

Academy of Early Learning
3560 Chester Street

King's Grant Academy & Day School
873 Little Neck Road

Thalia Day School
4321 Virginia Beach Blvd.

Virginia Beach, Virginia 23452

Virginia Beach, Virginia 23452

Virginia Beach, Virginia 23452

(757) 340-7228

(757) 431-9744

(757) 648-1150

Name Last _____ First _____

MI _____ Likes to be called _____

Address _____ City _____ State _____

Zip _____

Birthday ____/____/____ Age _____ Sex _____

EDUCATIONAL INFORMATION

Program applying for: () Summer () Fall () Both Grade applying for _____ Previous programs attended _____

Last school 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 _____

CHURCH INFORMATION

Church now attending: _____ Attendance: () Regular () Occasional () Never If you do not have a home church or you are looking for a church may we give your information to: King's Grant Baptist Church? () No () Yes Thalia United Methodist Church? () No () Yes

Does your child know Jesus Christ as his or her Lord and Savior? () No () Yes

GENERAL INFORMATION

Reason for selecting our school: _____ How did you hear about our school? () web site () yellow pages () newspaper () Internet

() other- please specify _____ () individual - please identify _____

Family Physician _____ Phone # ____ - ____ - ____

Allergies: _____ Chronic Problems: _____

FAMILY INFORMATION

Father's Name _____ Address _____

Home phone ____ - ____ - ____ Cell ____ - ____ - ____

Email _____

Employer _____ Work phone ____ - ____ - ____

Mother's Name _____ Address _____

Home phone ____ - ____ - ____ Cell ____ - ____ - ____

Email _____

Employer _____ Work phone ____ - ____ - ____

With whom does this child reside _____ Relationship to
Child _____

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. Court orders will be followed at all times.**

Emergency Contact: Must be someone other than custodial caregiver

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 fees.

REFUND POLICY: I understand that there are no refunds on annual fees, book fees, supply fees or other additional fees. Tuition refunds will only be made on accounts paid in advance and when 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, Physical Education, sports, music, art, 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 the school permission to make whatever arrangements deemed 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 Christian principles and 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 FAITH: I understand that AEL, KGA&DS, and TDS believe the Bible to be the holy, inspired, infallible Word of God providing strict rules of faith and practice. We believe in one God, existing in three persons: the Father, Son

and Holy Spirit. We believe in the divinity of Jesus Christ, his sinless life, sensational death, glorious resurrection, and imminent return. We believe salvation comes by faith alone and exists the repentant heart, and absolute committal of one's self to Christ as Savior with purpose to love and obey His written Word. On earth. we are as I were, ambassadors for Jesus. Our command is to re-establish a testimony for God and His law in this nation and to equip our children to do likewise. We therefore, believe it is our duty to teach them to keep covenant (maintain fidelity in their allegiance) with God, as our forefathers did. We unapologetically believe in patriotism that promotes devotion to God and country.

STATEMENT OF NONDISCRIMINATION: AEL, KGA&DS, and TDS 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 the aid of medication).

REPORTING DISEASE: The parent/guardian agrees to inform the school within 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 for life threatening disease which must be reported immediately.

AGREEMENT: 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.

I have received and read the current parent/student handbook, and understand all policies of AEL, KGA&DS and TDS:

Signed: _____ **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 Poof _____ Date Viewed _____

Person viewing document _____

Acceptable forms of Identity:

Birth Certificate

Hospital notification of birth

Birth registration card

Passport

Information is current and up to date:

Initial / Date

_____/_____

_____/_____

_____/_____

_____/_____

_____/_____

_____/_____

_____/_____

Student Enrollment Application

Please fill in all blanks completely and legibly.

This form is used to contact you in case of emergency. Please make sure that all emergency contact names and numbers are correct and in working order.

Thank you .