



# Fern Academy

EDUCATIONAL CHILDCARE

## Enrollment Contract

**Registration Date:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

### CHILD INFORMATION (1st)

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

Enrolling in Classes: \_\_\_\_\_ Primary Language: \_\_\_\_\_

School Attending for Current School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Child's Identifying Information:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Days Attended:** Mon \_\_\_\_\_ Tu \_\_\_\_\_ Wed \_\_\_\_\_ Th \_\_\_\_\_ Fri \_\_\_\_\_

Spring Break \_\_\_\_\_ Summer Camp \_\_\_\_\_ Thanksgiving Break \_\_\_\_\_ Winter Camp \_\_\_\_\_

Private Tutoring \_\_\_\_\_ Weekend Class \_\_\_\_\_ Kids Night Out \_\_\_\_\_ Others \_\_\_\_\_

### CHILD INFORMATION (2nd)

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

Enrolling in Classes: \_\_\_\_\_ Primary Language: \_\_\_\_\_

School Attending for Current School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Child's Identifying Information:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Days Attended:** Mon \_\_\_\_\_ Tu \_\_\_\_\_ Wed \_\_\_\_\_ Th \_\_\_\_\_ Fri \_\_\_\_\_

Spring Break \_\_\_\_\_ Summer Camp \_\_\_\_\_ Thanksgiving Break \_\_\_\_\_ Winter Camp \_\_\_\_\_

Private Tutoring \_\_\_\_\_ Weekend Class \_\_\_\_\_ Kids Night Out \_\_\_\_\_ Others \_\_\_\_\_

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909.918.5522 | 909.918.5525

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Lives with  Emergency  Pickup

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Name/Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Lives with  Emergency  Pickup

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Name/Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**CHILD'S PHYSICIAN & MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Allergies/Special Diet: Yes  No  (If yes, explain): \_\_\_\_\_

Special Limitations or Concerns: Yes  No  (If yes, explain): \_\_\_\_\_

**Note: Fern Academy Educational Child Center teacher/staff is not authorized to disperse medication. If a child requires medication during After School Program hours, it will be the responsibility of the parent/guardian. Fern Academy Educational Child Center teacher/staff will ONLY provide medical attention in the form of soap, water, ice and bandages.**

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT AGREEMENT-TERMS AND CONDITIONS OF ENROLLMENT**

- 1. I understand all items in this enrollment packet must be fully completed before the day of enrollment;
- 2. I understand payment of **NON-REFUNDABLE** enrollment fee (\$75 per child or \$100 per family), material fees (\$100 per school year/child) and minimum 4 weeks tuition is due on the day of enrollment; Tuition for the 1st week is **NON-REFUNDABLE**;
- 3. I understand it is the responsibility of parents to make sure that their child(ren) understands the check-in/check-out procedure;
- 4. I understand that participants can **ONLY** be released to a parent, guardian or other authorized person listed on the emergency card. Be prepared to show photo ID, it may be required.
- 5. I understand the minimum payment of 4 weeks is required.
- 6. I understand that parents are required to specify which days the student will attend by circling the days of attendance if a student is contracted for less than 5 Days a week; a minimum of 3 days is required;
- 7. I understand that Fern Academy Educational Child Center **DOES NOT** permit varying days of attendance.
- 8. I understand a two-week written notice of termination is required if I cancel this Enrollment Contract;
- 9. I understand tuition payments are due in advance. All tuition payments are due on the first day of the month.
- 10. I understand a late fee of \$25 will be automatically assessed to my account if payment is not received by the fifth day of the month
- 11. A \$25 fee will be charged for each returned check.
- 12. I understand tuition rates are subject to change;
- 13. I understand that by providing an email address that I am agreeing to receive all Fern Academy Educational Child Center communications electronically, including, but not limited to, account statements and past due invoices;
- 14. I understand that no make-up class or credit will be issued for After School Program;
- 15. All After School Program participants are required to bring: Water bottle; An extra snack if needed; Homework and notebook to write on; Close toed shoes; Lightweight jacket for cool early mornings and late afternoons. Please label all items with your child’s name.

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HEALTH CARE, EVACUATION, &  
STUDENT'S CODE OF CONDUCT/PARENT AGREEMENT CONSENT FORM**

**IMPORTANT: An application must be filled out for each child in the family.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_ Reachable Phone: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ Reachable Phone: \_\_\_\_\_

**FIRST AID AUTHORIZATION** I authorize Fern Academy Educational Child Center teachers who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

**EMERGENCY MEDICAL CARE** I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life-threatening allergen for my child when delay would be dangerous to the health of my child. If I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_

**EMERGENCY EVACUATION**

In the case of a catastrophic emergency, I give Fern Academy Educational Child Center permission to transport my child by reasonable means to a location deemed appropriate by Fern Academy Educational Child Center, Police Department or fire departments. I understand I will be notified as soon as possible.

**STUDENT'S CODE OF CONDUCT AND PARENT AGREEMENT**

I am aware that the Fern Academy Educational Child Center's Code of Conduct and Parent Agreement are located on the Fern Academy Educational Child Center website After School Policies page, and acknowledge that I am responsible for knowing the contents. The link can be found at: <http://www.FernAcademy.org>.

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STUDENT'S CODE OF CONDUCT

**IMPORTANT: An application must be filled out for each child in the family.**

Fern Academy Educational Child Center is committed to providing a safe and enjoyable experience for your child. However, students are also responsible to assist in these efforts. PARENTS ARE RESPONSIBLE TO MAKE SURE THEIR CHILD UNDERSTANDS THE GUIDELINES BELOW.

1. Students must respect each other, and not tease each other for any reason.
2. Students must respect others and their property. Students will refrain from touching others in any harmful or inappropriate way.
3. Students will not use foul language.
4. Students will adhere to all safety rules and regulations given for each activity he/she participates in while in the Afterschool Program.
5. Students must listen to their instructor or visiting instructor.
6. Students must respect and protect school property. Students may not deface school property either inside or outside the building. This includes writing in books, on desks, bathrooms, walls, etc. Parents are responsible for repair or and replacement for any damaged school properties.
7. Students may never borrow, or take another student's property, food, or money without permission.
8. Students should not bring large sums of money, expensive jewelry, toys, or other valuable property to school. The school will not assume responsibility in the event of their loss, damage, or theft.
9. Students must stay with the Fern Academy Educational Child Center group at all times.
10. Violation of the CODE OF CONDUCT can be grounds for automatic dismissal. Refunds are not given when a student is dismissed for violation of the code of conduct.

**I understand and certify that my child's participation in Fern Academy Educational Child Center Afterschool Program and its activities is completely voluntary. I have familiarized myself with the Afterschool Program and the activities in which my child will be participating. I recognize and have instructed my child in the importance of knowing and abiding by the students' CODE OF CONDUCT for safety of all students participants.**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AFTER SCHOOL PROGRAM PICK UP/EMERGENCY CONSENT FORM**

**IMPORTANT: An application must be filled out for each child in the family.**

Child's Name: \_\_\_\_\_ PICK UP/EMERGENCY LIST (in order to be contacted in the case of an emergency).

We must have written authorization from you to allow another person to pick up your child. We cannot accept phone calls for pick-up authorization. It is our policy to request photo identification from anyone unfamiliar to us. Please inform those on your pick-up list that we must have proper photo identification in order to release your child. I give permission for the following people to pick up my child from Fern Academy Educational Child Center in an emergency or when I notify the program:

**1.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**2.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**3.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**4.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AFTER SCHOOL PROGRAM TRANSPORTATION AUTHORIZATION & WAIVER FORM

**IMPORTANT: An application must be filled out for each child in the family.**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

**My child requires a booster seat:** Yes  No

**(All children under 8 years of age are required to be in a booster seat)**

I authorize Fern Academy Educational Child Center to transport my child in a company Bus or Van, driven by an individual authorized by Fern Academy Educational Child Center. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

### Initial Each Statement

\_\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Fern Academy Educational Child Center, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

**I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AFTER SCHOOL PROGRAM OFF-SITE ACTIVITIES PERMISSION**

**IMPORTANT: An application must be filled out for each child in the family.**

I give permission to Fern Academy Educational Child Center for my child to participate in all of the regularly scheduled on-going activities located at the off-site facilities.

**AFTER SCHOOL PROGRAM FIELD TRIP PERMISSION**

**IMPORTANT: An application must be filled out for each child in the family.**

I give permission to take my child on trips that the Fern Academy Educational Child Center plans. I understand that I will be notified in writing of all trips requiring transportation in advance. I also understand that all necessary precautions will be taken to ensure his or her safety, and I will not hold the Fern Academy Educational Child Center responsible for any accident, which may occur on such a trip.

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AFTER SCHOOL PROGRAM PERMISSION CONSENT FORM**

**IMPORTANT: An application must be filled out for each child in the family.**

**PHOTO PERMISSION**

Throughout the year various newspapers and magazines ask to photograph the children while they are at After School. Pictures might include walks, parties, or a child playing indoors or outside. Please check below.

\_\_\_\_\_ I give permission for my child to be photographed while attending the Fern Academy Educational Child Center After School Program.

\_\_\_\_\_ I do not wish for my child to be photographed while attending the Fern Academy Educational Child Center After School Program.

**WEBSITE PERMISSION**

The Fern Academy Educational Child Center website includes some photographs of children at play. The children are not identified by name, age or classroom. Photographs will be shown to parents before they are mounted on the site.

\_\_\_\_\_ I give permission for my child’s photograph to be used on the Fern Academy Educational Child Center website.

\_\_\_\_\_ I do not wish for my child’s photograph to be used on the Fern Academy Educational Child Center website.

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_