



Enrollment and Agreement Forms

Student Last Name		First Name		Middle Initial	Preferred Name		Sex (M/F)
Street Address (include apartment #, etc)			City	Zip Code	Telephone Number ()		
Date of Birth	Place of Birth		Child's Age	Shirt Size	Native Language		
Primary Contact Information Father's Last Name				Father's First Name			
Street Address (include apartment #, etc)			City	Zip Code	Telephone Number ()		
Father's Business Phone				Name of Company/Employer			
Father's Pager Number				Father's Cell Phone Number			
Mother's Last Name				Mother's First Name			
Street Address (include apartment #, etc)			City	Zip Code	Telephone Number ()		
Mother's Business Phone				Name of Company/Employer			
Mother's Pager Number				Mother's Cell Phone Number			
Father's E-Mail Address				Mother's E-Mail Address			
Father's Occupation				Mother's Occupation			
Child Resides With: If there are custody restrictions, please describe here and present legal documents for the students' file.						Ethnic Origin	
List Brothers and Sisters		Sex	Birth Date	If Student, Name of School			
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Emergency Contact Information (List names other than parents)				Relationship to Child	Daytime Telephone Number		
1.				Relationship to Child	Daytime Telephone Number		
2.				Relationship to Child	Daytime Telephone Number		
3.				Relationship to Child	Daytime Telephone Number		
Doctor's Name				Doctor's Telephone Number ()			
Dentist's Name				Dentist's Telephone Number ()			
Please list medical problems, allergies, or food restrictions, if any.				Please list medications your child takes regularly.			
Records may be requested from prior school _____ # (____) _____. Name of school Phone							
Has student ever received any special education services? Yes No Type of Service:							

Persons Authorized to Pick up Child Other Than Parent(s):May be asked for ID	Telephone Number ()
1.	Telephone Number ()
2.	Telephone Number ()
3.	Telephone Number ()

PARENT PERMISSION FOR FIELD TRIPS:

Periodic fieldtrips may be taken in order to expand classroom learning. Parents/guardians will be notified in advance, with the details and any extra costs involved of each trip. An additional signed permission slip will be required for each trip. Telephone permission cannot be accepted.

We have permission to take your child _____ on these trips.

Parent/Guardian Signature

Witness Signature

Date

PARENT PERMISSION FOR EMERGENCY EVACUATION:

We regularly schedule and practice emergency drills as required by KDHE to maintain a safe environment for your child.

In the case of a real emergency we have permission to evacuate the premises with your child _____.

Parent/Guardian Signature

Witness Signature

Date

PARENT AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR:

I/We _____, and _____, do hereby state that I am/we are the parent(s) or legal guardian(s) of _____, a minor, age _____, born on _____, who resides with me/us at _____.

I/We, _____, and _____, do hereby authorize, for emergency purposes only, a designated employee of Honey Tree Academy LLC to transport the above minor by ambulance, and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision and the advice of any physician or surgeon licensed to practice medicine in the State of Kansas.

Date of last Tetanus/Diphtheria Booster _____ Allergies to food or drugs _____

Special medications or pertinent medical information _____

Insurance Co.	Policy Number	Primary Insured	Hospital Preference
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Parent/Guardian Signature for Authorization

Witness Signature

Date

Parent/Guardian Signature for Authorization

Witness Signature

Date

PARENT PERMISSION FOR CONSENT AND RELEASE:

On occasions, your child may be photographed while at Honey Tree Academy. These photographs may be used by Branches Academy for programming purposes, marketing, advertising, public television, newspapers, magazines, electronic, or digital communication.

I give Branches Academy the right and permission to copyright, publish, or use photographs of my child _____ for any lawful purposes.

Parent/Guardian's Signature

Witness Signature

Date

GENERAL INFORMATION ABOUT YOUR CHILD:

Please describe any previous preschool or group situations your child has had.

Describe your child's interactions with others.

List your child's favorite activities and interests.

Favorite foods

Foods your child does not like

Any known problems or concerns that we should be aware of?

How does your child react to various situations?

With this enrollment form, I wish to enroll my child in the following:

ALL DAY ELEMENTARY: 8:15 am – 3:45 pm

___ Kinder * ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th
___ 7th ___ 8th

ALL DAY KINDERGARTEN:

___ 5 Full Days - Kindergarten 8:15am – 3:45 pm

HALF DAY KINDERGARTEN:

___ 5 Half Days - Kindergarten 8:15 am – 11:30 am

BEFORE AFTER SCHOOL CARE:

___ 7:30 – 8:15 am

___ 3:45 – 5:30 pm

ENROLLMENT DATE:

___ - ___ - ___

FIRST DATE OF ATTENDANCE:

___ - ___ - ___

I live in the following school district:

USD 266 ___

USD 265 ___

USD 259 ___

Other ___

My child has an IEP ___ (yes) ___ (no).

(If so, please provide us with a copy).

Referred by:

TUITION AND FEES:

___ School Year Nonrefundable Enrollment Fee - \$225

___ Summer Nonrefundable Enrollment Fee - \$50

___ Summer Activity Fee - \$150

PART TIME WEEKLY FEES (SUMMER RATES ONLY):

___ 2 Half Days – TTH - \$70 Before and After School

___ 3 Half Days – MWF - \$100 ___ \$20 additional weekly for TTH

___ 5 Half Days – M-F - \$140 ___ \$30 additional weekly for MWF

___ 2 Full Days – TTH - \$115 ___ \$40 additional weekly for M-F

___ 3 Full Days – MWF - \$155

ALL DAY KINDERGARTEN WEEKLY FEES:

___ 5 Full Days Kindergarten – Monday – Friday - \$190

HALF DAY KINDERGARTEN WEEKLY FEES:

___ 5 Half Days - Monday- Friday - \$150

ELEMENTARY WEEKLY FEES:

___ Grades 1st – 8th – Monday – Friday - \$175

___ Grades 1st – 8th – Monday – Friday - \$160 (SUMMER RATES ONLY)

BEFORE AND AFTER SCHOOL:

___ \$40 weekly (ENROLLED STUDENTS)

___ \$50 weekly (NON-ENROLLED STUDENTS) Maize

LUNCH:

___ -\$10 tuition reduction weekly Grades 1st -8th only, if your child brings their lunch everyday.

INSERVICE DAYS (Space available basis, with Director approval).

___ \$20 for each additional half day ___ \$40 additional daily for full day

We will be closed one week during Winter Break and Spring Break. *Tuition is not due during the week of Winter Break or Spring Break.* "Enrichment" weeks will be offered, at an additional charge, for students that need fun activities to keep them busy during those weeks. You may sign up for these weeks at that time.

I certify that this information is true and correct. I have read and understand the policies and procedures outlined in the Parent Handbook, and agree to the policies. I understand that these policies may be revised during the school year, in the form of written parent communication. My non-refundable enrollment fee accompanies this agreement/enrollment form. I understand that my child may not begin attending Branches Academy until ALL paperwork has been completed and turned into the Academy Director, and ALL payments have been made.

We require a school year formal written notice of withdrawal for the school year session and a 30-day written notice of withdrawal request for the summer session. This is a commitment for the entire school year.

DEFAULT DAMAGES CONTRACT LANGUAGE: This company reserves the right to charge interest on all unpaid balances up to 10% per annum prior to taking a civil judgment. If this debt is not a consumer debt as defined by the UCCC, then client agrees to pay attorney fees and all other costs of collection. If the debt is a consumer debt as defined by the UCCC, then consumer agrees to pay attorney fees in an amount not to exceed 15% of the total amount of the debt after default or as otherwise permitted or limited by the UCCC or other laws of the United States of the State of Kansas.

<u>Relationship to Student</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>

Office Use Only:

Enrollment Fee ___ Enrollment Form ___ Hospital Emergency Form ___ Health Assessment ___ Parent Handbook Form ___ COVID Form ___

First Week Fee ___ Income Eligibility Form ___ Brightwheel Form ___

Provider Name: Honey Tree & Branches Academy LLC Provider Signature: _____ Date: _____