



# Fall 2019-2020 Registration

704.996.5465

Application Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Please fill out one application per child.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Who can we thank for referring you to us? \_\_\_\_\_

Previous School Attended? \_\_\_\_\_

If your child will be attending the After School Program what school does he/she attend?

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Allergies ? \_\_\_\_\_

## Class Options: (circle one)

### 2 Days A Week

2 Year Olds M & W

3 Year Olds T & Th

4 Year Olds T & Th

After School T & Th

### 3 Days A Week

2 Year Olds M & W & F

3 Year Olds M & W & F

4 Year Olds M & W & F

After School M & W & F

### 5 Days A Week

3 Year Olds M – F

4 Year Olds M – F

After School M – F

LIVE & LEARN requires a \$75.00 non-refundable registration fee at time of registration. We are not staffed or equipped to serve children with serious special needs. If your child has minor special needs, please discuss them during the enrollment process.



# Emergency Information

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Who does this child live with? \_\_\_\_\_

Person responsible for pickup and drop off? \_\_\_\_\_

Other person(s) allowed to pickup: \_\_\_\_\_



# Preschool & After School Agreement / Authorization

LIVE AND LEARN ACADEMY requires a \$75.00 non-refundable Registration Fee, per child, at the time of registration. **\*\*\*The \$75.00 Registration Fee is non-refundable unless placement is not available for your child. The Registration Fee(s) are due at the time of registration.**

Tuition is based on a yearly rate and is broken down in to **9 equal monthly payments**, August through April. The yearly rate is based on the number of days in the school year your child is expected to attend. The months of May, June, and July require separate payments for the Summer Camp Program. This schedule has eliminated double payments for parents both at the beginning and at the end of the regular school year.

Parent Initials

**Tuition is due on the 20th of each month, and will be considered late on the 21st. There will be a late charge of 10% of the balance owed. If the balance is not paid in full by the 25th day of the month, your child's space may be forfeited. Tuition is non-refundable.**

Parent Initials

All checks will be made payable to LIVE AND LEARN ACADEMY and should be placed in the drop box. There will be a charge of \$25.00 for all returned checks. We have the option at any time to refuse any further payment by check.

Parent Initials

**A late pickup fee of \$10.00 for the first 5 minutes and \$1 a minute for every minute after will be charged after 1:00PM for preschool children and after 6:00PM for after school children. Habitual or excessive late pick-up may result in the child's dismissal from the program.**

Parent Initials

If additional days are requested, additional tuition / activity fees will be assessed and due prior to the days requested. I understand there will be no refunds or credits issued for days/weeks my child does not attend.

Parent Initials

I grant permission to the staff of LIVE AND LEARN ACADEMY to transport my child off the school property for field trips. I understand that this applies only to children over the age of 2 years old and that all children will be properly secured in appropriate child safety seats.

Parent Initials

I grant permission to the staff of LIVE AND LEARN ACADEMY to apply sunscreen, insect repellent, and diaper ointment on my child, "as needed".

Parent Initials

I grant permission to have photographs or videos taken of my child, as part of the general program activities and for LIVE AND LEARN ACADEMY's records. I also understand that LLA may use these photographs for advertising and may post them on LLA'S website or social media pages.

**Total Tuition Amount \$ \_\_\_\_\_ 9 Equal Payments of \$ \_\_\_\_\_**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ have read and received the LIVE AND LEARN ACADEMY Handbook and the above disclosures including the financial agreement and agree to abide by the terms therein. I understand this is a binding contract and agree to pay the total tuition amount indicated above, to LIVE AND LEARN ACADEMY for child care for my child during the 20\_\_ and 20\_\_ school year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

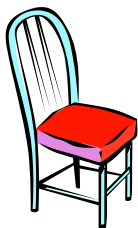
## Discipline

We use a praise and positive reinforcement method of behavioral management for children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities and self-discipline. Based on this belief of how children learn and develop values, LIVE AND LEARN ACADEMY will practice the following discipline and behavior management policy. If a behavior problem occurs that cannot be adequately solved at our center, a Parent / Teacher / Director conference may be requested. If the uncooperative behavior continues, the parent will be asked to remove the child from our facility.

**We do.....**Praise, reward and encourage the children; reason with and set limits; model appropriate behavior; modify the classroom environment to attempt to prevent problems before they occur; listen to the children; provide an alternative for inappropriate behavior; provide natural and logical consequences of behavior; treat the children as people and respect their needs, desires and feelings; ignore minor misbehaviors; explain things to the children on their levels; stay consistent on our behavior management program; use short, supervised period of 'Time-Out' (described below).

**We do not.....**Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children; make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children; shame or punish the children when bathroom accidents occur; deny food or rest as punishment; relate discipline to eating, resting or sleeping; leave the children alone, unattended, in a separate room or without supervision; place the children in locked rooms, closets or boxes as punishment; allow discipline of children by children; criticize, make fun of or otherwise belittle children's parents, families or ethnic groups; assign chores requiring them to be in contact with hazardous materials.

**Time-Out** is the removal of a child for a short period of time (2-5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The 'Time-Out' space, usually a chair, is located away from other activities but within a teacher's sight. During 'Time-Out', the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to the other children.



## Confidentiality Statement

The Teachers and Staff at LIVE AND LEARN ACADEMY will not discuss children or personal family issues.

## Conferences

Parent / Teacher / Director conferences and / or visitations are always welcome, but must be scheduled. Teachers are not available during drop-off and pick-up to answer questions. This is a very busy time during our day and keeping your children safe demands our full attention. Most questions will probably be answered in your child's handouts. We will make every effort to keep parents informed through newsletters, calendars and weekly activity sheets. We will be unable to have phone conferences during schools hours; however, if you have an emergency or need to schedule a conference, you may leave a message. We will check messages periodically throughout the day and will return your call if necessary.

## Contract

This is a binding contract between the Parents, Teacher and Director of each child attending LIVE AND LEARN ACADEMY. The Director has the right to terminate this contract immediately if the stated policies and guidelines are not upheld by the Parents. The Parents agree to provide all diapers, wipes, ointments, sunscreens, change of clothes, and lunches that will be needed. The Parents agree and understand that all paperwork / forms must be completed and returned immediately. The Parents also agree to notify the Director if there is a change in circumstance in the home (death, separation, divorce, change of custody, abandonment, etc.). It is expected that any child leaving the preschool will give a one (1) month written notice to allow their position to be filled. The Director and Teachers agree to provide a safe and loving environment for each and every child in their care.



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Parent/Guardian Signature

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Date



# Medical History

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

Is your child currently under a doctor's care? \_\_\_\_\_ If yes, for what? \_\_\_\_\_

\_\_\_\_\_

Is your child on any continuous medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_

Any previous hospitalizations or operations? \_\_\_\_\_ If yes, when and what for? \_\_\_\_\_

\_\_\_\_\_

Does your child have any mental disabilities? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child need special assistance, equipment or material to participate in day to day activities? \_\_\_\_\_ If yes, what are his/her needs? \_\_\_\_\_

\_\_\_\_\_

List any allergies your child may have: \_\_\_\_\_

Please circle any that apply to your child:

Mumps   Chicken Pox   Red Measles   German Measles   Rheumatic Fever

Please circle recurring problems your child has:

Bronchitis   Croup   Asthma   Strep Throat   Ear Infections   Eczema

Other Serious Illnesses: \_\_\_\_\_

Other important information about your child: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_



# Permission to Administer Medication

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, grant my permission to LIVE AND LEARN ACADEMY to apply sunscreen, bug screen, and diaper ointment on an "as needed" basis. I also understand that LIVE AND LEARN ACADEMY will administer sunscreen during outside play time in the summer months.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## One-Time Medication Needs

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Emergency Medical Care Authorization

In case of accident or illness requiring medical attention, the undersigned authorizes LIVE & LEARN ACADEMY to call a health care provider or take my child \_\_\_\_\_ to the nearest hospital or doctor; and it is understood that if possible, their services will be obtained. If neither parents nor preferred health care provider can be contacted, LIVE AND LEARN ACADEMY s authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of LIVE AND LEARN ACADEMY, are true emergencies. The hospital located closest to LIVE AND LEARN ACADEMY is Lake Norman Regional Medical Center.

### Preferred Health Care Provider

Doctor: \_\_\_\_\_

Office Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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I agree to be responsible to the cost of such emergency medical care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Medical Report

To be completed by Doctor

This physical examination must be completed and signed by a licensed physician, authorized agent currently approved by the NC Board of Medical Examiners, a certified nurse practitioner, or public health nurse meeting DEHNR standards for EPSDT program.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_

Teeth \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_

Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_ Skin \_\_\_\_\_

Neurological System \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_\_\_  
Abnormal \_\_\_\_\_

Should activities be limited? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Any other Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Authorized Examiner/Title \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please provide a current immunization record with this Physical Examination. This information can be faxed to 704.660.1816 or dropped off to LIVE & LEARN ACADEMY.**





# Photography and Field Trip Permission Form

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my permission to the staff of LIVE AND LEARN ACADEMY to transport my child off the school property for field trips. I understand that this applies only to children over the age of 36 months and that they will be properly secured in age appropriate child safety seats.

I also grant my permission to LIVE AND LEARN ACADEMY to take photographs or videotapes of my child as part of the general program activities and for LIVE AND LEARN ACADEMY's records. I also understand that LIVE AND LEARN ACADEMY may use these photographs for advertising and/or possible press releases in the local newspapers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Information:

(This form is our emergency contact form for travel and field trips.  
Please be sure to list Parent / Guardian information for the 1st and 2nd contact)

First Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Family Member:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Friend:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_