



Referred By _____

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			
List Brothers and Sisters		Sex	Birth Date	If Student, Name of School			
List Brothers and Sisters		Sex	Birth Date	If Student, Name of School			
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.			
Has student ever received any special education services? Yes No Type of Service:							

Referred By _____

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 still be required** for each trip. Telephone permission cannot be accepted.
 We have permission to take your child _____ on these trips.

<u>Parent/Guardian Signature</u>	<u>Witness Signature</u>	<u>Date</u>
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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 _____.

<u>Parent/Guardian Signature</u>	<u>Witness Signature</u>	<u>Date</u>
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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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<u>Parent/Guardian Signature for Authorization</u>	<u>Witness Signature</u>	<u>Date</u>
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<u>Parent/Guardian Signature for Authorization</u>	<u>Witness Signature</u>	<u>Date</u>
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PARENT PERMISSION FOR CONSENT AND RELEASE:

On occasions, your child may be photographed while at Honey Tree Academy. These photographs may be used by Honey Tree Academy LLC for programming purposes, marketing, advertising, public television, newspapers, magazines, electronic, or digital communication.
 I understand that Honey Tree Academy LLC has the right and permission to copyright, publish, or use photographs of my child _____ for any lawful purposes.

<u>Parent/Guardian's Signature</u>	<u>Witness Signature</u>	<u>Date</u>
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Describe your child's interactions with others.

List your child's favorite activities and interests.

Favorite foods	Foods your child does not like
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How does your child react to various situations?

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

<p><u>With this enrollment form, I wish to enroll my child in the following:</u></p> <p><u>HALF DAY PRESCHOOL/PREKINDERGARTEN:</u></p> <p>_____ Morning 8:30 – 11:30 am</p> <p>_____ Afternoon 1:00 – 4:00 pm</p> <p><u>ALL DAY PRESCHOOL/PREKINDERGARTEN:</u></p> <p>_____ School Day 8:30 am – 4:00 pm</p> <p>_____ Extended Day 7:30 am – 5:30 pm</p> <p><u>SUPPLEMENTAL PRE- KINDERGARTEN:</u></p> <p>For Maize Pre-Kindergarten Students</p> <p>_____ Morning 8:30 – 12:15 (bus pickup)</p> <p>_____ Afternoon (bus drop off) 12:15 – 4:00</p> <p><u>BEFORE AFTER SCHOOL CARE:</u></p> <p>_____ 7:30 – 8:30 am</p> <p>_____ 4:00 – 5:30 pm</p> <p><u>ENROLLMENT DATE:</u></p> <p>_____ - _____</p> <p><u>FIRST DATE OF ATTENDANCE:</u></p> <p>_____ - _____</p> <p>REFERRED BY: _____</p>	<p><u>TUITION AND FEES:</u></p> <p>_____ Nonrefundable Enrollment Fee - \$125</p> <p>_____ Summer Nonrefundable Enrollment Fee - \$50</p> <p>_____ Summer Activity Fee - \$150 (2 years and older)</p> <p><u>ALL DAY TODDLER WEEKLY FEES (12 mo-2 years and non-potty trained students):</u></p> <p>_____ 5 Full Days – Monday – Friday - \$260</p> <p>_____ 3 Full Days - MWF- \$195</p> <p>_____ 2 Full Days – TTH - \$145</p> <p><u>HALF DAY WEEKLY FEES:</u></p> <p><u>PRESCHOOL/PREK PRESCHOOL(non- potty trained)</u></p> <p>_____ 5 Half Days - Monday- Friday - \$150 _____ 5 Half Days-Monday-Friday - \$195</p> <p>_____ 3 Half Days - MWF - \$110 _____ 3 Half Days – MWF - \$145</p> <p>_____ 2 Half Days - TTH - \$80 _____ 2 Half Days – TTH - \$115</p> <p><u>ALL DAY PRESCHOOL/PREKINDERGARTEN WEEKLY FEES:</u></p> <p>_____ 5 Full Days – Monday – Friday - \$235</p> <p>_____ 3 Full Days - MWF- \$165</p> <p>_____ 2 Full Days – TTH - \$115</p> <p><u>BEFORE AND AFTER SCHOOL WEEKLY FEES:</u></p> <p>_____ \$20 additional weekly for TTH students</p> <p>_____ \$30 additional weekly for MWF students</p> <p>_____ \$50 additional weekly for M-F students</p> <p><u>INSERVICE DAYS (Space available basis only/with Academy Director approval):</u></p> <p>_____ \$20 an additional half day _____ \$40 an additional all day</p> <p>_____ \$40 an additional non-potty trained half day _____ \$60 an additional non-potty trained all day</p>
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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 HONEY TREE ACADEMY LLC until ALL paperwork has been completed and turned into the Academy Director, and ALL payments have been made.

We require a formal 30 day written notice for all withdrawals.

I further understand that Honey Tree Academy requires, and I agree to provide, at least a 30-day written notice prior to my child withdrawing for any reason. I acknowledge that I remain responsible for tuition payments during the 30-day notice period, and agree that Honey Tree may continue to invoice me each week for tuition payments (via ACH) during that period.

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>
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Office Use Only:

Enrollment Fee _____ Enrollment Form _____ Hospital Emergency Form _____ Health Assessment _____

First Week Fee _____ Income Eligibility _____ Brightwheel Form _____ Parent Handbook Form _____ COVID Form _____

Provider Signature _____ Date _____