

FirstArt Christian Academy

Today's Date _____ Starting date _____
Class _____ Attend FT (all day) or PT (8:45-11:45) _____
Attend which Days? M T W TH F _____
T-Shirt Size: Youth XS S M L XL Adult S M L XL
Family ID (everyone has same first 4 numbers) which 4 #'s would you like your code to be? _____

Basic family information:

Child's name _____ Birth Date _____
Male or Female _____

Father/Guardian name _____ (Code #XXXX1)
Street Address _____ city _____ Zip _____
Cell # _____ home # _____
Employer's name _____ Phone # _____
Email address _____

Mother/Guardian name _____ (Code #XXXX2)
Street Address _____ city _____ Zip _____
Cell # _____ home # _____
Employer's name _____ Phone # _____
Email address _____

Siblings _____ age _____ Siblings _____ age _____
Siblings _____ age _____

Emergency Contacts:

Additional people allowed to pick up your child and emergency contacts:
Please only list people we can call in an emergency and people who are able to pick up your child when you are unable.

Emergency contact name _____ (Code XXXX3)
Street Address _____ city _____ Zip _____
Cell # _____ home # _____
Employer's name _____ Phone # _____

Emergency contact name _____ (Code XXXX4)
Street Address _____ city _____ Zip _____
Cell # _____ home # _____
Employer's name _____ Phone # _____

Emergency contact name _____ (Code XXXX5)
Street Address _____ city _____ Zip _____
Cell # _____ home # _____
Employer's name _____ Phone # _____

Child's Full Name _____ Birth Date _____

Acknowledgment

I have received and understood the policies listed in the parent handbook, including but not limited to: lunch and food policies, behavior management policies, communication, health, and tuition policy. I understand that tuition must be pre-paid, and any unpaid balance is subjected to late fees and un-enrollment. Any account sent to a collection agency for payment will be charged for any fees accrued by the collection agency, including lawyer and court fees in addition to any late fees as stated in our parent handbook.

Parents Signature _____ Date _____

Sunscreen Permission

I give FirstArt Christian Academy permission to use Banana Boat SPF 50 or like brand provided by FirstArt or parent provided sunscreen on my child to help prevent sunburns. Sunscreen will be put on the child 10 minutes before going outside.

Parents Signature _____ Date _____

Emergency Permission Form

I, _____ (parents full name) place my child in the care of FirstArt Christian Academy at 801 S. 5th Street Brighton, Co 80601, whose phone number is 303.659.3008 and 625 S. 8th Avenue whose number is 303.659.1202. I understand that in the event of an emergency every attempt will be made to contact me. Should an emergency arise, and I am unable to be reached immediately, I hereby give permission for FirstArt Christian Academy to seek immediate medical attention for my child in the manner as they deem necessary. This may include transportation by ambulance or by personal staff transportation to Platte Valley Hospital with whomever the on-call doctor might be.

Parents Signature _____ Date _____

Insurance company _____

Subscriber Name _____

Policy# _____ Group # _____

Please provide a copy of your insurance card..... front and back.

Parents Emergency information

Name _____

Work # _____

Cell # _____

Home # _____

Parent's emergency information

Name _____

Work # _____

Cell # _____

Home # _____

Child's full name _____

Medical Information:

Dentist _____ Address _____

Phone # _____

Hospital _____ Address _____

Phone # _____

Please write Frequent (F), Occasional (O), or Not Applicable (N/A)

High Fever _____ Stomach aches _____ Ear infections _____

Allergies _____ Respiratory infections _____ Asthma _____

Headaches _____

Allergies/reactions/treatments _____

Major illnesses/accidents _____

Dietary restrictions _____

Speech or Motor development _____

Vision or hearing problems _____

Identifying birthmarks _____

Eating habits _____

Sleeping habits _____

Health exam Please provide a current Health Appraisal

Date of last exam _____

Physician's name _____

Physician's address _____ Phone # _____

Are the child's immunizations current? _____ Please provide a current immunization record

Foods/Dietary restrictions

Is this child currently taking any medication? _____ (If FirstArt Christian Academy is to give any medication, a medication form must be filled out by the doctor and signed before medication can be given)

Allergies _____

Child's allergic reaction(s) _____

Treatment for allergic reaction _____

If a child requires medication or an epi-pen to control allergies, the physician must fill out an allergy medication plan.

Physical conditions or limitations _____

Physician signature _____ Date _____

For Physician: When is this child's next health exam due? Date _____

Parent's signature _____ Date _____

Tell us about your child

What do you consider your child's strengths to be? _____

Tell us about your child's personality _____

What are your child's favorite things, foods, etc....? _____

Tell us about discipline techniques used at home _____

Previous school experience

Tell us about any past experience you and your child have had. Tell us what you liked and what you would have liked to change. _____

Your wishes

What goals do you have for your child in the upcoming year?

Socially _____

Academically _____

Physically _____

Spiritually _____

Commitment to learning

As a parent of FirstArt, I agree to participate in my child's learning by partnering with my child's teachers and by communicating with them regarding my child's progress and well-being. I understand that the staff at FirstArt Preschool do continuous evaluations of every child to monitor each child's progress and to plan for classroom instruction more efficiently. I understand that If I ever have any concerns, I am welcome to bring those concerns to the teacher or director immediately and will do so to discuss and resolve the situation. I also understand that appropriate behavior is expected at school and I will support the teachers when it comes to behavior as it is not acceptable for my child to curse, hit, spit, kick, throw continuous temper tantrums or any such behaviors that harm any individual or disrupt classroom routines.

Parent Signature

Date

Photo Release Form

FirstArt Christian Academy

625 S. 8th Ave.

Brighton, CO 80601

Permission to Use Photographs, Artwork and Projects

Student: _____

For online postings, we ensure that photographs do not include identifiable images of children's faces or their names to protect their privacy.

I grant to FirstArt Christian Academy, its representatives, and employees the right to take photographs of my child, their artwork, and/or projects in connection with our school, including participation in school picture days. I authorize FirstArt Christian Academy, as well as its assigns and transferees (individuals or organizations authorized by FirstArt Christian Academy to use these materials), to copyright, use, and publish these photographs and images in print and/or electronically.

I agree that FirstArt Christian Academy may use such photographs of my child or their artwork and/or projects, with or without my child's name, for any lawful purpose (including but not limited to educational materials, yearbooks, annual Art Show, hallway and classroom displays and web content). For example, photographs may be used for publicity, illustration, and inclusion in our yearbook or on our website. Again, when posting online, we never use children's names or photos of children's faces.

I have read, understand and agree to the information above.

Signature _____

Printed name _____

Date _____

Tuition will be paid (in advance):

(Circle One)

Weekly

Bi-weekly

Monthly

Enrollment fees and tuition payments are to be made before care is received.

Tuition is charged weekly except for the Part Time Pre-K class which is charged monthly. Tuition is posted to each account on Sunday, due Monday and considered late on Wednesday. **Any account with a balance on Wednesday will receive a 10% late fee on the balance due.** You can pay directly from your portal using debit or credit (2.5% fee) or electronic check (\$1.00 flat fee). You can also pay in person with cash, check and money orders. Checks can be placed in the payment drop box outside the office door. Cash and money orders must be given directly to an office staff member; it is the parent's responsibility to receive a receipt.

If an account is 2 weeks past due, the family will be unenrolled, late fees will be applied, and their account will be sent to collections.

A **2-week written notice** is **required** for all families who choose to withdrawal their child(ren) from FirstArt. If a 2-week written notice is not given, tuition will be charged for 2 weeks after the child's last day of attendance. All accounts must be paid in full before the child's last day. If a balance is left on an account without an agreement, late fees will be applied, and the account will be sent to collections. I understand it is the responsibly of the parent and/or guardian to pay all costs associated to cover lawyer, court and collection fees. If an account is sent to collections FirstArt will no longer provide childcare for this family in the future. **Both signatures are required below along with a copy of each parent's photo ID.**

Primary Parents Name _____

Primary Parents Signature _____ Date _____

Secondary Parents Name _____

Secondary Parents Signature _____ Date _____

Staff Use Only

Date Received

Behavior Contract

We are little, but we are learning how to become socially responsible people and we need the adults in our life to help us learn. Therefore, we are working to....

Use listening ears and follow basic rules.

Keep our hands and feet to ourselves so we don't hurt others or the property around us.

Learn how to use our words and to express our needs without being mean or screaming.

Always stay with our class. (We don't run away.)

Play and learn as much as we can!

Be a kind, gentle and helpful friend.

At FirstArt we believe children need to be taught how to get along with others and how to be respectful of the people, supplies and space around us. We ask that you review these rules to ensure that they align with your goals for your child. We ask that parents support us with these behavior goals and that we work together to help your child be successful. This may include us working with you to create a behavior management plan. A plan will include positive reinforcement strategies as well as consequences. Consequences can include a loss of privileges, time in, time-out, calls to the parents, being sent home and potential unenrollment from our center. Children who exhibit consistent negative and hurtful behaviors toward others will need to make improvements in their behavior to maintain enrollment. Timeframes to determine if a child should be unenrolled will be determined on the severity of the behaviors exhibited, any special needs the child may have, and the age/development of the child.

Please sign below stating that you support this behavior statement.

Parent's signature

date

Transport Consent Form

This form records consent for a child/student to travel in private/school vehicles. Where private transportation is to be utilized, the school will ensure that any person who provides that transportation is the holder of a current driver's license and that the vehicle driven is registered. Drivers will include teachers or volunteers from the program/school.

Activity risks and insurance

Please note that FirstArt does not have personal accident insurance coverage for children/students. If your child is injured because of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs, are the responsibility of the parent/guardian. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parents/guardians. It is up to all parents/guardians to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration when deciding whether to allow your child to participate in this activity.

Behavior

I understand that my child will be expected to behave properly while on school/staff vehicles. I will encourage good behavior and quiet voices to promote safety while the vehicle is in route.

Consent

I hereby give permission for my child _____ to travel by private/school transport with staff or program volunteers to and from before and after school care, the library, rec. center, parks and other field trips or activities as planned by the school.

Parent/Guardian name

Parent/Guardian signature

Date