

 2017-2018

 **Pure Athletex Sportsplex**

 **119 Neely School Road**

**Wexford, PA 15044
Phone: (724)799-8038**

**solidfoundationsacademy1@gmail.com**

Application for New Student Enrollment

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

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

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

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

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

How did you hear about the Solid Foundations Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please complete the Application and return immediately to the office as acceptance will be based upon receipt of this Application, your $50 registration fee and $30 uniform fee.

The Health Assessment form and Family Fob form and payment (if applicable)

is due by the first day of class.

*All spaces need to be filled out completely*

**STUDENT INFORMATION**:

### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**RELEASES:**

*Please complete and sign*

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

Do you grant permission for your child’s picture to be taken and used for projects or display in the classroom, or to be included on the school’s website or social media pages? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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

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

*All spaces need to be filled out completely*

**FAMILY INFORMATION:**

**Father’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Mother’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home and CellPhone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Siblings’ Names and Ages: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What email would you like all correspondences sent to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you prefer communications by email or through paper? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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
* Fourth of July
* Yom Kippur
* Halloween
* US Thanksgiving
* Hanukah
* Christmas
* Kwanzaa
* Ramadan
* Rosh Hashanah
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to share any family traditions with the class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*All spaces need to be filled out completely*

**PARENT’S CONFIDENTIAL QUESTIONNAIRE:**

Please answer honestly. Only your child’s Teachers, Director and Child Care Personnel (if applicable) will read your responses. If more space is needed, you are welcome to write on the back or use another sheet of paper.

1. Why do you want your child to attend Solid Foundations Academy Preschool?
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. What types of things upset your child?
6. How does your child handle separation from you?
7. Describe your normal disciplinary actions used at home:
8. Is your child completely toilet-trained? If not, is he/she wearing training pants and for how long?
9. What does your child like to do in his/her free time?
10. What kind of toys does your child like to play with?
11. What snacks does your child like to eat?
12. Does your child receive speech or any other services we should be aware of? Does your child have an IEP?
13. Is there anything else you think we should know about your child?

*All spaces need to be filled out completely*

**NON-PARENT/GUARDIAN PICK-UP AUTHORIZATION:**

The following people are authorized to take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ out of Solid Foundations Academy.

Photo Identification and a signature will be required prior to the child’s release from the school.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Address | Phone Number |
|  |  |  |  |
|  |  |  |  |

**CONSENT FOR EMERGENCY TREATMENT:**

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

Child’s Name Address Phone

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

Birth Date Allergies

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

Mother’s Name/Phone Father’s Name/Phone

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

Child’s Doctor Address Phone

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Relation** |
|  |  |  |
|  |  |  |
|  |  |  |

**IN CASE OF EMERGENCY CALL:** (*Other* than parents)

 I hereby give my permission that a qualified staff member at Solid Foundations Academy Preschool may give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emergency

 treatment. I also give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be transported by emergency vehicle to a trauma center for treatment.

 In the event that I cannot be reached or located, I further consent to medical, surgical, and hospital care treatment and procedures to be performed by a licensed

 doctor or hospital when deemed immediately necessary or advisable by the doctor to safeguard my child’s health. I further consent to ANY medical care to be

 performed ON the premises of Solid Foundations Academy Preschool, and I also authorize ANY necessary emergency medical care to be performed by a licensed

 medical practitioner.

If a child does become ill during school time, we will isolate him/her, lie the child down comfortably, and immediately call the parents.



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

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

*All spaces need to be filled out completely*

**ENROLLMENT AGREEMENT:**

I/We wish to enroll my/our child into Solid Foundations Academy Preschool. Enclosed is a $50 registration fee, which is **nonrefundable**. I have filled out the application as fully and accurately as possible and believe everything to be true.

Two uniformed shirts must be purchased when registering. The embroidered, logo shirts are $30. Please enclose this uniform fee with your registration. More shirts and other clothing options will be available to order at Parent Orientation.

**Please circle your child’s size**

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



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

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

**TUITION AGREEEMNT:**

 ***(Select One Session and Circle All Days Interested)***

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

AM Session (9am-12pm) PM Session (1pm-4pm)

Monday Tuesday Wednesday Thursday Friday

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

Tuition can be paid monthly by cash, check or credit card. **ALL FAMILIES ARE REQUIRED TO HAVE A CREDIT CARD AUTHORIZATION FORM COMPLETED REGARDLESS OF PAYMENT TYPE.** There is a small processing fee for all credit card payments. Tuition payment is due by the first of every month. If payment is not received by the first of the month, your credit card on file will be charged for that month’s tuition as well as processing fees.



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

**6 Month Review: I have updated pages 1-6, and I attest that all information is correct.**

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

**CHILD CARE:**

Solid Foundations Academy offers before and after school child care for our preschool students. The Child Care Center is a separate program andrequires a separate contract and tuition. The Child Care hours are 8am-8pm, Monday thru Thursday and 8am-6pm, Friday***. (These hours may change based on enrollment.)*** Please ask the Director for an application if you are interested.

My child will be enrolling in BEFORE school child care

 My child will be enrolling in AFTER school child care

Family Fob Policy

(Please complete and return form prior to first day of school)

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 small door with the “emergency bar” 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 child care.
* 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 fob.

* 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.

* 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: \_\_\_\_\_\_\_**

**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.*



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