

KIP Academy, Inc.

ENROLLMENT APPLICATION PACKET



The World at Our Fingertips!

Sharon D. Woods, Director

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(770) 482-6112 (Office) (470) 395-1954 (Fax)
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MISSION STATEMENT

KIP's primary mission is to provide our students opportunities to develop into capable, 21st century and life-long learners. We aim to expose them to rich and diverse academic, technological, cultural and social experiences. By doing so, our students will develop skills necessary to take ownership of their learning. They will be able to locate and utilize available resources to best prepare them to meet any academic or personal goal they set. We believe KIP must engage in a collaborative partnership with students, their families, the community, sponsors and businesses.

KIP Academy, Inc.

Georgia Pre-Kindergarten Enrollment Application Packet

Enrollment Checklist for: _____

Child's Name (Last, First, MI)

FOR OFFICE USE ONLY

- GA Pre-K Application (3 pages)
- Roster Information Form
- Immunization (Form 3231) **(All Students)**
- Birth Certificate **(All Students)**
- Social Security Number **(All Students)**
- Form 3300 - Ear, Eye and Dental Certificate (4 year olds ONLY)
- Driver License **(All Students)**
- Medical Care Information Form
- Child Emergency Contact & Pick-Up Information Form
- Media Recording Release Form
- Internet Usage Standards For Students
- General Information/Behavior/Children w/ Disabilities & Liability Waiver
- Vehicle/Transportation Emergency Medical Information Form
- Allergy and Medical Ailment Information Letter from Physician Detailing
- Authorization to Dispense External Preparations
- School supply list (provide to parent)
- Parental Agreements with – KIP Academy, Inc. (Child Care Facility)
- Parent Handbook, Policies and Procedures ***E-mailed***
- Biting Policy signed & returned to office
- Acknowledgement of Policies (signed & returned to office)
- Financial Agreement (signed & returned to office)
- Code of Student Conduct ***E-mailed***
- Acknowledgement of Receipt of Code of Student Conduct (signed & returned to office)
- Blazer/Spirit T-shirt/P.E. T-shirt/Summer Camp T-shirt order form returned

*** Please make sure all forms are signed &**



Please write the school year in the box →

Pre-K Registration Form

School Year

PROVIDER LEGAL NAME:	(this section to be completed by the provider)
SCHOOL/SITE NAME:	

CHILD INFORMATION		(Please print name exactly as it appears on the birth certificate.)
CHILD'S LAST NAME:		
CHILD'S FIRST NAME:		
CHILD'S MIDDLE NAME:		NAME SUFFIX: (i.e. Jr, Sr, II, III)
CHILD'S SOCIAL SECURITY#:	D.O.B. (MM/DD/YY):	SEX: []M []F
HOME ADDRESS <i>(Do not enter PO Box Info)</i> :		COUNTY:
CITY:	STATE: GA	ZIP: HOME PHONE: ()

If the Student is transferring from another Pre-K, please provide the following:	
Previous School Name: _____	Last Date in Attendance: _____

PARENT/GUARDIAN INFORMATION		
Parent/Guardian #1 - LAST NAME:	FIRST:	MIDDLE INITIAL:
Home Address <i>(If different from child)</i> :		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		
Place of Employment:		Work Phone: ()
Address:		
City:	State:	Zip:
Parent/Guardian #2 - LAST NAME:	FIRST:	MIDDLE INITIAL:
Home Address <i>(If different from child)</i> :		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		
Place of Employment:		Work Phone: ()
Address:		
City:	State:	Zip:

EMERGENCY CONTACT INFORMATION				
(Persons to contact in the event that either parent/guardian cannot be contacted)				
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
1.				
2.				

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that

failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

SIGNATURE (Parent/Guardian): _____ **DATE:** _____

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

CHILD'S LEGAL GUARDIAN: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
-------------	----------------	---------------------	-------------------

- | | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____

DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: ()

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

Roster Information Form

This form is to be completed after school starts, not at the time of registration. Please clearly print the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

Legal Last Name <i>(Apellido)</i>											
Legal First Name <i>(Primer Nombre)</i>											
Legal Middle Name <i>(Segundo Nombre)</i>								Name Suffix <i>(Sufijo) (Jr,II,III)</i>			
Child's Social Security #				DOB <i>(Fecha de Nacimiento)</i> (M/D/Y)				Gender <i>(Sexo)</i>			
Date enrolled in Pre-K (M/D/Y)						If different from birth certificate, name student is called					

1. **EVERYONE** must answer the following question. **(*TODOS* deben contestar la pregunta.)**

Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? *(¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)*

Yes *(Si)* No *(No)*

2. **EVERYONE** must select **ONE OR MORE** of the following races regardless of how you answered question one. **(*TODOS* deben seleccionar UNA O MAS de las siguientes razas sin importar cómo haya contestado la primera pregunta.)**

Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. **(Blanco** – *Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o Africa del Norte.*)

b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **(Asiática** – *Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.*)

c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **(Nativo de Hawaii u Otra Isla del Pacífico** – *Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.*)

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. **(Negro o Afro Americano** – *Una persona con orígenes en los pueblos provenientes del Africa o en grupo racial Negro.*)

e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. **(Indio Americano o Nativo de Alaska** – *Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.*)

3. What is your child's primary language? *(¿Cuál es el idioma primario de su hijo(a)?)*

English *(Inglés)*
 A language other than English *(Un idioma diferente al Inglés)*

4. Was your child born as a: *(El parto en que Ud. tuvo a su hijo(a) fue de:)*

Single Birth (1) *(Un sólo niño)*
 Twin (2) *(De mellizos)*
 Triplet (3) *(De trillizos)*
 Quadruplet (4) *(De cuatrillizos)*
 Quintuplet (5) *(De quintuples)*

5. Does your child have an Individualized Education Plan (IEP)? *(¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP?))*

Yes *(Si)* No *(No)*

6. Does your child receive any of the following services? *(¿Recibe su hijo(a) alguno de estos servicios?)*

Childcare and Parent Services (CAPS) (child care subsidy program)
 Food Stamps *(Cupones de Alimentos)*
 SSI
 Medicaid
 Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? *(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)*

Yes *(Si)* No *(No)*

Parent/Guardian Signature

Date

KIP Academy, Inc.

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MEDICAL CARE INFORMATION

Child's Name: _____ **Date of Birth:** _____

Home Address: _____ **City:** _____ **ST:** ___ **ZIP:** _____

Student resides with: Both Parents Mother Father Guardian Other _____

Please provide emergency contact information below and include information for two alternates.

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1					
2					
3					
4					

Child 's Doctor/Clinic Name: _____ **Phone Number:** _____

Health Insurance Company: _____ **Policy Number:** _____

Answer medication questions below.

	Long-Term Medication taken by child within last 30 days	Child has allergies to	Date of Last Tetanus Injection
1			
2			
3			

List past serious illnesses or hospitalizations with dates of occurrence below.

	Illness or Hospitalization for	Date	Comments
1			
2			
3			

Describe below all physical conditions or illnesses, mental health disorders or mental development disabilities which may limit the child's participation in academy programs or activities.

Describe below any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs.

Medical Care Authorization

I hereby give KIP Academy, Inc. permission to provide first aid care to my child _____. In the event I cannot be reached, I hereby authorize KIP Academy, Inc. to transport my child to the nearest hospital emergency room, DeKalb Medical Hillandale - 2801 DeKalb Medical Parkway, Lithonia, GA 30058. I also hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

****Today's Date:** _____ **Parent/Guardian Signature:** _____

KIP Academy, Inc.

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CHILD EMERGENCY CONTACT & PICK-UP INFORMATION

The following people have permission to pick up my child/children from KIP Academy, Inc. Please inform your pickup person that their identification will be verified (with valid state license or ID) to allow for pick up.

Child's Name: _____ **Date of Birth:** _____

Home Address: _____ **City:** _____ **ST:** ____ **ZIP:** _____

Parent/Guardian Name: _____

Contact Numbers: Home: _____ **Cell:** _____ **Work:** _____

List Person(s) authorized for child pick up.

	Name	Relationship to Child	Relationship to Parent/Guardian	Primary Phone	Address	Other Identifying Information (if any)
1		Mother/Guardian	Self			
2		Father/Guardian	Self			
3						
4						
5						
6						

**If at any time this list needs to be updated, please contact our office immediately.*

Legal Alert

Is anyone legally barred from contacting this student? N Y

If yes, court documentation & physical description must be provided to KIP.

Person's Name: _____ **Relationship to student:** _____

****Today's Date:** _____ **Parent/Guardian Signature:** _____

KIP Academy, Inc.

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MEDIA RECORDING RELEASE FORM

I, the undersigned, do hereby grant permission to KIP Academy, Inc. to use the images of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the KIP Academy website.

Deny permission to use my child's image at all.

Grant permission to use my child's image in the following ways - (Mark all that apply):

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by KIP Academy, Inc. for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Limited usage 1: I want my child's image used within the KIP Academy, Inc. setting only (not in the larger community).

Limited usage 2: I want my child's image used for educational materials only (not marketing). This could be either within KIP Academy, Inc. or in the larger community. One example of this could be videos in parent education classes.

Limited usage 3: I want my child's image used on printed materials only (no digital or video use).

****Today's Date:** _____ **Parent/Guardian Signature:** _____

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INTERNET USAGE STANDARDS FOR STUDENTS

Use of the Internet is a Privilege, not a Right

Student use of KIP Academy, Inc. computers, networks and internet services is a privilege, not a right. Unacceptable use/activity, or any other non-compliance with these guidelines, is considered a violation of academy rules and may result in cancellation of privileges as well as additional disciplinary and/or legal action. The director shall have final authority to decide whether a student's privileges will be denied or revoked. Students will use the system for instructional and fun purposes only as it relates to classroom and curricular assignments and activities.

No Expectation of Privacy

KIP Academy, Inc. retains control, custody and supervision of all computers, networks and internet services and reserves the right to monitor all computer and internet activity by students. Students shall have no expectation of privacy in their use of academy computers.

Users shall not:

- 1) Attempt to access information for which they are not authorized. If students violate computer lab rules, privileges will be denied or revoked for the remainder of the term and parent/guardian will be notified.
- 2) Reveal his/her full name, home address or telephone number on the internet without prior permission from a supervising teacher. Students are not to meet people they have contacted through the Internet without parental permission. Students are to inform their supervising teacher if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way.
- 3) Harass other users by sending annoying, obscene, libelous, or threatening messages. Users shall report any conduct that they feel can be defined as harassment to their teacher or school administrator immediately.
- 4) Use the access for illegal, unethical, or obscene purposes. Users shall respect copyright laws and licensing agreements pertaining to material entered into and obtained via the system.
- 5) Use the access for "for-profit" or commercial business activities. KIP Academy, Inc. assumes no responsibility for any unauthorized charges made by students including but not limited to credit card charges, long distance telephone charges, equipment and line costs, or for any illegal use of its computers such as copyright violations.
- 6) Access sites that are not in direct support of lesson activities.
- 7) Intentionally develop programs or engage in activities that disrupt other users or infiltrate computer or network security.
- 8) Students will observe the standard of courtesy and behavior consistent with the practices and policies of KIP Academy, Inc. when sending or publishing messages or transmitting data or other information on the internet.
- 9) Disconnect any component of any workstation.
- 10) Use any illegal copies of software at any workstation.

Student's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

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GENERAL INFORMATION / BEHAVIOR/ CHILDREN w/DISABILITIES / LIABILITY WAIVER

GENERAL INFORMATION

I understand that KIP Academy, Inc. does not provide insurance to cover any child who may sustain any injury while participating in this program.

If my child _____ should become ill or injured during this activity, I understand that KIP staff will: 1) contact me immediately, or 2) contact the person I have designated if I cannot be reached. Should I or the persons designated be unable to be reached, KIP Academy, Inc. is authorized to contact my child's physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child.

BEHAVIOR

KIP Academy, Inc. youth programs cannot accommodate children who exhibit aggressive or disrespectful behavior. Children who are unruly or who present a disciplinary problem may be dismissed from the program to ensure the safety of all. I understand that if my child's behavior presents a problem, he/she may be removed from the program.

CHILDREN WITH DISABILITIES

KIP Academy, Inc. will make reasonable accommodations for children with mild mental disabilities.

LIABILITY WAIVER

All athletic and recreational activities involve some risk of accident or injury. KIP Academy, Inc. does not provide insurance, nor does it assume responsibility for such accidents or injuries. Participation in program activities and the use of its equipment is at your own risk.

Your signature below indicates that you have read and agree with and will abide by these terms.

Student's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

KIP Academy, Inc.

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VEHICLE/TRANSPORTATION EMERGENCY MEDICAL INFORMATION

Child's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ ST: ___ ZIP: _____

Student resides with: Both Parents Mother Father Guardian Other _____

Please provide emergency contact information below and include information for two alternates.

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1					
2					
3					
4					

Child 's Doctor/Clinic Name: _____ Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

Answer medication questions below.

	Long-Term Medication taken by child within last 30 days	Child has allergies to	Date of Last Tetanus Injection
1			
2			
3			

Describe below if the child has any special medial needs and conditions.

Medical Care Authorization

In the event of an emergency involving my child, and if KIP Academy, Inc. is unable to contact me by phone or otherwise get in touch with me, I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

KIP Academy, Inc. uses the medical facility indicated below.

DeKalb Medical, Hillandale
2801 DeKalb Medical Parkway
Lithonia, GA 30058
404-501-8000

KIP Academy, Inc.

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ALLERGY & MEDICAL AILMENT INFORMATION FORM

Child's Name: _____ **Date of Birth:** _____

Indicate below what if anything the child is allergic to and the symptoms indicating a reaction.
If there are none, please write "none" on the first line.

Allergic to	Displays these symptoms

Indicate below if the child has any illness or condition and provide a description of it in the space provided.
If there are none, please write "none" on the first line.

Illness or Condition	Displays these symptoms

Does the child know how to manage his/her allergy/conditions: Yes No

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Phone Number: _____

**** Please attach a letter from your child's doctor that clearly describes the allergy or medical condition, any medications taken for the allergy/condition, and any adverse reactions we should be aware of.**

KIP Academy, Inc.

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AUTHORIZATION to DISPENSE EXTERNAL PREPARATIONS FORM

Parental Authorization

Except for first aid, KIP Academy, Inc. personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's parent/guardian or specified physician. Such authorization will include, when applicable:

- Date
- Child's full name
- Name of the medication
- Prescription number
- Dosage (if any)
- Specific dates and times to be dispensed
- Signature of parent/guardian

I _____, the parent/guardian of _____ (child), give permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes
- Band-aids
- Neosporin or similar ointment Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A&D, Desitin, Vaseline)
- Baby Powder
- Other (please specify) _____

Parent/Guardian Signature: _____ **Date:** _____

KIP Academy, Inc.

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KIP ACADEMY, INC. SCHOOL SUPPLY LIST (Due 1st day of school)

Head Start, KIP Pre-K, Kindergarten,	3rd -5th Grade Supply List	6th -8th Grade Supply List
2 dozen #2 Pencils	(4) dozen #2 pencils	Metric Ruler w/ (inches & centimeters
(1) two pocket folder	(1) pack dry erase markers	protractor and compass
(1) 100 count pack 3x5 index cards	(1) 12-inch ruler with centimeter marks	(2) 3-inch 3-ring binders w/ pockets
(2) packs of dry erase markers	(3) packs of loose-leaf notebook paper	(8) Packs of Notebook Paper
(2) packs of plain, white copy paper	(2) 3-inch, 3-Ring Binders w/ pockets	One Dozen Blue, Black & Red Pens
(2) 2 /pack of glue sticks (no liquid glue)	(15) Dividers	(3) 100 count pack 3x5 index cards
(1) pair blunt nosed scissors	(1) 50-ct pack of 3 hole punched sheet protectors	(5) Dozens #2 Pencils
(2) boxes 24-ct crayons	(2) 100 count pack 3x5 index cards	(1) 24-ct Colored Pencils
(2) boxes 12-ct colored pencils	(1) Index Card Box	(1) pair blunt nosed scissors
(4) boxes of facial tissue	(1) 24-ct box of crayons	Book bag
(1) pack of fragrance-free baby wipes	(1) box 12-ct colored pencils	(2) glue sticks (no liquid glue)
(2) boxes Ziploc bags gallon-sized	(4) packs of plain, white copy paper	(1) 1 GB Flash drive with lanyard
(2) boxes Ziploc bags, sandwich sized	(1) pair blunt nosed scissors	Highlighters
3/Pack of Lysol Cleaning Wipes	(2) 3 pack of glue sticks (no liquid glue)	(2) 8 Pack Dividers
(1) backpack (large enough to fit folders, library books, lunch box, etc.)	(4) boxes of facial tissue	(4) boxes of facial tissue
(1) Oversized shirt for art	3/Pack of Lysol Cleaning Wipes	3/Pack of Lysol Cleaning Wipes
(2) packs Beginner/Kindergarten Pencils (Pre-K & Kindergarten only)	(2) boxes Ziploc bags gallon-sized	(2) boxes Ziploc bags gallon-sized
4 preschool writing tablets (Pre-K & Kindergarten only)	(2) boxes Ziploc bags, sandwich sized	(2) boxes Ziploc bags, sandwich sized
3 wide-ruled spiral notebooks (1st grade only)	(1) durable pencil box for storage	(4) packs of plain, white copy paper
(1) Full change of clothes (shirt, bottoms, socks, underwear) Head Start, Pre-K & Kindergarten	(2) packs of pencil top erasers	(1) pack dry erase markers (blue/black)
(2) Mead Primary Journals (1st & 2nd grade only)	(1) back pack	(8) Two-pocket PLASTIC folders w/prong (various colors) <i>No paper folders</i>
(2) 6 pack of tennis balls	(8) Two-pocket PLASTIC folders w/prong (various colors) <i>No paper folders</i>	(2) 6 pack of tennis balls
	(2) 6 pack of tennis balls	

Student's Name: _____

Teacher's Name: _____

Student's Name: _____

Teacher's Name: _____

Student's Name: _____

Teacher's Name: _____

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PARENTAL AGREEMENT WITH KIP ACADEMY, INC.

KIP Academy, Inc., agrees to provide day care for _____ (child's name)

Monday – Friday from 6:00 AM to 7:00 PM or **Monday – Friday from 2:30 PM to 7:00 PM**
from **August** through **May**.

Check the applicable meal plan and snacks your child will participate below.

Breakfast Morning Snack Lunch Afternoon Snack Evening Meal (June and July)

Before any medication is dispensed to my child, I will provide a written authorization, which includes:

- Date
- Child's full name
- Name of the medication
- Prescription number
- Dosage (if any)
- Specific dates and times to be dispensed
- Signature of parent/guardian

Medication will be in the original container with my child's name indicated.

My child will not be allowed to enter or leave the facility without being escorted by a parent/guardian, person authorized by parent/guardian or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. This includes contact telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

KIP Academy, Inc., agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., that involve my child.

KIP Academy, Inc., agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize KIP Academy, Inc., to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for KIP Academy, Inc.

I understand that KIP Academy, Inc., will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in KIP Academy, Inc. activities.

Parent/Guardian Signature: _____ Date: _____

KIP Academy, Inc.: _____ Title: _____ Date: _____

KIP Academy, Inc.

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ACKNOWLEDGEMENT OF POLICIES

To ensure that you, the parent/guardian, have read and agree to the Policies of KIP Academy, Inc., you must sign, and return the following form to the office at the time of enrollment. A copy for your records will be made available upon request.

I/We, _____ and _____
have read and understand all Policies and Guidelines of KIP Academy, Inc.

I/We agree to abide by all policies stated in the Parent Handbook and Financial Agreement. I/We understand that we will be notified, in writing, of any changes in these policies. Any complaints, concerns, or grievances against KIP Academy, Inc. will be made in writing and/or telephone call and will be followed up in a timely manner.

I/We also understand that any breach of policies and contracts may be grounds to terminate childcare. A two week notice will be given in such circumstances unless the infraction is severe enough to warrant termination without notice.

This arrangement will be effective: _____

*Please complete this form and turn into the office at time of enrollment.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Childcare Provider: **KIP Academy, Inc.**

Witnessed by: _____ Date: _____

KIP Academy, Inc.
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CHILD DEVELOPMENT CENTER BITING POLICY

I have received and read the KIP Academy, Inc. Biting Policy and agree with its terms. I will contact the director immediately with any questions or concerns.

Please sign, date, and return to the office. Thank you for your cooperation.

Parent/Guardian Signature

Date

KIP Academy Signature

Title

Date

KIP Academy, Inc.

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FINANCIAL AGREEMENT

Sharon D. Woods, Director

2470 Bruce Street, Lithonia, GA 30058
 (770) 482-6112 (Office) (470) 395-1954 (Fax)
swoods@kiplc.com www.kiplc.com

Student's Name: _____ **Current Age:** ____ **Grade:** _____

Mark program desired: KIP Academy (K-12th) Pre-K Head Start (3 year olds)
 Before School After School Before & After School Summer Camp

KIP Academy, Inc. fees are indicated below.

Yearly Registration	Fees
Before & After School Program	\$35.00
Head Start	\$370.00
Pre-K (Non GA Funded)	\$370.00
GA Funded Pre-K (age 4 by Sept 1 st)	Free
New Academy Students K-8 th	\$620.00
Returning Academy K-8 th	\$520.00
Summer Camp	\$25.00

*Families with two (2) children attending KIP Academy (Head Start - 8th) will receive a 10% discount on registration fees. Families with three (3) children attending KIP Academy (Head Start - 8th) will receive a 15% discount on registration fees. There are no additional discounts off tuition for multiple children.

Weekly Tuition	Fees
Head Start (Age 3)	\$95.00
GA Funded Pre-K	Free
Non-GA Funded Pre-K	\$115.00
Before & After School	\$70.00
Before School ONLY	\$30.00
After School ONLY	\$50.00
Summer Camp (fee includes swimming and skating)	\$75.00
Academy K-8th (full time 6am - 7pm)	\$115.00

***All fees are non-refundable**

KIP Academy, Inc.

ENROLLMENT APPLICATION PACKET

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Please select ONE OPTION (For office use only)

Registration Fee Payment Options

Registration is \$_____ and will be paid as indicated by the option selected below.

- Option 1** – Payment in Full: Registration fee is due by August 5th
- Option 2** – Pay in two parts: \$_____ due by August 5th and September 5th
- Option 3** – Payment in three equal parts: \$_____ due by August 5th, September 5th and October 5th

Tuition Payments

Tuition payment in the amount of \$_____ will be paid weekly bi-weekly or monthly

Registration Fees are due in full no later than October 31st or the last Friday in October should the 31st fall on the weekend. Failure to pay in full by November 1st or the 1st Monday in November will result in your child not being allowed to attend KIP Academy, Inc. and/or be picked up as part of the Afterschool program. (**Initial here:** _____)

Tuition Payments are due every Friday, in advance regardless of child's absence or school closure due to inclement weather. Payments made after Friday or the allotted time will accrue a \$10.00 late fee for each week that an account has a balance greater than \$0.00. **Once an account is past due, on the following Monday your child will be withdrawn. The ONLY time payment is NOT expected is if you withdraw your child from the program.** (**Initial here:** _____)

Monthly Payments: If paying monthly, payment is due on the 1st of every month. If your account becomes 6 days delinquent, your child will not be allowed to attend KIP Academy, Inc. and/or picked-up for as part of the Afterschool Program (ASP) on the 7th day without receiving the full balance due. (**Initial here:** _____)

Forms of Payment: KIP Academy, Inc. accepts cash, money orders, credit/debit cards or checks for payments. You may also set up an automatic draft from a financial institution. There is a \$5 credit/debit card administration fee. If you prepay and withdraw your child without a two week notice, no refund will be provided. (**Initial here:** _____)

Returned Check/Credit/Debit Fees: Returned checks will be assessed a non-refundable \$35.00 processing fee. Only cash will be accepted after the first returned check. Return credit/debit payments will be assessed a non-refundable \$15.00 processing fee. (**Initial here :** _____)

Withdrawal: In the event that you choose to withdraw your child from KIP Academy, Inc., for any reason, you will be responsible for giving written notice two weeks in advance of withdrawal date or two weeks tuition if notice is not given. If you withdraw for medical reasons or other special circumstance (as determined by the Board of Directors of KIP Academy, Inc. on a case-by-case basis and in its sole discretion), fees may be waived. Requests must be submitted in writing to the Director who will bring the request before the Board of Directors for a vote. You will be notified of the decision within 30 days. Parents will receive a two week notice if KIP Academy, Inc. cannot provide service for their child. (**Initial here :** _____)

Late Arrival Fees: If you arrive after KIP Academy, Inc. closes at 7:00 p.m., or the GA Pre-k program has ended for the day at 3:00 p.m., you are considered late. A fee of \$1.00 is assessed for every minute after the closing time. The late fee is due when you pick up your child. Payment by cash or check is accepted. Please be prepared to pay late charges. (**Initial here :** _____)

My signature below indicates that I understand the above payment options and guidelines and pledge to make on time payment.

Parent/Guardian Name: _____ (Print)

Parent/Guardian Signature: _____ Date: _____



The World at Our Fingertips!

CODE OF STUDENT CONDUCT STUDENT RIGHTS AND RESPONSIBILITIES

Outline of Student Rights and Responsibilities for
KIP Academy, Inc.

ACKNOWLEDGEMENT OF RECEIPT BY PARENTS/GUARDIANS

Please read and review this Code of Student Conduct with your child and emphasize your child's role in helping to maintain a safe and orderly learning environment. This document also includes important information relative to you and your student. Please sign below to acknowledge that you and your child received the Code of Student Conduct Handbook.

Parent/Guardian Signature

Date

Student's Name

Student's Grade

Please indicate how you would like to receive the Code of Student Conduct.

Email (provide email address here: _____) Hardcopy

KIP Academy, Inc., Blazer with Logo Order Form

Student's Name

Student's Grade

Parent/Guardian Name

Date

Email Address

Cost of blazer with logo is included with full registration fee payments.

Blazer with Logo Cost is \$75.00



Select size, number of blazers for that size and cost for each size.

Size	Number of Blazers	Total Cost (\$75 each)	Cost for this size
4			
6			
8			
10			
12			
14			
16			
18			
20			
Other _____			
Totals			

Orders and payment must be received no later than the 2nd Friday in October.

If full payment of registration fees have not been paid, please place order form and payment in the office payment box or mail form and payment to:

KIP Academy, Inc.
2470 Bruce Street
Lithonia, GA 30058

KIP Academy, Inc., T-Shirt Order Form

Student's Name

Student's Grade

Parent/Guardian Name

Date

Email Address

**Order T-shirts for students and for family members!
Cost is \$10.00 each**

Spirit T-shirt

Shirt Size	Number	Total Number	Cost
Adult Size - Small			
Adult Size - Medium			
Adult Size - Large			
Adult Size - X-Large			
Adult Size - 2X			
Adult Size - 2X			
Adult - Other _____			

Shirt Size	Number	Total Number	Cost
Child Size - X-Small			
Child Size - Small			
Child Size - Medium			
Child Size - Large			
Child Size - X-Large			

Phys.Edu. T-shirt

Shirt Size	Number	Total Number	Cost
Adult Size - Small			
Adult Size - Medium			
Adult Size - Large			
Adult Size - X-Large			
Adult Size - 2X			
Adult Size - 2X			
Adult - Other _____			

Shirt Size	Number	Total Number	Cost
Child Size - X-Small			
Child Size - Small			
Child Size - Medium			
Child Size - Large			
Child Size - X-Large			

Summer Camp T-shirt

Shirt Size	Number	Total Number	Cost
Adult Size - Small			
Adult Size - Medium			
Adult Size - Large			
Adult Size - X-Large			
Adult Size - 2X			
Adult Size - 2X			
Adult - Other _____			

Shirt Size	Number	Total Number	Cost
Child Size - X-Small			
Child Size - Small			
Child Size - Medium			
Child Size - Large			
Child Size - X-Large			

KIP Academy, Inc., Transportation Agreement

This is to certify that I, _____, (parent/guardian)

give, KIP Academy, Inc. permission to transport my child, _____ (child's name)

Before School

from: **KIP Academy, Inc.**, at _____ AM PM
Pickup Location

to: _____ at _____ AM PM
Delivery Location

My child will be transported on the dates indicated below.

After School

from: _____ at _____ AM PM
Pickup Location

to: **KIP Academy, Inc.**, at _____ AM PM
Delivery Location

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

KIP Academy, Inc., is authorized to receive my child. In the event the authorized person/facility is not present to receive my child, the following procedures are to be followed:

Please call me, _____, parent/guardian at (____) _____ or, someone from the emergency contact list provided.

_____ is approximately _____ miles from KIP Academy, Inc.

Location

In the event that my child is not to be transported as outlined above, I agree to notify **KIP Academy, Inc.** by noon on the pick up day.

(Parent/Guardian Signature)

Date

KIP Academy, Inc.

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WALKING FIELD TRIP PERMISSION SLIP

Your child will be participating in a field trip to:

LOCATIONS

Luscious Sanders Gym 2484 Bruce St, Lithonia, GA 30058

Playground/Field -Bruce Street Park-2566 Bruce St, Lithonia, Georgia 30058

Mode of Transportation: Walking

DATE: June - July of the current year

Departure Time: Anytime between 10:00 a.m. -6:00 p.m.

Estimate arrival time back to KIP Academy, Inc.: Anytime between 1:00-6:00 p.m.

AGES: All

ATTIRE: _____

Authorization

I give my child, _____ (child's name), permission to attend the weekly summer field trip to one of the location(s) listed above from June of the current year- July of the current year. I give permission for my child to receive emergency medical treatment. In case of emergency, please contact:

(Emergency contact)

Best Contact Number

(Parent/Guardian Name)

Best Contact Number

(Parent/Guardian Signature)

Date

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WEEKLY SUMMER FIELD TRIP PERMISSION SLIP

Your child will be participating in a field trip to:

LOCATIONS

- Luscious Sanders Gym 2484 Bruce St, Lithonia, GA 30058
- Swimming (3-7 year olds) - Browns Mill Aquatic Facility, 4929 Browns Mill Rd, Lithonia, GA 30038
- Swimming (8-15 year olds) - Lithonia Pool, 2501 Park Dr., Lithonia, GA 30058
- Golden Glide Skating Rank (5-15 year olds), 2750 Wesley Chapel Rd, Decatur, GA 30034

Mode of Transportation: 15 passage vans

Date: June - July of the current year

Departure Time: Anytime between 10:00 a.m. to 6:00 p.m.

Estimate arrival time back at center: Anytime between 1:00 to 6:00 p.m.

AGES: All

ATTIRE: _____

Authorization

I give my child, _____ (child's name), permission to attend the weekly summer field trip to one of the location(s) listed above from June of the current year- July of the current year. I give permission for my child to receive emergency medical treatment. In case of emergency, please contact:

(Emergency contact)

Best Contact Number

(Parent/Guardian Name)

Best Contact Number

(Parent/Guardian Signature)

Date

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SWIMMING AUTHORIZATION

Student's Name: _____

Gender: M F

Date of Birth: _____

Age: _____

Center Name: _____

I give my child, _____ permission to participate in swimming activities.

(Parent/Guardian Name)

Best Contact Number

(Parent/Guardian Signature)

Date

To be completed by swim instructor

_____ has successfully completed a swimming test which required the child to swim a distance of fifteen (15) yards unassisted.

_____, (lifeguard) has current evidence of having completed successfully a training program in lifeguarding offered by a water- safety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard-setting agency for water safety instruction. **(Center must maintain a copy on file)**

(Lifeguard Signature)

Date

Center has obtained a letter from the off-site swimming facility that all lifeguards on duty have successfully completed a training program in lifeguarding .

** In lieu of requiring each child to take a swimming test to determine whether the child can swim a distance of fifteen (15) yards unassisted, center staff may accept copies of certificates or cards from a recognized water-safety instruction organization showing that the child has successfully completed a swimming class which required the child to swim a distance of fifteen (15) yards unassisted permission to participate in

KIP, Inc., Must Maintain in Child's File