



**Before & Afterschool Enrichment Program**  
**Application Form**

**For non-ESSA Students**

Child's Name: _____	Sex: ___	Age: ___	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		
Weakest Subject: Reading Math			
Child's Name: _____	Sex: ___	Age: ___	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		
Weakest Subject: Reading Math			
Child's Name: _____	Sex: ___	Age: ___	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		
Weakest Subject: Reading Math			

**Parents Information:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Home Phone \_\_\_\_\_

Mom Cell Phone \_\_\_\_\_ Mom Work Phone \_\_\_\_\_

Dad Cell Phone \_\_\_\_\_ Dad Work Phone \_\_\_\_\_

Dad Email \_\_\_\_\_ Mom Email \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*We will need a call the day of to let us know. We will also require that the person picking up your child(ren) provide a Driver's License or State ID. This is for your child's protection.

**Times you plan to drop off your child(ren):** \_\_\_\_\_

**Times you plan to pick up your child(ren):** \_\_\_\_\_



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**Fee Schedule (for non-ESSA Students)**

	Monthly Rate	Yearly Rate
After Care	\$300	\$2,750
Before Care	\$250	\$1,750
Before/After Care	\$350	\$3,000

**COMPETITIVE DISCOUNTS**

*The following discounts cannot be combined with other offers.*

**Sibling = 10% off**

**Military = 10% off**

- **Before School Hours: 6:30am – 8:00am**
- **After School Hours: 3:30pm – 5:30pm**

**Three plans are available for payment of tuition:**

\_\_\_\_\_ **Option I - Single payment of full year's Tuition**

- ❖ **Due by August 1<sup>st</sup>**

\_\_\_\_\_ **Option II - Tuition divided into two payments**

- ❖ **First payment due by August 1<sup>st</sup>**
- ❖ **Second payment due January 1<sup>st</sup>**

\_\_\_\_\_ **Option III - Ten monthly payments**

- ❖ **Due on the 1<sup>st</sup> of the each month starting August 1<sup>st</sup>**

NOTE: All families will be required to fill out a credit card authorization form and will be charged according to the plan that is chosen. You card will be charged for 10 consecutive payments if you select option 3.



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**CHILD 1 ~ Health Information**

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

Allergies? No Yes *If yes, please specify* \_\_\_\_\_

Medical Conditions? No Yes *If yes, please specify* \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* \_\_\_\_\_

Has he/she ever been tested for them? No Yes *If yes, please specify* \_\_\_\_\_

**Has your child had any of the following common childhood illnesses? Please circle.**

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

**Does your child have any problems with any of these? Please circle.**

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms

**CHILD 2 ~ Health Information**

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

Allergies? No Yes *If yes, please specify* \_\_\_\_\_

Medical Conditions? No Yes *If yes, please specify* \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* \_\_\_\_\_

Has he/she ever been tested for them? No Yes *If yes, please specify* \_\_\_\_\_

**Has your child had any of the following common childhood illnesses? Please circle.**

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

**Does your child have any problems with any of these? Please circle.**

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms



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**CHILD 3 ~ Health Information**

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

Allergies? No Yes *If yes, please specify* \_\_\_\_\_

Medical Conditions? No Yes *If yes, please specify* \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* \_\_\_\_\_

Has he/she ever been tested for them? No Yes *If yes, please specify* \_\_\_\_\_

**Has your child had any of the following common childhood illnesses? Please circle.**

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

**Does your child have any problems with any of these? Please circle.**

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms

**Parent Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Enrollment Contract**

Please indicate the contract to which you will be agreeing:

- Full-time Contract**  
*Before and After School*
 **Part-time Contract**  
*Before School Only*
 **Part-time Contract**  
*After School Only*
 **Full Day/Drop-In/Holiday Camp**  
*No School Days*

This agreement is made by and between Anetrise Jones, CEO of Elite Scholars STEAM Academy and \_\_\_\_\_, parent/guardian of \_\_\_\_\_. The following has been agreed upon between the two parties:

It is my desire to have my child(ren) enrolled in the Beyond the Bell program at Elite Scholars STEAM Academy.

I have received/online a copy of the Elite Scholars STEAM Academy's policy handbook. I have read, understand and agree to abide by the policies contained therein.

I also understand that my child is being accepted on a two-week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the center's surroundings. Unless otherwise notified, the child(ren) will be accepted and permanently enrolled. I further understand that if the policies outlined in this handbook are not adhered to, it would be sufficient cause for the removal of the child(ren) from the Beyond the Bell program.

I understand that I must follow the termination policy as it is written in the Parent's Handbook that can be found on-line at [www.ess.academy](http://www.ess.academy).\*

I agree to adhere to payment option \_\_\_\_\_ at the rate of \$ \_\_\_\_\_, to be paid according to the payment option chosen. Our arrival time will be \_\_\_\_\_, and my child will be transported to his/her school at \_\_\_\_\_ in order for him/her to make it there on time for instruction, unless other arrangements are made by me.

I also agree to give a minimum of two weeks written notice (10 full program days) of my intent to withdraw my child(ren) from the program. If two weeks' notice is not given, I agree to make a full tuition payment for the final two weeks. Unpaid vacation/sick days cannot be applied for the final two-week period.

\*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

**Please initial next to each item. We want to be sure you understand and agree to these policies.**

- \_\_\_\_\_ I understand what the program fees that I am being charged are for.
- \_\_\_\_\_ I understand that there will be extra charges during school weeks if there is a snow day or late start or early dismissal.
- \_\_\_\_\_ I understand daycare payments need to be made according to the option that I have chosen and that those payments will automatically be drafted from my account on the 15<sup>th</sup> of the month.
- \_\_\_\_\_ I understand the late pickup/early drop off fee is \$20.00 for every 15 minutes, or part of.
- \_\_\_\_\_ I understand the pickup policy for other than parental pickup.
- \_\_\_\_\_ I understand the illness policy.
- \_\_\_\_\_ I am contracting for school year arrangements and understand that I must pay for 10 full months.
- \_\_\_\_\_ I understand the behavior policy and I have read and shared the daycare rules with my child(ren).
- \_\_\_\_\_ I understand the returned check policy.
- \_\_\_\_\_ I agree to pay the material fee and the tuition fee as assigned.

THIS AGREEMENT AND THE PARENT HANDBOOK(FOUND ONLINE AT [WWW.ESS.ACADEMY](http://WWW.ESS.ACADEMY)) WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

\_\_\_\_\_  
Director

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date



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Please read each section and initial where indicated for confirmation that you have reviewed and understand the contents therein.

At the end, a section is provided for your signature to finalize your agreement to the entire packet.

**Child(ren)'s Name(s):** \_\_\_\_\_

**Excursion and Transportation Consent**

I hereby give permission to Beyond the Bell for my child(ren):

Initials:

\_\_\_\_\_

To participate in excursions not involving transportation such as walks in the neighborhood, walks to the playground, parks and libraries.

To participate in excursions involving public or private transportation to locations such as libraries, parks, playgrounds, museums, and pet stores.

**Media Release**

Photographs and videos are taken on different occasions such as birthdays, holidays, outings and special occasions.

We use these pictures/videos in our childcare center for teaching, arts and crafts, albums and various other things.

Initials:

\_\_\_\_\_

I understand that Beyond the Bell, Elite Scholars STEAM Academy, and grant funders, may use photographs and/or digital videos for use in local publications, advertisings, websites, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

**Discipline Policy**

We believe that children learn from us. We are their role models.

Children are forming habits, attitudes and patterns that will affect them throughout life.

Initials:

\_\_\_\_\_

We expect all employees to treat the children in a respectful manner and for the children, in turn, to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the child will be sent to the Site Director for further discussion. If this does not resolve the problem, the parents will be contacted for assistance. Chronic misbehavior can result in dismissal from the program.

**Authorization for Medication**

No medication will be given by child care personnel, or be on the property without our knowledge,

without the signed permission of a parent or guardian. Please complete the following:

Initials:

\_\_\_\_\_

Name of Medication(s) and Name of Child(ren) \_\_\_\_\_

Dosage(s): \_\_\_\_\_ Time(s) medication is to be administered: \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

I hereby give permission for my child(ren) to be given emergency treatment (first aid and CPR) by a qualified staff member at Beyond the Bell. In case of any emergency, Beyond the Bell will attempt to reach either parent or the Emergency Number given by the parent. If for any reason none of the parties are available, I authorize Beyond the Bell to use and transport to, the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

In case emergency transportation is needed, I agree to pay all costs of transportation.

Initials:

\_\_\_\_\_

Emergency Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Insurance Numbers: \_\_\_\_\_

**Know Your Beyond the Bell Handbook**

I have reviewed the Beyond the Bell handbook online at [www.ess.academy](http://www.ess.academy) and understand its contents and am in compliance of the expectations of both me and my child(ren) for this program contained therein.

Initials:

\_\_\_\_\_



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**General Consent**

I hereby give my consent to have my child participate in all activities at Beyond the Bell. I give my permission to have my child taken to and from the program location on various field trips by means of transportation used by Beyond the Bell.

I also realize that Beyond the Bell will not be responsible for any minor injuries that might occur during the normal program day (i.e. scratched knee, cuts, bruises, bites, etc).

I have read all the information contained within this Consent Form Packet, initialed in the appropriate places, and hereby give my consent.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Referral Sources

(Please circle all that applies)

ADVERTISEMENT

Drive-by Sign

Local Bulletin

Flyer

Newspaper

REFERRAL

Parental Referral

Center Referral

Subsidy Program Referral

Dept. Hum. Res

OTHER

GS Tutoring Client

GS Imagine Birthday

GS Parent Night Out

GS Summer Camp

Returning Client

OTHER: \_\_\_\_\_