



Child's Name _____

Nickname _____

Birth Date _____ Sex: Male Female
 Month Day Year

Address _____
 Street City State Zip

Home Phone Number _____

Father's Name _____ Drivers License# _____

Cell Phone _____ Work Phone _____

Employer _____

Mother's Name _____ Drivers License# _____

Cell Phone _____ Work Phone _____

Employer _____

*Emergency Contact if parents can not be reached:

Name _____ Phone Number _____

Name _____ Phone Number _____

Attendance Dates

Enrollment Date _____ Full Time or Part-Time Anticipated Drop-off Time _____

If Part-Time, Days Attending: M/W/F T/TH Anticipated Pick-up Time _____

Authorizations

Pick Up: The following person(s) may pick up my child: (Picture ID will be required)

Name	Relation	Address	Phone

Name	Relation	Address	Phone



Tuition Agreement

**This agreement is entered into by the Parents or Legal Guardian of the enrolled child and North Star Academy LLC. It will be enforced until the agreement changes or the child is no longer enrolled. The terms and conditions are agreed to by all parties involved and are subject to change with prior notification.

- 1) The registration fee is \$_____ and is not refundable. This is the only way to secure your child's enrollment.
- 2) Tuition for the program you selected is currently \$_____ per week or \$_____ per month and may increase or decrease from time to time. You will be notified in advance of any price changes.
- 3) North Star Academy will be closed the following holidays each year: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving AND THE DAY AFTER, and Christmas Day. Christmas Eve we will close at 4:00pm. Please remember tuition will still be owed on these holidays.
- 4) Tuition is due on the first day of the week when your child is scheduled to attend. Tuition is due prior to 6:30pm on that day. A late fee will apply if tuition is not paid on this day. In addition, North Star Academy closes promptly at 6:30pm and a late pick up fee will apply to those who pick up after 6:30.
 - i. Tuition Late Fees:
 1. \$10 per day
 2. \$75 per week in addition to the daily fee
 - ii. Late Pick Up Fees (After 6:30pm)
 1. \$5 per 5 minutes (ex. 20 minutes late = \$20)
 - iii. Any balance not paid after 60 days can be turned over to collection
- 5) For each returned check to our bank, a \$25 fee will be assessed along with payments on any outstanding tuition that was unpaid.
- 6) We staff our facility based on fixed enrollment and will be unable to refund tuition if your child is unable to attend. (This includes days where your child may be ill and unable to attend)
- 7) If you intend to terminate your child's enrollment for any reason you must do so in writing on a Child Termination Notice. The Child Termination Notice is required 2 weeks in advance and payment for those two weeks is still due whether your child attend or not.
- 8) After one year of enrollment you will receive one full week of vacation where no tuition is due. This will be taken as a full week and your child is not able to attend during this time. We also would ask to make vacation arrangements at least one week in advance.
- 9) North Star Academy is a private school and reserves the right to terminate enrollment for any reason at any time. Please see the Parent Handbook for more details.
- 10) Failure to comply with the Tuition Agreement will result in dismissal of your child from North Star Academy.

North Star Academy accepts the following forms of payment:

- 1) Check or Cash
- 2) Weekly or Monthly Automatic Bank Draft
- 3) Visa or Master Card

Childs Name (print)

Parent or Legal Guardian Signature

(Date)

Health Statement for School Age Children

I have provided a Health Statement to the school in which my child attends. This Health Statement includes but is not limited to:

- Written statement from a health care provider stating your child is physically able to take part in activities of the school they attend.
- Immunization Record as specified by the Texas Department of Health, or exemption affidavit approved by the Texas Department of Health.
- Current Vision and Hearing screenings. (per Texas Health and Safety Code)

Parent/Legal Guardian: _____
Please Print

Child's Full Name: _____
Please Print

Name of School: _____
Please Print

Signature: _____ **Date:** _____
Parent/Legal Guardian MM/DD/YYYY

HEALTH REQUIREMENTS

Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ <div style="text-align: right; margin-right: 100px;">Signature</div> <div style="text-align: right;">Date</div>					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine. <div style="text-align: right; margin-right: 100px;">Parent's signature</div> <div style="text-align: right;">Date</div>					
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.					
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.
Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Health Care Professional's Signature

Date
- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian

Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

Special Needs Acknowledgement

Please list any special needs that your child may have, such as allergies, existing illness, past serious injuries, medical prescriptions, or any thing else that our staff/teachers should know:

To my knowledge, my child _____, has no special medical, physical, nutritional, or behavioral needs that North Star Academy's staff should be aware of.

Parent or Legal Guardian Signature

Date

My child, _____ has the following special needs that North Star Academy's staff should be aware of for the benefit of both my child and the staff. (Please also list on Enrollment Information Form.)

**All information will be kept private and only for the use of the staff at North Star Academy.*

Parent or Legal Guardian Signature

Date

Photo Release

North Star Academy: **MAY** **MAY NOT** (Circle One) use photographs of my son/daughter for any purpose that North Star Academy deems appropriate. I relinquish all rights, title and interest in the finished photographs and negatives.

North Star Academy will from time to time take photos of the children and up-load those to our website so parents can see various activities and projects that each class room is doing.

Parent or Legal Guardian Signature

Date

**North Star Academy may employ the use of technologies for security systems that require a photo of your child. North Star Academy owns the right to that photo and all uses of that photo are strictly for the security of your child.*



Transportation Agreement

I hereby give my consent for my child _____ (Full Legal Name) to be transported and supervised by North Star Academy, to and from school (school age) and planned field trips.

Parent's Comments:

Parent or Legal Guardian Signature *Date*

North Star Director/Owner Signature *Date*