

Eagles On the Rock Academy

August 22nd 2017 – June 22nd 2018

2017-2018 REGISTRATION

Child's Name (last, first, middle and nickname, if applicable)	Date of Birth	Male or Female	Admission Date
Street Address	City	Zip	Home Phone
Mom's Name (last, first, middle) or Legal Guardian	Cell Phone	Can we text you?	Work Phone
Mom's Email or Legal Guardian	Date of Birth	Employer	
Dad's Name (last, first, middle) or Legal Guardian	Cell Phone	Can we text you?	Work Phone
Dad's Email or Legal Guardian	Date of Birth	Employer	

ENROLLMENT

- I understand that tuition is based upon the total number of school days per year and divided into 11 equal payments for convenience. It is not based on the number of school days per month. First Payment due in July 2016, the last one in May 2018.
- Even though some months have fewer school days than other months, I understand that tuition for these months is not prorated.
- If I choose to withdraw my child from the program, I understand that re-enrollment during the same school year is not allowed.
- I understand that I must give a 30 days' notice before withdrawing my child.
- I understand that if I withdraw from the program after February 15th 2018, I am still responsible for tuition for the remainder of the school year since spaces cannot be filled this late in the school year.
- I understand that an application without the non-refundable registration fee will not be accepted.

Date, Signature of Parents/Legal Guardian

Emergency Contact and Authorizations:

I hereby authorize Eagles On The Rock Academy to contact the following person in case of an emergency, **only when** the parents cannot be reached:

Name	Phone
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I hereby authorize Eagles on The Rock Bilingual Academy to allow my child to leave the childcare facilities **ONLY** with the following persons after verification of valid I.D. If no one is listed **AND** Eagles on The Rock Bilingual Academy is unable to reach parents, TX DFPS will be called.

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Name	Phone
Name	Phone

Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Eagles on The Rock Bilingual Academy's designated employee to transport my child to:

Physician's Name	Address	Phone Number
Emergency Medical Care Facility	Address	Phone Number

I give Eagles on The Rock Bilingual Academy permission to secure any and all necessary emergency medical, hospital, or dental treatment for my child in the event of injury or illness while the child is in the care of the above named provider. *Note: I understand and agree that I would be financially responsible for any medical treatments necessary. I have full understanding that every attempt will be made to contact the parent or guardian in the event medical treatment is necessary. I understand that certain medical emergencies may not allow much time for contact of parent/guardian and that if a life-threatening situation arises, the provider will seek immediate medical attention.*

_____ **Signature – Parent or Legal Guardian** _____ Date _____

Does your child have any allergies? (food, animals, seasonal, etc)	Yes	No
If so, what allergies does your child have and what are the triggers?		
How should we respond if he/she has an allergic reaction?		

Does your child have any dietary restrictions? Please list restrictions below.	Yes	No
My child is fully potty trained meaning they are able to communicate their need to use the restroom and have control until they reach the restroom.	Yes	No

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, special needs, and any other information which caregivers may need to be aware of:

My child is current on immunizations required by the state of Texas.	Yes	No
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Check all that apply:

- I have provided EOTRBA with a copy of my child's most current immunization record.
- I have provided a letter from my doctor stating the necessity for delaying immunizations.
- I will provide EOTRBA with a copy of my child's most current immunization record before starting school.
- I have provided EOTRBA with the Affidavit for Exemptions from Immunizations from the State of Texas.

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Parent Contract

Student:

Yes	No	<ul style="list-style-type: none"> I will pay the <u>non-refundable</u> registration fee of \$200.00 per family, due at registration, to secure my child's place in a class. Before the first day of school, I will pay a supply fee of \$150.00 per family. 																						
Yes	No	I agree to pay the following monthly tuition based upon the age of my child on September 1 st 2017																						
		<table border="1"> <tr> <td>18 months old/ Crèche 2'S/TPS 3'S/PS (full time only) French + Spanish</td> <td>8:30am - 3:30pm</td> <td>\$750/month</td> <td>\$500/month for 3 days a week</td> </tr> <tr> <td>4'S/MS French+ Spanish</td> <td>8:30am – 3:30pm</td> <td colspan="2">\$850/month</td> </tr> <tr> <td>Kindergarten-GS 1st/2nd Grade-CP/CE1 Fr-En-Sp</td> <td>8:30am – 3:30pm</td> <td colspan="2">\$900/month</td> </tr> <tr> <td>Before Care 7:00am-8:30am</td> <td>\$70/month</td> <td>After Care 3:30pm-6:00pm</td> <td>\$150/month</td> </tr> <tr> <td>Soccer daily 3:30pm-4:30pm</td> <td>\$200/month</td> <td rowspan="2">Soccer + After Care</td> <td rowspan="2">\$275/month</td> </tr> <tr> <td>Catered Organic Lunches</td> <td>\$100/month</td> </tr> </table>	18 months old/ Crèche 2'S/TPS 3'S/PS (full time only) French + Spanish	8:30am - 3:30pm	\$750/month	\$500/month for 3 days a week	4'S/MS French+ Spanish	8:30am – 3:30pm	\$850/month		Kindergarten-GS 1st/2nd Grade-CP/CE1 Fr-En-Sp	8:30am – 3:30pm	\$900/month		Before Care 7:00am-8:30am	\$70/month	After Care 3:30pm-6:00pm	\$150/month	Soccer daily 3:30pm-4:30pm	\$200/month	Soccer + After Care	\$275/month	Catered Organic Lunches	\$100/month
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Yes	No	I understand that if the tuition payment is not received by Eagles On The Rock Academy, by the agreed upon due date, a late fee of \$5.00 will be charged for each school day payment is not received.																						
Yes	No	I understand that my child will be placed in the after-care program if I am more than 5 minutes late picking up my child. In addition, I also agree that I will pay the \$15 fee for my child being placed in after care plus \$1 per minute past pick-up time of 6:00 pm.																						
Yes	No	I understand that if I drop my child off earlier than 8:30 am, I will be charged the before care fee of \$10 .																						
Yes	No	I understand that I must pay a \$30.00 fee should Eagles On The Rock receive a check back due to insufficient funds.																						
Yes	No	I understand that I will be asked to provide a healthy snack for my child daily.																						
Yes	No	I understand that upon accreditation, and starting Kindergarten, the school will require absences or tardiness to be excused. I understand that, as an accredited school, Eagles On The Rock Academy must follow the rules of the State of Texas and report unexcused absences and compulsory tardiness. I understand that I am required to inform the school of any absence.																						
Yes	No	I understand that 30 days advance written notice must be given if I decide to discontinue Eagles On The Rock Academy. Without notice, 1 month tuition will be charged. In case of withdrawal on or after February 5th, I will be responsible for paying the tuition until the end of the school year. In addition, I agree to pay any outstanding balance.																						
Yes	No	I have received and read the Eagles On The Rock Academy Parent Handbook containing the written operational policies of the program including policies for discipline and guidance.																						
Yes	No	I agree to follow the Eagles On The Rock Academy policies and procedures.																						
Yes	No	I give my child permission to participate in the Eagles On The Rock Academy program.																						

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Yes	No	I give Eagles on The Rock Bilingual Academy permission to take photographs of my child during the school day. Some of the pictures may be posted on the school website or Facebook. <i>Note: I understand the photographs will only be used for school related activities and will be shared with the parents of other children enrolled in Eagles On The Rock Academy. I will not share any photographs that I receive with anyone else except for my immediate family members, nor will I post them on any social media site unless the photograph is of my child only.</i>
Yes	No	I give my child permission to participate to all “specials” offered by Eagles On The Rock Academy. This includes: Music, Gardening, Animal Discovery, Sciences, Farm, Applied Art, P.E. indoors and outdoors.
Yes	No	I understand that tuition can be paid by check (order of: Church On The Rock Katy), or cash, or card (over the phone or in person)
Yes	No	I give Eagles On The Rock Academy permission to give my family’s name, address, phone number and email to the parents of my child’s classmates. These information must be kept private.

How did you hear about us?

Church On The Rock Katy:
 Consulat de France:
 Facebook:
 Friends, who can we thank:

Street Signs:
 Internet Search:
 French American Chamber of Commerce:
 Other:

By signing below, I agree that I have read and answered all of the above statements.

Name:

Date:

Signature: