

**ACADEMY OF EARLY LEARNING**  
**3560 Chester Street**  
**Virginia Beach, Virginia 23452**  
**(757)-340-7228**  
**APPLICATION FOR ENROLLMENT**

**PERSONAL INFORMATION**

Name Last \_\_\_\_\_ Middle \_\_\_\_\_ First \_\_\_\_\_  
Likes to be called \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Chronic Problems: \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Grade applying for \_\_\_\_\_  
Other Programs attending during school hours \_\_\_\_\_  
Last school attended \_\_\_\_\_  
Previous programs attended \_\_\_\_\_  
Mailing address of school \_\_\_\_\_  
Student grades have been ( ) Superior ( ) Average ( ) Below Average  
Has student been retained in any grade? ( ) No ( ) Yes If so, what grade?  
Has this student ever been suspended, expelled, or otherwise dismissed or severely disciplined in any other school?  
( ) No ( ) Yes If so, please specify \_\_\_\_\_

**GENERAL INFORMATION**

Reason for selecting Academy of Early Learning: \_\_\_\_\_ How did you hear about Academy of Early Learning?  
( ) individual - please identify \_\_\_\_\_  
( ) web site ( ) yellow pages ( ) newspaper ( ) internet ( ) other- please specify \_\_\_\_\_

**FAMILY INFORMATION**

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

Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work  
phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home

phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home

Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work  
phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

With whom does this child reside \_\_\_\_\_

**Is there any one unauthorized to pick this child up?**      ( ) No ( ) Yes If so, please specify

\_\_\_\_\_  
\_\_\_\_\_

**\*\*If it is a parent that is unauthorized to pick this child up a court order must accompany this application stating that the parent can not pick up the child. Court orders will be followed at all times.**

**Emergency Contact:**

Name \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Persons authorized to pick up:

## STATEMENT OF COOPERATION

**FINANCES:** I understand that tuition must be paid on time. If tuition is not received by close Tuesday of the current week, a \$25.00 late charge will be added to the account. Any account outstanding two weeks after due date may result in suspending the student until payment is brought up to date. Suspension may result in your child forfeiting his or her spot in the class. A fee of \$35.00 will be charged for each returned check. I understand that I must pay by cash or money order after two returned checks. I further understand that I will be responsible for all attorney and court fees incurred by the school should the school have a need to take legal action for non-payment of tuition or fees.

**REFUND POLICY:** I understand that there are no refunds made on annual fees, book fees, or other additional fees. Tuition refunds will only be made on accounts paid in advance and when an appropriate notice of withdrawal is given. Refund policy pertains to all students whether they withdraw or they are dismissed by the school.

**SCHOOL ACTIVITIES:** I give my permission for my child to take part in all school activities, including PE, sports, and school-sponsored field trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child or myself at school or during any school activity. I understand that the parent/guardian is expected to carry insurance on their child.

**MEDICAL/EMERGENCY AUTHORIZATION:** In case of emergency, serious injury, or illness, I give school personnel permission to make whatever arrangements that seem necessary for my child's treatment. This permission includes but is not limited to; administering CPR and first aid, contacting the child's physician, calling 911, and transporting the child to the hospital and authorizing medical treatments as deemed necessary. I further agree to pay all financial obligations incurred due to emergency or illness treatment for my child. I understand that the parent/guardian is expected to carry insurance on their child.

**DISCIPLINE:** I believe discipline is a necessary aspect of my child's education. I give permission for my child's teacher and /or principal to make and enforce classroom regulations in a manner consistent with our student handbook. I understand that continued discipline problems will result in termination of the student.

**PARENTAL COMMITMENT:** I understand my child is accepted on general probationary status for the first semester. I agree that I will in no case complain to other parents, but will register only necessary complaints with the teacher or administration. I pledge my full cooperation to keep controversy out of the school. I understand that it is my responsibility to read the student handbook and agree to abide by its established policies.

**STATEMENT OF NONDISCRIMINATION:** Academy of Early Learning admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

**ILLNESS:** The school agrees to notify the parent /guardian whenever the child becomes ill and the parent/guardian agrees to have the child picked up within the hour as stated in our handbook. The parent/guardian further agrees that the student shall not return to school after illness, until their child is fever free, diarrhea free, and vomit free for 24 hours (without medication).

**REPORTING DISEASE:** The parent/guardian agrees to inform the school with- in 24 hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except of life threatening diseases which must be reported immediately.

**AGGEMENT:** I hereby certify, I have read this Statement of Cooperation and I agree to abide by the stated policies. I further certify that I have been given a parent/student handbook, tuition/ fee rates, and I understand it is my responsibility to read the handbook and to abide by the stated policies. I further understand that tuition rates are subject to change.

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

Administrator/ Director Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROOF OF IDENTITY**

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_  
Other Form of Proof \_\_\_\_\_ Date View \_\_\_\_/\_\_\_\_/\_\_\_\_

Person Viewing Document \_\_\_\_\_

**ACCEPTABLE FORMS OF IDENTITY**

Birth certificate                      Birth registration card  
Hospital notification of birth      Passport

(Academy of Early Learning is owned and operated by JAC SAR INC.)

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