



STUDENT ADMISSION AGREEMENT

Name of Child	Nickname	Birth Date Month/Day/Year	Sex (Check one)	Enrollment Date
		__/__/__	F___ M___	__/__/__
		__/__/__	F___ M___	__/__/__
		__/__/__	F___ M___	__/__/__

Parent's/Guardian's Name: _____ Phone #:(_____) _____
 Home Street Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Social Security #: _____ - _____ - _____
 Employer: _____ Work Phone #:(_____) _____ - _____

Parent's/Guardian's Name: _____ Phone #:(_____) _____
 Home Street Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Social Security #: _____ - _____ - _____
 Employer: _____ Work Phone #:(_____) _____ - _____

Emergency Contacts (other than Parents) and Persons Authorized to pick up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can still pick up their children)

Name	Relationship to Child	Address	Phone #
			(____)____-____
			(____)____-____

- Check if there are no Emergency Contacts available, other than parents
- Check if there are no persons authorized to pick up the child, other than parents

Out of Area/State Emergency Contacts

(Unless there is a court order prohibiting it, parents whose names are not listed can still pick up their children)

Name	Relationship to Child	Address	Phone #
			(____)____-____

- Check if there are no Out-of-area/state contacts available

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

_____/_____/_____
Signature of Parent/Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

- To and From School
- On Field Trips (with written permission in advance)
- Other: _____

_____/_____/_____
Signature of Parent/Guardian Date

<< This section is for future use >>

This form must be reviewed annually by the parent/guardian, and any changes noted.

Reviewed and/or updated on: ____/____/_____
Date Parent/Guardian Signature

Reviewed and/or updated on: ____/____/_____
Date Parent/Guardian Signature

Reviewed and/or updated on: ____/____/_____
Date Parent/Guardian Signature

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CHILD HEALTH ASSESSMENT

There must be a separate health assessment form for each sibling.

Name of Child _____ DoB ____/____/____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Illnesses or Medical Conditions:

Does your child have any of the following conditions?

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

List any additional health information or special instructions you feel we need to be aware of:

List any regular medication your child takes:

Name of Child's Medical Provider:

Signature of Parent/Guardian

Date

_____/____/____

<< This section is for future use >>

This form must be reviewed annually by the parent/guardian, and any changes noted.

Reviewed and/or updated on: ____/____/____
Date Parent/Guardian Signature

Reviewed and/or updated on: ____/____/____
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Reviewed and/or updated on: ____/____/____
Date Parent/Guardian Signature

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POLICIES

Today's Date ____/____/____

Name of Parent/Guardian: _____ Relationship to child _____

List ALL Children enrolled:

Name of Child _____ DoB ____/____/____

Name of Child _____ DoB ____/____/____

Name of Child _____ DoB ____/____/____

TUITION POLICY

Applicant agrees to pay the tuition of \$_____ per week and any late fees or penalties immediately when assessed. Weekly tuition is due on or before the first business day of each week. Tuition is due in full before being dropped off. Your weekly tuition reserves your child's space. No credit for missed days will be given. There will be a \$50.00 charge for each child for late payment beyond the due date. Additionally, a \$5.00 per day late fee will be assessed per child for every day delinquent. Returned checks will be charged a fee of \$50.00. A Withdrawal Form and a two-week notice are required when withdrawing. In the event that payment under this Agreement is not made in the time and manner stated, the undersigned agrees to pay all costs of collection, including attorney fees, court costs and filing fees, including charges and collection or collection agency fee of \$100 or ½ of the balance assigned, whichever is greater, with or without suit. Discovery Kids Academy of St. George reserves the right to increase tuition rates at any time for any reason.

The Department of Workforce Services (DWS) provides childcare assistance to families that qualify. With the long-term effects of Covid 19 and current economic conditions, DWS programs have become more flexible in providing assistance to families. We encourage you to contact DWS at <https://jobs.utah.gov/mycase/> to apply as you may qualify in part or in whole for benefits. Please note that you are responsible for all out-of-pocket tuition not covered by DWS (co-pays). Further, tuition must be paid on a weekly basis regardless of approval for benefits until DWS begins making benefit payments on your behalf. Any overpayment you have made once DWS payments have been deposited will be refunded to you.

Our calendar will follow the school district calendar, and your weekly fees are due in full on the following holiday closures: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day, Pioneer Day, Labor Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day. In the event that a holiday occurs on a weekend, Discovery Kids Academy of St. George will be closed on the following Monday. There may be early closures on the day prior to major holidays. Additionally, Discovery Kids Academy of St. George will close early at 5:30 PM on the first Monday of each month to accommodate a staff meeting. Your child must be picked up before 5:30 PM.

Accept Tuition Policy –By initialing this box I agree that I have read and understand the above policy.

EMERGENCY TRANSPORT POLICY

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or to provide emergency transportation for my child and I am responsible for any incurred costs to do so.

_____/____/____
Signature of Parent or Guardian Date

Applicant understands the Academy will be taking students on occasional field trips to enhance their experience. Applicant does hereby consent to the student going on such field trips and does hereby release the Discovery Kids of St. George, its agents and employees from all actions and cause of action damages.

I hereby give the provider permission to transport my child in the provider's vehicle for the following:

Check all that apply:

To and from school

On field trips

Other: _____

_____/____/____
Signature of Parent or Guardian Date

EXTENDED STAY AND PICK-UP POLICY

EXTENDED STAY FEES

Children may not be left at the daycare for longer than nine hours. For every child left longer than nine hours, there will be a \$25 late fee plus \$1.00 per minute for every minute after nine hours for each child left. There is strict adherence to this policy and late fees are due immediately.

- Accept Extended Stay Policy – By initialing this box, I agree that I have read and understand this policy.

LATE PICK-UP FEES

Pick up is before 6:00 PM every day. Children must be picked up before 6:00 PM, or a \$25 Late Pick-up fee will be charged for each occurrence plus \$1 for every minute past 6PM.

- Accept Pick-up Policy – By initialing this box, I agree that I have read and understand this policy.

****PLEASE NOTE:** Extended Stay Fees and Late Pick-up Fees are stacking fees, not charged in lieu of each other.

SICK POLICY

If a child comes to the Center and has any of the following symptoms, he/she will not be admitted: fever of 100 degrees or higher, unexplained rash, lethargy, persistent cough, vomiting, diarrhea, infected eye with discharge, known infectious diseases such as COVID-19, chicken pox, measles, pneumonia, etc. Children **MUST** remain at home for 24 hours **AFTER** symptoms have disappeared and may be required to present a doctor's note on doctor's letterhead. Credit will not be given for missed days.

- Accept Sick Policy – By initialing this box, I agree that I have read and understand the above policy.

PET POLICY

Discovery Kids Academy reserves the right to obtain and keep a pet within the premises.

- Accept Pet Policy – By initialing this box I agree that I have read and understand the above policy.

ABSENCES/WITHDRAWAL POLICY

No credit shall be given for days missed due to sickness or other absences. Withdrawal from the Program requires a two-week written notice. If no notice is given, tuition will continue to be assessed and is payable in-full prior to the last day.

- Accept Absences/Withdrawal Policy – By initialing this box I agree that I have read and understand the above policy.

PHOTOGRAPHY POLICY

From time to time, Discovery Kids Academy representatives take photos of children participating in our programs. Some of these photos are used on our website, newsletters and other materials describing Discovery Kids Academy programs and events. If you do not want your child to appear in Discovery Kids Academy photos, please send a signed letter to that effect to the Director.

- Accept Photography Policy – By initialing this box I agree that I have read and understand the above policy.

LIABILITY LIMITATIONS POLICY

The Academy is fully qualified and licensed by the Utah Department of Health for the operation of a Child Care Center. The Academy has taken steps to design a meaningful, educational, fun and safe environment for each student. Nevertheless, the Center cannot and does not guarantee a child's growth and development nor freedom from exposure to illnesses nor freedom from scrapes, bumps and bruises, nor freedom from occasional hits, scratches and pinches, bites, pushes and shoves, and similar activities from other children, nor freedom from other injuries inherent in such a program.

- Accept Liability Limited Policy – By initialing this box, I agree that I have read and understand the above policy.

AUTHORIZED PERSON(S) TO PICK UP THE CHILD(REN) POLICY

Unless otherwise authorized by the Applicant, Discovery Kids Academy of St. George shall only release the child to the Authorized Person(s) set forth in this agreement for Child Care as authorized to pick up the child.

- Accept Authorized Person(s) to Pick-up Policy – By initialing this box I agree that I have read and understand the above policy.

ACCIDENT/INCIDENT REPORTING POLICY

All accidents, regardless of severity, will be noted by the staff member present at the time of the accident using an Accident Report Form. Parents must sign the Accident Report Form and leave it on file at the Center. Parents will be notified immediately if the accident is of a serious nature that requires medical intervention. Children sometimes cause accidents and injuries to each other. If a particular child causes severe or frequent injury to others, the Director will assess the situation and appropriate action will be carried out including having the parent pick up the offending child or possibly expulsion from Discovery Kids Academy of St. George. In this extreme case, there is no refund of tuition.

- Accept Accident/Incident Reporting Policy – By initialing this box I agree that I have read and understand the above policy.

RIGHT TO REFUSE SERVICE POLICY

Discovery Kids Academy of St. George reserves the right to terminate this Agreement, to refuse to admit or to continue to care for any child without notice at any time for any or no particular reason. Prorated tuition will be refunded within three business days.

- Accept Right to Refuse Service Policy – By initialing this box I agree that I have read and understand the above policy.

RULES AND REGULATIONS POLICY

Applicant agrees to follow all rules and regulations established by Discovery Kids Academy of St. George and to cooperate in seeing the Applicant’s child(ren) also adhere to all rules and regulations.

- Accept Rules and Regulations Policy – By initialing this box I agree that I have read and understand the above policy.

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LEGAL DISCLAIMER

List ALL Children enrolled:

Name of Child _____ DoB ____/____/____

Name of Child _____ DoB ____/____/____

Name of Child _____ DoB ____/____/____

Assumption of Risk:

I authorize the Participant(s) to engage in the Discovery Kids Academy of St. George program. I understand that such participation can include foreseeable risks and other hazardous activities in the Program, which may expose the participants to illness, injury or death. The participant and parent/guardian of the Participant freely and voluntarily assume and accept any and all risks associated with this Program.

Consent to Treatment, Waiver, Release & Indemnification:

I am the parent/guardian of the above-named Participant who is under 18 years of age. I am familiar with the curriculum and the activities that take place at Discovery Kids Academy of St. George program (the "Program") and hereby give consent for the Participant to engage in the Program. I understand that participation in the Program may include travel, moderate physical activity and exposure to the outdoors. Participation in the Program may expose the Participant to certain foreseeable and unforeseeable risks of injury such as, but not limited to, automobile accidents, drowning, extreme temperatures of weather, encounters with wildlife, lacerations, strains, fractures, concussions, emotional distress, or even death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the Program to obtain for the Participant any necessary emergency aid, anesthesia and/or operation if, in the opinion of the attending physician, such treatment is necessary.

I certify that the Participant(s) has medical insurance and otherwise agree to be personally responsible for the cost of any emergency, emergency transportation or other medical care that Participant(s) receives. I agree to release, waive, covenant not to sue, and hold harmless Discovery Kids Academy of St. George and all of their officers, employees and agents from the cost of any medical care that Participant(s) receives as a result of participation in the Program.

I further agree to release Discovery Kids Academy of St. George from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature arising out of Participant's engagement in the Program. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the State of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by Discovery Kids Academy of St. George in enforcing this Agreement. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Parent/Guardian Full Name _____ Accept Legal Disclaimer

By initialing this box, I acknowledge that I have read and agree to the above Assumption of Risk and Consent to Treatment, Waiver, Release and Indemnification on behalf of the Participant(s). I acknowledge that I am the parent/guardian of the Participant(s) and that I understand the terms of this Agreement.

_____/_____/____
Signature Today's Date