

Hope Academy Registration Form: 2009-2010

Student Information

Last: _____ First: _____ Middle: _____

Gender: Male ___ Female ___ Social Security #: ____-____-____ Birthdate: ____/____/____

Date of Enrollment: ____/____/____ Last grade completed: _____

Heritage: ___American Indian/Alaskan ___Asian/Pacific Island ___Black, Non-Hispanic
(optional) ___Hispanic ___White, Non-Hispanic ___Other _____

Enrollment Options Desired (check all that apply):

___5 days/week 9am-4pm

___One-to-one individualized tutoring or educational therapy (additional fee--\$30-\$50 per hour)

___Extended day option - desired hours: _____ am to _____ pm (8:40am-6pm with minimal supervision can be easily arranged; depending on the degree of supervision needed or if hours outside this time are needed, a possible additional fee may apply)

I understand that this is a contract for the full 2009-2010 school year (Sept 1-Memorial Day) and that I am responsible for tuition for the entire school year whether or not my child is present.

(The base annual tuition is \$7844. We have payment plan options for your convenience. Prepaid annual or semester payments receive a discount, as do multiple students enrolled from the same family.)

The payment plan option that I am choosing is:

___12 month plan – \$969 due June 15, 2009 (includes materials) and 11 additional monthly installments of \$625 due July 15, 2009 - May 15, 2010	___10 month payment plan – initial payment of \$1094 due Aug 15, (includes materials) with 9 additional monthly installments due Sept 15-May 15 of \$750 each	___Semester plan (2% savings) \$3844 due August 15, 2009 \$3844 due Jan 15, 2010
or	or	
___12 month semi-monthly plan – \$656.50 due July 15, with 23 semi-monthly installments of \$312.50 due on the 1 st and 15 th July 1, 2009 to June 1, 2010	___10 month semi-monthly plan – initial payment of \$719 due Aug 15 (includes materials) and 19 semi-monthly installments of \$375 due on the 1 st and 15 th Sept 1-May 15	___Annual plan (3% savings) \$7609 due Aug 15, 2009

(The 12 month plans is designed for early commitment and returning students.)

For all payment plans a **one-time \$50 registration fee** is due upon enrollment. An assessment is required prior to your student beginning classes to allow us to properly customize their program; a **one-time \$150 assessment fee** is due at the time of assessment.

I agree that I am enrolling _____ (child's full name) for the entire 2009-2010 school year and am responsible for tuition for the entire school year whether or not my child is present and will pay according to the plan I have indicated above.

_____ Parent/ Guardian Signature _____ Date signed

Family Information

Custody Situation:

Child lives with: ☐ Both Parents ☐ Mother only ☐ Father only ☐ Parent/Stepparent
☐ Relative ☐ Foster Home ☐ Other _____
☐ Both parents alternately-Please circle the days a child is with each parent.

Father

M T W Th F Sat Sun

Mother

M T W Th F Sat Sun

If parents live apart please specify the information below:

Father: ☐ Custodial ☐ Non Custodial Mother: ☐ Custodial ☐ Non Custodial

Both parents legally can receive information about a child unless specified by a court order. If there is a court order we need to have a copy on file, if not then we cannot keep a child or papers from a parent.

Family #1 Information: (Family student primarily lives with)

First Adult Information:

Relationship to student: _____

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Home Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Pager #: (____) _____ Cell #: (____) _____

Mailing Address (if different than above):

Address: _____ City: _____ State: _____ Zip: _____

Second Adult Information:

Relationship to student: _____

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Home Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Pager #: (____) _____ Cell #: (____) _____

Mailing Address (if different than above):

Address: _____ City: _____ State: _____ Zip: _____

Family #2 Information:

First Adult Information:

Relationship to student: _____

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Home Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Pager #: (____) _____ Cell #: (____) _____

Mailing Address (if different than above):

Address: _____ City: _____ State: _____ Zip: _____

Second Adult Information:

Relationship to student: _____

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Home Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Pager #: (____) _____ Cell #: (____) _____

Mailing Address (if different than above):

Address: _____ City: _____ State: _____ Zip: _____

Field Trip Authorization

I authorize Hope Academy to take my child on field trips. Parent/ staff drivers are typically used for transportation. Field trips for which there is no additional cost and which will occur within scheduled school hours do not require prior notice.

_____ Parent/ Guardian Signature _____ Date signed
(signature authorizing field trips)

Emergency Information

Last:_____ First:_____ Middle:_____

Gender: Male___ Female___ Social Security #: ____-____-____ Birthdate:____/____/____

Emergency Contacts:

Mother: _____	Home Phone: (____) _____	Cell Phone: (____) _____
	Work Phone: (____) _____	other: (____) _____
Father: _____	Home Phone: (____) _____	Cell Phone: (____) _____
	Work Phone: (____) _____	other: (____) _____

In case parent cannot be reached:

1. Name:_____	Relationship: _____	Phone: (____) _____
2. Name:_____	Relationship: _____	Phone: (____) _____
3. Name:_____	Relationship: _____	Phone: (____) _____

Family Physician:_____ Phone: (____) _____

Hospital Preference:_____ Phone: (____) _____

*In case of emergency/illness does the school have permission to seek medical attention if the parent/guardian cannot be reached?

Yes___ No___ If no, what does the parent(s)/guardian want done? _____

*If there is an emergency, we will try our best to get your child to the preferred hospital and physician. If we cannot, we will leave the decision up to a professional and will contact you right away.

Allergies/ Medications/ Health Conditions:

Allergies:

_____	_____
_____	_____
_____	_____
_____	_____

Other Medications:

1. Condition:_____	Medication: _____	Dose: _____	Needed at School? Yes No
2. Condition:_____	Medication: _____	Dose: _____	Needed at School? Yes No
3. Condition:_____	Medication: _____	Dose: _____	Needed at School? Yes No
4. Condition:_____	Medication: _____	Dose: _____	Needed at School? Yes No

*I **do / do not** give permission to Hope Academy staff to dispense prescription medication provided by our family (authorized by child's doctor) to my student.

*I **do / do not** give permission to Hope Academy staff to give my child over-the-counter medication which I provide.

_____ Parent/ Guardian Signature _____ Date signed
(regarding medical information)

Siblings (that live with student):

First Name	Last Name	Age	Birthdate	Gender
_____	_____	_____	__/__/____	M__F__
_____	_____	_____	__/__/____	M__F__
_____	_____	_____	__/__/____	M__F__
_____	_____	_____	__/__/____	M__F__
_____	_____	_____	__/__/____	M__F__

Persons authorized to pick up my child from school:

Education Information

Please list your child's previous schooling.

Does your child have any specialized educational needs? If so, please list them below and any previous interventions.

Is there anything else staff should be aware of regarding this student's education?

Has your child been expelled or been up for expulsion? ___Yes ___No

Has your child been suspended or been up for suspension? ___Yes ___No

Your signature verifies the accuracy of the above information_____
Parent/ Guardian Signature_____
Date

The information contained on this form is essential for the school to deal with situations that may come up during the school year. Your signature above allows this information to be released to appropriate staff members. Please complete all sections as accurately as possible. If you have any questions, please call the school for assistance at 327-8150.