



*A Family of Christian Preschools*

OFFICIAL USE ONLY	
School Year _____	Date Recd. _____
Reg. Fee _____	Pmt. Method _____
Start Date _____	Class: _____
<b>Schedule:</b> FT _____ PT Only _____ VPK Only _____	
M _____ T _____ W _____ R _____ F _____	
VPK Half Days _____	VPK Wraparound _____

### Application for Enrollment

**An Annual Registration Fee of \$125.00 per family is due with application.**

**Student Information** Date of Enrollment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M/F (circle one)

Child's Full Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Both \_\_\_\_\_ Other \_\_\_\_\_

**\*Any Custody Papers must be on file at Apple Tree Academy\***

**Program Requested:** *select one below*

Infant \_\_\_\_\_ Toddler \_\_\_\_\_ 2 Year Old \_\_\_\_\_  
3 Year Old \_\_\_\_\_ VPK \_\_\_\_\_

**Days Requested:** *select one below*

MTWRF \_\_\_\_\_ MWF \_\_\_\_\_ TR \_\_\_\_\_

**Time Requested:** *select one below*

Full Time (6:20 a.m. - 6:00 p.m.) \_\_\_\_\_  
Part Time (2's 8:00 a.m. - 11:30 a.m.) \_\_\_\_\_  
Part Time (3's 8:30 a.m. - 12:30 p.m.) \_\_\_\_\_  
VPK ONLY 8:30 a.m. -12:30 p.m.) \_\_\_\_\_  
VPK HALF DAYS (6:20 a.m. -12:30 p.m.) \_\_\_\_\_  
VPK WRAPAROUND (6:20 a.m. - 6:00 p.m.) \_\_\_\_\_  
(Full Time is no more than 9 hrs. a day)

**\*Includes Breakfast, Lunch and Afternoon Snack\***

### Family Information:

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Employer: \_\_\_\_\_

Work: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Employer: \_\_\_\_\_

Work: \_\_\_\_\_

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

If parents are divorced, widowed and remarried, is there a step parent? Yes, No (circle one)

Stepmother: \_\_\_\_\_ Stepfather: \_\_\_\_\_

**(Please print neatly, we will use email addresses and text messages for school communication)**

### Emergency Medical Release

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to Apple Tree Academy. I hereby request that in the event that I, or the people I designated for an emergency, cannot be reached in a timely manner, that an official representative of Apple Tree Academy will seek first aid or emergency medical care for my child including transport to the nearest emergency facility available. I further give my consent to any emergency facility and physician to administer necessary medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment.

Physician: \_\_\_\_\_

Physician's Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Group #/Policy # \_\_\_\_\_

List Medical Conditions/Treatments: \_\_\_\_\_

List Any Allergies: \_\_\_\_\_

Section 65C-22.006(2), F.A.C., requires a current physical examination (**Form DH 3040**) and immunization record (**Form DH 680 or 681**) on file at time of enrollment.

## Tuition and Enrollment Agreement

In consideration of Apple Tree Academy accepting and enrolling \_\_\_\_\_ (“Student”) into the programs and activities for the \_\_\_\_\_ school year, the undersigned agrees to the following terms:

1. **Non Refundable Registration Fee:** Parent/Guardian understands that the registration fee must accompany the registration papers and is non-refundable. Registration fees are collected annually.
2. **Tuition and Fees:** Parent/Guardian understands that the tuition goes to provide the highest quality care and early childhood education program for each child. Tuition is based on a total yearly cost of the program broken down into weekly or monthly payments to make it more feasible for our families. Therefore, tuition is due each week regardless if your child is in attendance or not. No credit is given for scheduled holidays or school closings.
3. **Payment:** All tuition is due on Friday for the following week. Any late payments will be subject to a \$25.00 late fee which will be assessed to your child’s account on Monday. Non-payment of tuition by Wednesday will result in disenrollment of your child. A \$50.00 fee (\$25.00 late fee and \$25.00 returned check fee) is charged for each returned check. Parent/Guardian understands that an electronic funds transfer authorization form must be completed and kept on file.
4. **Dismissal:** Parent/Guardian understands the school reserves the right to dismiss any student for any reason. In the event of a dismissal from Apple Tree Academy, any registration fees, the current week’s tuition and/or any activity fees are non-refundable and deemed earned. The Parent/Guardian remains responsible for payment of any unpaid charges to their account.
5. **Withdrawal:** This is a binding contract for the entire tuition for the school year. The child’s absence or failure to attend Apple Tree Academy does not relieve the Parent/Guardian of the obligations set forth herein, regardless of the circumstances. The Parent/Guardian must provide Apple Tree Academy with two (2) weeks written notice on a Withdrawal Form provided by Apple Tree Academy.
6. **Breach:** In the event of breach of contract by the Parent/Guardian, Apple Tree Academy reserves the right to recover from the Parent/Guardian all unpaid tuition, late fees, and administrative fees for the time period during which the Student attended school, plus prejudgment interest and all costs of collection, including but not limited to attorney’s fees, collection agencies fees, and court costs.
7. **Entire Agreement:** This agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written concerning the subject matter of this Agreement. This Agreement supersedes any prior written or oral agreement between the parties.
8. **Governing Law and Venue:** This Agreement will be construed in accordance with the laws of the State of Florida. Any dispute arising from this Agreement shall be governed by Florida law and shall solely and exclusively by a court of competent jurisdiction located in Martin County, Florida.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Director’s Signature*

\_\_\_\_\_  
*Date*

**Parent-School Enrollment Contract  
2018-2019**

This contract between the Parent (s) or Guardian (s) of below named Apple Tree Academy student and Apple Tree Academy stipulates the commitments required of all Apple Tree Academy families. Apple Tree Academy is committed to providing a safe and positive learning environment for all children. Each parent is asked to take an active role in supporting this plan. Therefore, all Apple Tree Academy families are required to read, initial, and sign this contract and agree to the following.

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

1. Communication and Family Engagement: I/We agree to be an active participant in the care and education of my child by promptly reading all notices from the school and the teacher whether they are paper, email, text or displayed on the bulletin boards through the school. Together, we can make a difference! \_\_\_\_ Initials
2. Early Intervention: I understand that Apple Tree Academy is a strong proponent of early intervention for children birth through 5 years of age. I agree to follow up with any recommendations made by any of the early childhood specialist brought to the school to help my child reach his/her maximum potential. \_\_\_\_ Initials
3. School Start Time: Apple Tree Academy values the education we provide for each student. Therefore, we ask each child to be at school before 9:00am so he/she does not miss out on vital learning time. I/We agree to call or email the school office if my child is going to be late. \_\_\_\_ Initials
4. Child Care Food Program: I acknowledge that Apple Tree Academy provides nutritious breakfast, lunch and afternoon snack each day through the Child Care Food Program. I/We will ensure that the CCFP paperwork is completed in a timely manner and returned to the office when requested. \_\_\_\_ Initials
5. Daily Sign In/Sign Out: I/We understand that the Florida Department of Children & Family requires that each child be signed in and out on a daily basis. I/We will ensure to sign in/out my child each day. \_\_\_\_ Initials
6. Illness and Readmission: I/We understand Apple Tree Academy's Illness Policy. If my child exhibits any symptoms of being sick during the school day, I agree to pick up my child within 45 minutes after notification to avoid spreading of germs. If my child contracts a contagious disease, I agree to notify the school immediately so every health precaution can be made for the well-being of all children. I/We understand that I/We may not return my child to school until after he/she is symptom free for at least 24 hours (without the aid of medication) and/or a doctor's note verifying he/she is no longer contagious and able to return to school. \_\_\_\_ Initials
7. DCF 175-24 "Know Your Child Care Facility": I/We acknowledge receipt of the Florida Department of Children and Family Brochure which can be found on the school website: [www.apple-tree-academy.com](http://www.apple-tree-academy.com). \_\_\_\_ Initials
8. DCF 175-70 The Flu A Parent's Guide: I/We acknowledge receipt of the Florida Department of Children and Family Brochure which can be found on the school website: [www.apple-tree-academy.com](http://www.apple-tree-academy.com). \_\_\_\_ Initials
9. Expulsion, Suspension, Dismissal Policy: I/We acknowledge receipt of the Apple Tree Academy Expulsion, Suspension, Dismissal Policy required by Florida Administrative Code which can be found on the school website: [www.apple-tree-academy.com](http://www.apple-tree-academy.com). \_\_\_\_ Initials
10. Photo Release: I/We \_\_\_\_ do/ \_\_\_\_ do not authorize Apple Tree Academy to use and/or release any pictures of my child, for promotion of the school in newspaper advertisements, school Facebook page, special events held at the school, etc. \_\_\_\_ Initials
11. Attendance: I/We understand and agree to call or email the school office by 9 a.m. if my child will not be in attendance for the day. \_\_\_\_ Initials
12. Parent Handbook: I acknowledge that I have read and agree to the terms stated in the Apple Tree Academy Parent Handbook which can be found on the school website: [www.apple-tree-academy.com](http://www.apple-tree-academy.com). \_\_\_\_ Initials

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date

## Emergency/Authorization Contacts

I understand my child will be released only to the custodial parent or legal guardian and the persons listed on the Emergency/Authorization Contact list below. I understand the individuals listed will also be contacted and are authorized to remove my child from the facility in case of illness, accident or emergency.

Please list the names and phone numbers of those individuals beside the parent/guardian, who are authorized to pick your child up from Apple Tree Academy. Please also list in order to be called in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

## All About Me Form

My Name: \_\_\_\_\_ My Nickname: \_\_\_\_\_ My Birthday: \_\_\_\_\_

### Family Members:

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_ Other: \_\_\_\_\_

Names of Sibling (s)	Ages of Sibling (s)	School Sibling (s) Attends

**Family Pets:** (type and names): \_\_\_\_\_

**Eating Habits:** I am a \_\_\_\_\_ slow/ \_\_\_\_\_ quick eater with a \_\_\_\_\_ good/ \_\_\_\_\_ poor appetite.  
When it comes to food I especially like \_\_\_\_\_.  
I am not too fond of \_\_\_\_\_.

### Sleeping Habits:

My usual bedtime is \_\_\_\_\_ and I usually arise in the morning at \_\_\_\_\_.  
I \_\_\_\_\_ do/ \_\_\_\_\_ do not sleep through the night.  
Does your child nap regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, approximately how long? \_\_\_\_\_

### Toilet Habits:

When I have to go the bathroom I \_\_\_\_\_ tell/ \_\_\_\_\_ do not tell an adult.  
I will usually tell you I need to go potty by \_\_\_\_\_.

### Additional Information:

What type of discipline techniques are used in your home? \_\_\_\_\_

What is your child's favorite play activity? \_\_\_\_\_

Does your child play outside? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, where? \_\_\_\_\_

Are the other children that your child plays with: \_\_\_\_\_ Older? \_\_\_\_\_ Younger? \_\_\_\_\_ Same Age?

Does your child use any unusual name for everyday objects, people or functions?  
\_\_\_\_\_

What other group activities has your child participated in? (Playgroups, church, etc.)  
\_\_\_\_\_

Has your child previously attended a pre-school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional information which might help us to know your child better: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_