

Adventure Academy

8383 Craig St, Suite 210

Indianapolis, Indiana 46250

Last Updated: **August 1, 2018**



Enrollment Package

How did you hear about us? _____

Enrollment Agreement

Child's Name					
Date of Birth					
Parent/Guardian Name(s)					
Phone					
Start Date					
Class					
Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Approximate Time					
AM Preschool	Monday	Tuesday	Wednesday	Thursday	Friday
Tuition Fee (per week)					
Registration Fee					

Late Pick-Up

A late fee will be charged for children left past 6:00 pm. Please refer to the **Adventure Academy Parent Handbook** for further details.

Vacation Policy & Holidays

Parents will receive 2 free vacation weeks per year. Notice must be received in writing by the office before the vacation is taken. Please refer to the **Adventure Academy Parent Handbook** for further details. A comprehensive calendar of days the center is closed will be handed out to parents each year.

Tuition & Late Payment

Tuition payments are due the first day of service each week. Tuition and registration

fees are non-refundable. Parents are responsible for the agreed upon tuition regardless of days missed for any reason; i.e. illness, holidays, etc (excluding your 2 free vacation weeks). A late fee of \$20 can be assessed for any payments not made by the end of the day on Tuesday each week. All returned checks will be assessed a \$30.00 charge.

Withdrawal

Two weeks notice must be submitted in writing or a child's account will be charged an additional 2 weeks tuition after their last day.

Signature of Consent & Understanding

By signing below, I accept these policies and agree to abide by these terms. I will be responsible for any costs of collection in enforcing this agreement.

Parent/Guardian's Signature

Date

Enrollment Application

Child's Name	
Nickname(s)	
Date of Birth	
Verification Document	
Present Age	
Gender	
Home Address	
Parent/Guardian's Name	
Home Address	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
Employer's Name	
Employer's Address	
Work Hours	
Parent/Guardian's Name	
Home Address	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
Employer's Name	
Employer's Address	
Work Hours	

Tuition Schedule

Number of Days	Infants	Toddlers & Twos	Threes	Pre-K	A.M. Preschool
5	\$215 USD	\$200 USD	\$185 USD	\$175 USD	\$130 USD
4	\$200 USD	\$185 USD	\$170 USD	\$160 USD	\$115 USD
3	\$175 USD	\$160 USD	\$150 USD	\$140 USD	\$95 USD
2	\$140 USD	\$135 USD	\$125 USD	\$115 USD	Not offered

Discounts Available

Military	Police & Fire	Community North	Sibling
10%	10%	10%	10%

All Classes

There is a one time registration fee of \$45 per child or \$75 per family

A.M. Preschool Only

- 3-5 year olds only
- 9:00 am to Noon
- Morning snack will be provided

Pick Up Authorization & Emergency Contacts

Child's Name		
Full Name		
Relationship		
Phone		
Contact In Emergency	Yes	No
Full Name		
Relationship		
Phone		
Contact In Emergency	Yes	No
Full Name		
Relationship		
Phone		
Contact In Emergency	Yes	No
Full Name		
Relationship		
Phone		
Contact In Emergency	Yes	No
Full Name		
Relationship		
Phone		
Contact In Emergency	Yes	No

Before a child can be released to anyone not specified on this list, a written note must be submitted to the Director by the parent prior to pick up. Any persons that the center staff are not familiar with will be required to show a government issued picture ID before the child can be released.

Persons Denied Permission

List full names of any and all persons specifically denied permission to pick up your child from **Adventure Academy**. If you are listing a custodial parent, legal documentation of denial is required.

Full Name	
Relationship	
Full Name	
Relationship	
Full Name	
Relationship	
Full Name	
Relationship	

Medical Information

Child's Name				
Parent/Guardian Name(s)				
Child's Date of Birth				
Physician				
Physician's Phone Number				
Address				
	Street	City	State	Zip
Dentist				
Dentist's Phone Number				
Address				
	Street	City	State	Zip
Hospital				
Hospital Phone Number				
Insurance Provider				
Insurance Phone Number				
Insurance Policy Number				
Allergies				
Medical Conditions				
Special Needs				

Emergency Care Consent

I hereby authorize the staff of **Adventure Academy** to take whatever emergency medical measures are deemed necessary for the protection of my child while under their care. I understand that this includes calling the named physician, implementing given instructions, and/or calling 911 for transportation to a hospital or clinic without obtaining further consent. I understand that I will be responsible for any costs associated with providing medical care to my child. I understand that I will be contacted immediately or as soon as possible via the phone numbers listed with my application.

Parent/Guardian's Signature

Date

Allergies

Please be as specific as possible with all information you are providing with regards to your child's allergies. For example, if your child is allergic to eggs and cannot eat eggs but can safely consume foods containing eggs (such as breads, cakes, etc), please include such details. If your child requires an Epi-Pen for any allergies, please request the Epi-Pen permission form from administration.

Child's Name		
Date of Birth		
Allergy		
Is this allergy life threatening?	Yes	No
Is an Epi-Pen required?	Yes	No

Please describe your child's allergic reaction:

The following steps and/or medication(s) should be taken in the event of exposure/ingestion:

Allergy		
Is this allergy life threatening?	Yes	No
Is an Epi-Pen required?	Yes	No

Please describe your child's allergic reaction:

The following steps and/or medication(s) should be taken in the event of exposure/ingestion:

Walks & Extracurricular Activities Authorization

Extracurricular Activities

In the event of extracurricular activities, I understand that I will be informed prior to the activities and will sign written permission forms for my child to participate.

Walks & Leaving the Premises

In the event of activities such as Nature Walks, other walking opportunities, or stroller walks, I give authorization for the **Adventure Academy** staff to take my child off the premises and into the adjacent areas.

I understand that my child will be supervised by a caregiver at normal required ratios and will go no more than 15 minutes walking distance from the front of the center.

Parent/Guardian's Signature

Date

All About Me & My Family

Please help us to get to know your child better by providing us with the following information:

My name is _____

My nickname is _____

My birthday is _____

My favorite food is _____

My favorite toy/activity is _____

What helps me rest? _____

What soothes me when I'm upset? _____

Special words or phrases I identify with are _____

I live with _____

The name(s) and age(s) of my sibling(s) is/are _____

My pet(s) _____

Other comments _____

Toilet Training

Please help familiarize us at **Adventure Academy** with your child by providing the following information.

Is your child potty training	Yes	No
Can your child indicate bathroom wishes?	Yes	No
Does your child have bathroom-related fears?	Yes	No
If so, what fears?		
Does your child have many accidents?	Yes	No
What words does your child use for:		
“Bowel movement”		
“Urination”		
What words does your child use for describing their private parts?		

Sleep Routine

What time does your child awaken?		
What time does your child go to sleep at night?		
Does your child sleep through the night?	Yes	No
Does your child take naps?	Yes	No
If so, what time(s) does your child nap?		
How long does your child nap for? (AM & PM)		
Does your child sleep in a bed, crib, or other?		
Does your child sleep alone or with someone?		

Other comments or notes regarding sleep routine and/or toilet training:
