I.D., such as a current Driver's License, must be shown.
3. If there is ever any question as to the identification of any person attempting to remove a child from the Academy, the legal parent or guardian will be notified immediately.
4. The legal parent or guardian must give advanced written authorization before any person not appearing on our Authorized Pick-Up List will be allowed to remove a child from the Academy.
5. In the event of an emergency, the legal parent or guardian may give above stated permission verbally, but only if given directly to the Administrator or authorized office personnel. This new pick up person will not be added on the permanent list until they are officially added by use of appropriate form.

For your child's protection, THEY WILL NOT be released to an unauthorized person. Approved picture identification (driver's license) will be required. A list of these persons will be placed in each classroom.

List below those who have permission to pick up your child:

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Bonita Springs Academy defines a legal parent or legal guardian to be person(s) who enrolled the child and whose signature is found on the enrollment form. An official birth certificate proving he/she is the legal parent or guardian is also required. In the case where a divorce or legal separation has occurred or is in process, legal court documentation must be presented as proof that he/she has been awarded temporary or permanent custody of the child in question. We will not hesitate to call 911 immediately if any disruptions or disputes develop on school property. The safety of the minor child in our custody will always take top priority in any situation. This also applies to those allowed to pick up the child from the Academy. ONLY official court documents, whose authenticity has been verified, will supersede any other documents received or placed on file.

I hereby authorize all above listed names as active and approved people to pick up my child from Bonita Springs Academy.

Mother or Legal Guardian's Printed Name Mother or Legal Guardian's Signature Date

Father or Legal Guardian's Printed Name Father or Legal Guardian's Signature Date



DISCIPLINE POLICY

We encourage positive redirection. Positive discipline teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of the conflict.

We encourage children to empathize with one another's feelings and see the results of their actions. We discourage inappropriate behavior. We use "Time Out" as our last resort. Any child that is put in time out is always supervised by a teacher and shall remain in time out only 1 minute per age of the child. When time out is over, it is explained to the child why time out occurred and what correct behavior is expected. No child is subjected to corporal punishment or physical discipline at any time. Discipline shall never be related to food, rest, or toileting.

We will make every effort to work with parents of children having difficulties in child care. Behavior of children which disrupts normal classroom group activities on a frequent or extended basis may indicate physical or emotional problems requiring the attention of a professional specialist. The teacher and/or Director, with parental consent, will take the necessary steps to refer the child to the Public Health Nurse, a Mental Health Consultant, or other appropriate places for a professional evaluation.

Children displaying chronic disruptive behavior which is upsetting to the physical or emotional well being of another child may require the following actions:

1. Parents of the child will be called in for a conference. We will discuss the issues and identify some possible solutions. A plan of action will be developed and agreed upon by the parents, staff, and a health/behavioral specialist.
2. If the plan of action is not working, the parents will be called in for another meeting. We will discuss what is not working and develop another action plan.
3. If no progress has been made towards solving the problematic behavior, the child may be suspended from care. This suspension may range in length for the rest of the day.

The use of physical force as a discipline measure is prohibited. This includes spanking, slapping, pinching, shaking, biting, pulling hair or arms, jerking, etc.

By signing below, you verify that you have read the above policy and agree with the terms.

Parent Signature

Date