

Student Information:

Child's Name _____
Last First Middle Nickname

Address: _____
Street & Apt. # City State Zip Code

Choose One:

One-year- Childcare _____ VPK Wrap _____
Two-year Preschool _____ Before School Only _____
Pre-School for 3's _____ After School Only _____
VPK Only _____ Before & After School _____
Summer Camp _____

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Family Information:

Mother's Name: _____ Father's Name: _____
Email: _____ Email: _____
Work Company: _____ Work Company: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Custody: mother _____ father _____ both _____ other _____

In an emergency if a parent cannot be reached contact:

Name: _____ Telephone: _____ Relation: _____

Where did you hear about us? _____ Web _____ Parent _____ Flyer _____ Location

Medical Information: You must read and sign the following statement to register.

I _____ give permission to administration at Top Kids Academy to
Parent signature

Contact the following medical staff in case of injury or illness:

Doctor: _____ Phone: _____
Insurance Name & #: _____ Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

The following persons are authorized to pick up my child other than custodial parents:

1. _____ 2. _____ 3. _____

Parent School Contract/Agreement

1. *VPK parents only: I agree to keep child in attendance for the full 540 hours of training. Funds for the VPK program are provided based on attendance not absences. If absences exceed requirements, funding will be cancelled*

2. I agree to pay weekly tuition of \$ _____ (VPK Enrichment also). Initial _____
3. I agree to pay an **ANNUAL REGISTRATION FEE OF \$100** per family for each school year (NO REGISTRATION FEE FOR VPK OR SUMMER).
4. I understand that the registration fee is **NON-REFUNDABLE**.
5. I understand that services will be suspended or terminated for failure to make payments. TKA receives **NO CHECKS** but does accept cash, money-order, credit or debit.
6. I agree to give **written notice** a week ahead of child's withdrawal date and pay **only** until the last day of child's attendance. Enrollment of child will be terminated unless a new registration fee is paid and enrollment application is completed.
7. I acknowledge receipt of Top Kids Academy's Parent's Handbook and the policies established therein. **I UNDERSTAND IT IS MY RESPONSIBILITY TO READ AND UNDERSTAND ITS CONTENTS.** I agree to abide by the school's policies and procedures set out in the Parent's Handbook.
8. I understand that tuition shall be fully rewarded each week. This includes where the child attends one day out of the week. Tuition will not be pro-rated and partial payment is not acceptable. **This does not apply to OCPS and SCPS employees.** INITIALS _____
9. Tuition is payable in advance on Monday's closing. **Payments on Tuesday will add \$20.00 LATE FEE.** If tuition is not paid by **WEDNESDAY**, my child will not be allowed to return until full payment is received.
10. I grant permission for my child to participate in all activities unless otherwise indicated in writing.
11. I grant permission for my child to participate in all field trips with his/her class unless otherwise indicated in writing.
12. I grant permission for my child to be photographed or videotaped for promotional, educational or surveillance purposes only.
13. I will adjust the following paper work to this application by first day of care: Health Certificate (Yellow form), Immunization Record (Blue Form), copy of birth certificate, and a copy of my driver's license.
14. Our center hours are 6:30 a.m. to 6:30 p.m. By 6:31 p.m. a late charge of \$1.00 per MINUTE is required. This charge is payable in cash at the time of late pickup.
15. I read, have received the HRS booklet "Know Your Day Care Center," also available at: <http://www.dcf.state.fl.us/childcare/pubshhtml>.
16. I understand that this is a contract and can be canceled at any time in agreement by both parties when balance of attendance has been paid in full.
17. I understand that my child will receive breakfast, lunch and snack at the facility if present during service and **NO OTHER FOOD ITEMS ARE ALLOWED TO BE BROUGHT TO THE FACILITY.** Milk or other food items may only be excused by a doctor's note.
18. I have no knowledge of any physical impairment that would affect or be affected by my child/children's participation in Top Kids Academy. I hereby give permission for instructors to administer first aid and/or to seek emergency medical care or send my child/children to the hospital if necessary. I understand every effort will be made to contact me first. I agree to pay all expenses associated if this action is taken.

 Student Name (Please Print)

 Parent Signature

 Date

TOP KIDS ACADEMY
Discipline Policy

Top Kids' purpose is to provide a safe and secure place for your child to learn in. Your child will be encouraged to keep it safe through the teaching of manners and social skills. Our discipline policy does not allow for children to be humiliated or frightened or the use of corporal punishment. We use redirection, distraction, choices, and praise to control behavior in a positive way. We may contact parents about the child's behavior, as a team to cooperate with the child. We may not be designed to correct problems beyond those usually met in children. The school reserves the right, to dismiss any student who does not cooperate with our safe educational environment.

I have read, understood, and received a copy of **Top Kids Academy's** Discipline Policy.

This Agreement is made ____ day of _____, 20__.

Parent Signature

Director's Signature

Witness Signature



Top Kids Academy 1912 N. Dean Rd
Orlando, FL 32817
Office 407-482-2120 Fax 321-972-7373

**PERMISSION TO RECEIVE CAKES, CUPCAKES AND
CANDY**

Date: _____

Child Name: _____

**I, _____ give permission
for my son/daughter to participate of cakes, cupcakes, and
candy brought in from different occasions at Top Kids
Academy. Thank You!**

Yours truly,

Parent/Guardian Signature



Top Kids Academy 1912 N. Dean Rd Orlando, FL 32817
Office 407-482-2120 Fax 321-972-7373

Model Release Form

Consent, Waiver and Release

For and in consideration of benefits to be derived from the furtherance of the educational programs of Top Kids Academy of Orange County, Florida, (I) (We), personally and on behalf of _____ the undersigned parent(s) or legal guardian of _____, a student entered in Top Kids Academy, do hereby consent, authorize, and grant permission to Top Kids Academy, Inc., its agents, employees or duly authorized representatives to take photographs, motion pictures or video tapes of said photographs, motion pictures or video tapes or any duplication of facsimile thereof for any purposes it may deem proper, including but not limited to use on the internet.

In granting such permission, (I) (We) hereby relinquish and give to Top Kids Academy, Inc., all right, title and interest (I) (We) may have in the pictures, negatives, photographs, motion pictures or video tapes and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video tapes and do release Top Kids Academy, Inc., its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

Signature _____ Date _____

Permanent Address _____
(Number/Street) (City) (State) (Zip
Code)

Relationship _____ Phone _____