

2024-2025

CHOOSE THE LOCATION

**WEXFORD LOCATION**

**12980 Perry Highway**

**Wexford, PA 15090**

**HAMPTON LOCATION**

**3953 Kirk Avenue**

**Allison Park, PA 15101**

[SolidFoundationsAcademy1@gmail.com](mailto:SolidFoundationsAcademy1@gmail.com) **724-799-8038**

Application for Preschool/Childcare

##### Date: \_\_\_\_\_\_\_\_\_\_\_

Student’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the Solid Foundations Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What email would you like all receipts/correspondences sent to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child be attending the childcare center? \_\_\_\_\_\_\_\_\_\_\_\_

Do you need care before school, after school or both? \_\_\_\_\_\_\_\_

Please complete and return the *Application* and all attached forms immediately to the office as acceptance will be based upon receipt of the complete packet and your $110 School Year Fee, which includes the $50 *Registration Fee* and the *Uniform Fee* (which provides two uniform shirts). Both fees are nonrefundable. The *Family Fob* form and Fob payment (if applicable) will be completed at Parent Orientation. This enrollment packet automatically enrolls your child into the Drop-In Childcare. The Childcare enrollment fee is waived, and the SFA Preschool discounted rate is applied when utilized. (If a sibling is registered for childcare only, there are no additional sibling discounts since you are already receiving the preschool discount.) If you need childcare on a more consistent basis, another *Childcare Financial Agreement* will need to be signed. All enrollment forms must be completed in their entirety for your child’s packet to be complete**.** IF PARENTS ARE NOT MARRIED, BOTH PARENTS THAT HAVE CUSTODY MUST SIGN PAGE 5. WE RECOMMEND EACH PARENT COMPLETE A SEPARATE ENROLLMENT SO WE HAVE ALL THE NECESSARY INFORMATION TO BEST HELP THE CHILD.

***Please Print***

*All spaces need completed and signed where indicated.*

**STUDENT INFORMATION**

### Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English a second language? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Is the student bilingual? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition of student’s health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Health restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: (Including food) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Please list anything unique about your child we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Please list any accommodations your child may need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive support services? If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an IEP or an IFSP? If so, please provide copy to school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child attend preschool before? If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child attend child care before? If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why did you decide to leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what school district are you located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASES**

**School Directory:** Can we include your child’s name, address, your name, phone number, and email address in our Classroom Directory which will be distributed to other families? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

**Classroom Displays:** Do you grant permission for your child’s picture to be taken and used for projects or for displays in the classroom/Sportsplex? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

**Social Media:** Do you grant permission for your child’s pictures/videos be included on the school’s website or social media pages? (***No names will be listed***.) Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

**Hand Sanitizer Policy:** Do you grant permission for your child to use a foam-based, hand sanitizer throughout the school day? (***This is in addition to regular hand washing***.) Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

**Sunscreen Policy:** Do you grant permission for the staff of Solid Foundations Academy to apply sunscreen to your child? (Parent must provide sunscreen, give written permission, and sunscreen must be kept locked up.)

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

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

Signature of Parent/Guardian Date

*All spaces need to be filled out completely.*

**FAMILY INFORMATION**

**Father/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Mother/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are both parents the child’s biological parents? If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child resides with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything we should know concerning the child’s environment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the name and birthdate of **all** children in your family:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELEBRATIONS**

At Solid Foundations Academy we like to recognize all holidays and celebrations observed by our students. Please indicate on the list below what holidays your child and family celebrate:

* New Year’s Day
* Martin Luther King Jr. Day
* Chinese New Year
* Valentine’s Day
* Mardi Gras
* St. Patrick’s Day
* Easter
* Passover
* Cinco de Mayo
* Yom Kippur
* Halloween
* US Thanksgiving
* Hanukah
* Christmas
* Kwanzaa
* Ramadan
* Rosh Hashanah
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT VOLUNTEERS**

We ***value*** parent involvement! All volunteer spots require state clearances which are free

and can be found online. Training will be provided! Let us know if you have a special talent or hobby.

Please check the areas that you would like to volunteer:

* **PTO Officer-** Work with the PTO board to create activities/events for the school and community
* **Classroom Substitute**- Substitute when a teacher is absent
* **Supply Volunteer**- Donate and get other parents to donate school/classroom needs
* **Event Volunteer**- Help plan and execute parties and other events
* **Storytime Reader**- Read stories to the class
* **Social Media Mom/Dad**- Help maintain our social media sites and website

*All spaces need to be filled out completely.*

**PARENT’S CONFIDENTIAL QUESTIONNAIRE**

**(IF YOU ARE A RETURNING STUDENT, COMPLETE ONLY THE QUESTIONS THAT NEED UPDATED.)**

Please answer honestly. If more space is needed, you are welcome to write on the back of this form.

1. Why do you want your child to attend Solid Foundations Academy?
2. What would you like to see your child gain from the experience?
3. Describe your child’s attitude toward school and learning:
4. How does your child get along with other children in a group?
5. Is your child able to entertain him/herself?
6. Does your child watch television? How many hours per day? What are his/her favorite programs?

1. What types of things upset your child?
2. How does your child handle separation from you?
3. Describe your normal disciplinary actions used at home:
4. Is your child completely toilet-trained? If not, is he/she wearing training pants and for how long?
5. What does your child like to do in his/her free time?
6. What kind of toys does your child like to play with?
7. What snacks does your child like to eat?
8. Is there anything else you think we should know about your child?
9. Are there any activities you would like to see during this school year?

*All spaces need completed and signed where indicated.*

**PRESCHOOL ENROLLMENT AGREEMENT**

I/We wish to enroll my/our child into Solid Foundations Academy Preschool. Enclosed is a $110 school year fee. I understand this fee is for registration ($50) and uniforms ($60) and is **nonrefundable**. I understand that there is no cash value for the uniform shirts. I agree to provide copies of my child’s IEP/IFSP (if applicable) and have SFA be an active part of my child’s intervention plan. I have filled out the application as fully and accurately as possible and believe everything to be true.

**Please circle your child’s size. If your child is between sizes, circle the next size up. Due to inventory shortages in toddler sizes and shirt color, your child may receive the next size up.**

Uniform Shirt Size: 2T 3T 4T 5T Husky

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

Signature of Parent(s)/Guardian(s) Date

**PRESCHOOL TUITION AGREEMENT**

Refer to *Preschool Programs and Rates* form for program requirements.

***Select One Program and Circle Session and Days (If applicable)***

**I am interested in the following Program, Session, and Days:**

**Alpha-**$260/month: (Tuesdays and Thursdays; 9:00am-11:30am)

**AM Beta**-$340/month: (Mondays, Wednesdays, Fridays; 9:00am-12:00pm)

**PM Beta**-$340/month: **Circle your 3 days: Monday Tuesday Wednesday Thursday Friday** (1-4pm)

**AM Gamma**-$415/month: **Circle your 4 days: Monday Tuesday Wednesday Thursday Friday**

(9am-12pm)

**PM Gamma**-$415/month **Circle your 4 days: Monday Tuesday Wednesday Thursday Frida**

**AM Delta**-$490(5 days) **PM Delta-** $490 (5 days) **All-Day- $1110** (5 days; 9am-4pm)

**A minimum enrollment of five students is needed for each class.**

All programs are a nine-month, September-May, contracted position. You may unenroll your child by completing the *Unenrollment* Form by July 31st. **Starting August 1st, you will be responsible for the *entire* year’s tuition regardless of if your child attends SFA.** Tuition is never prorated and there are no refunds. Sales are considered FINAL on August 1st. A 10% discount will be given for each additional sibling enrolled during the same school year. The discount is applied to the youngest child’s preschool tuition.

Payments can be made by cash, check, credit card, or Venmo (Beth-Rupert-1). All accounts must have a *Credit Card Authorization* form on file regardless of payment option. Credit card payments will incur a 3.5% processing fee per transaction. Payment is expected in full by the 1st of every month from September through May. The credit card on file will be used for any late payments. A fee of $50.00 is applied for any returned checks. *BOTH PARENTS MUST SIGN (WHO HAVE CUSTODY).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(9/2/2024).\_

 **REGISTRATION:** Mother’s Signature **Today’s Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(9/2/2024)\_

**REGISTRATION:** Father’s Signature **Today’s Date**

------------------------------------------------------------------------------------------------------------------------------------------------- SIX MONTH REVIEW: I attest that everything in this enrollment packet is true and accurate.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD CARE FINANCIAL AGREEMENT**

**55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(C); 3290.123 & 181(C)**

All SFA Preschoolers are automatically enrolled in our **Drop-In** Child Care! You can use our child care for before school, after school, or anytime you need care (not guaranteed). As a courtesy, we waived the registration fee and you will be charged the lowest child care rate, $6.50 per hour, regardless of how many hours your child attends! **If you need guaranteed hours, check the box below and provide us your schedule.**

**NAME OF CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE BULLETS AND SIGN**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fee Amount:** $6.50/hour (w/ appt)  $15/hour (w/out appt) | * **Family Care** | **Type of Contract:** DI | | | **# Hrs/Wk:**  VARIES | | **Minimum Weekly Tuition:**  VARIES | | **Initial**  YES |
| Your type of contract is based on your average usage per week. Your contract may be amended if your usage changes for two or more consecutive weeks. | | **Arrival/Departure Time:**  Scheduled times must be emailed days prior/Locked-In. Children that do not have reservations will pay $15/hr & parents contacted. | | | | **Day Payment to Be Made:**  Upon Pick-Up | | **Late Fee:**  After the 5 min grace period- $5/min up to 30 min; then $10/min. | |
| **SERVICES TO BE PROVIDED AS PART OF THE CHILD CARE FEE**   * Quality Child Care * Sleep mats, clean sheets, clean blankets * Healthy Snacks * Escort to preschool and extra-curricular programs (if applicable) * Child service report that details growth and development every 6 months | | | | | | | | | |
| **PERSON(S) DESIGNATED BY PARENT TO**  **WHOM CHILD MAY BE RELEASED** | | | | * **Parents** | | | | | |
| * **My child needs guaranteed childcare hours. I will sign an additional childcare contract.** * **My tentative schedule is:** | | | | | | | | | |
| I, the Parent/Guardian:   * Received Parent Handbook at time of enrollment and agree to ALL policies. (§3270.121, 3280.121, 3290.121) * Agree to have a current credit card on file for the duration of this contract. * Agree that “services are rendered” anytime my child is placed on the schedule regardless if my child attends. * Agree that this is a Drop-In contract only and reservations are never guaranteed. * Agree to be personally responsible for maintaining payment information for tax/personal purposes. * Agree to update the *Financial Agreement*, *Application, CC Authorization* form*, Health Report,* and the *Emergency Contact* form information whenever changes occur or every 6 months at a minimum.   (§3270.124, 3280.124, 3290.124)   * Understand this is a preschool discounted contract and this contract terminates at end of preschool year. * This contract immediately terminates if my child does not attend preschool. * Understand that SFA has a right to terminate this contract due to parental abuse of staff, policies, or the center.     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9/2/2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9/2/2024  **SIGNATURE-OPERATOR DATE SIGNATURE- PARENT/GUARDIAN DATE** | | | | | | | | | |
| **Date of Child’s Admission:** 9/2/2024 | | | **Periodic Review: COMPLETE FEBRUARY**  I have updated and agree to all herein:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF PARENT/GUARDIAN DATE | | | | | | |
| **Contract Duration:** 9/2/2024-5/23/2025 | | |

Family Fob Policy

**FOR NEW STUDENTS ONLY**

**(Return form & payment at Parent Orientation)**

At Solid Foundations Academy, it is our priority to make sure your children are safe. We understand your concerns about people walking into the school that may not have the best intentions. We also want to make sure your children can’t open the door and run out of the building.

The fob system is a flexible system which will enable us to delete any fobs that should not be active. The push button release is similar to what you see in hospitals. You must push a button to unlock the door. In emergency situations, you can egress through the emergency doors or through the front doors by pressing the button. In event of a fire, the doors will unlock automatically.

* You can purchase as many additional fobs as you would like.
* Fobs can be used for additional school years and for childcare.
* If you lose your fob, the replacement will be $10.
* When your child graduates or is no longer enrolled at SFA, you can return

your Family Fob(s) and you will receive $10 back per working fob.

***You must turn in the fob in person to receive the deposit****.*

* If you have someone else picking up your child ***occasionally***, you do not have

to worry about purchasing them a fob; we will unlock the door.

* Our teachers’ eyes should be on your child and not the door. ***If we continually open***

***the door for you, we will provide you with a fob and charge your account.***

* Fobs will be distributed at Parent Orientation and the first day of school.
* **Payments are to be made in cash or a check written out to “Beth Rupert.”**

**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Fob(s ) Purchased: \_\_\_\_\_\_\_**

**[](https://www.bing.com/images/search?q=security+fob+system&view=detailv2&&id=9B63423932AE65640F4858961C7FB97C72C00DBE&selectedIndex=138&ccid=4hzGlte%2b&simid=608035257149886126&thid=OIP.Me21cc696d7beb5ab0a7278a0f2d16413o0)Fob Number(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Fob Number** | **Date Purchased** | **Date Returned** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**Payment Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I agree that I will not lend my Family Fob(s) to anyone except family members/guardians.*

*I understand that I will only receive the deposit back for the fobs I return in good working condition.*

*I will turn in my fobs and sign the form within 30 days of unenrollment to receive my deposit.*



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

PARENT/GUARDIAN SIGNATURE DATE