



2046 Tuweap Drive  
St. George, UT 84770

(435) 525-3588

SCHOOL: \_\_\_\_\_

**STUDENT ADMISSION AGREEMENT**

Name of Child	Nickname	Birth Date month/day/year	Sex (check one)	Enrollment Date (check box if no longer enrolled)
		___/___/___	F___ M___	___/___/___ <input type="checkbox"/>
		___/___/___	F___ M___	___/___/___ <input type="checkbox"/>
		___/___/___	F___ M___	___/___/___ <input type="checkbox"/>

Home Address \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent's/Guardian's Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Parent's/Guardian's Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
 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 pick up their children.)

Name	Relationship to Child	Address	Phone #
<input type="checkbox"/> Check if there are no emergency contacts available, other than parents. <input type="checkbox"/> Check if there are no persons authorized to pick up the child, other than parents.			
Out of Area/State Contact Name (if available)	Relationship to Child	Address	Phone #
<input type="checkbox"/> 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name 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: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Parent/Guardian Name:

Reviewed and/or update: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
 Reviewed and/or update: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
 Reviewed and/or update: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_



# Child Health Assessment

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

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form must be completed for each individual child enrolled, and must be reviewed annually by the parent/guardian and any changes noted.

Reviewed and/or update: ____/____/____	Parent/Guardian Name: _____
Reviewed and/or update: ____/____/____	_____
Reviewed and/or update: ____/____/____	_____

# POLICIES



Today's Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ F M

Name of individual filling out this form \_\_\_\_\_ Relationship to child \_\_\_\_\_

## TUITION POLICY

Applicant agrees to pay the tuition stated on the Registration Form. Weekly tuition is due on or before the first business day of each week. Your weekly tuition reserves your child's space. **No credit for missed days will be given.** There will be a \$5.00 charge for each day fees are delinquent. Returned checks will be charged a fee of \$25.00. A Withdrawal Form and two weeks' notice is required when withdrawing. In the event that payment under this agreement is not made in the time and manner required, the undersigned agrees to pay all costs of collection, including attorney fees, court costs and filing fees including charges and collection agency fee of \$100 or ½ of the balance assigned, whichever is more, with or without suit. There will be a yearly tuition increase in accordance with current inflation rates that will occur in January; notice will be given.

Our calendar will follow the school 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, 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, the school will be closed on the following Monday. There may be early closures on the day prior to major holidays.

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

## TRANSPORTATION 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.

\_\_\_\_\_  
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 Center, its agents, applicant and employees from all actions, cause of action damages,

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

To and from school

On field trips

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



DISCOVERY KIDS ACADEMY

A Premier Childcare Center

## DROP-OFF and PICK-UP POLICY

Drop-off and pick-up is 15 minutes before and after class time. Dropping off your child more than 15 minutes early or picking up your child more than 15 minutes after class time will result in a minimum charge of \$10/day.

- Accept Drop-Off/Pick-Up Policy – By checking this box I agree that I have read and understand this policy.

## 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 chicken pox, measles, pneumonia, and so on. Children **MUST** remain at home for 24 hours **AFTER** symptoms have disappeared. Credit will not be given for missed days.

- Accept Sick Policy – By checking 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 checking 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 be charged for the two-week period and is payable prior to the last day.

- Accept Absences/Withdrawal Policy – By checking 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 or electronic media describing Discovery Kids Academy programs and events. If you do not want your child to appear in Discovery Kids Academy photos, please send a letter to that effect to the Director.

- Accept Photography Policy – By checking 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 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 checking 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, the Academy shall only release the child to the Authorized Person(s) set forth in the Application for Child Care as authorized to pick-up the child.

- Accept Authorized Person(s) to Pick-Up Policy – By checking 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.

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

## **RIGHT TO REFUSE SERVICE POLICY**

The Center reserves the right to terminate this Agreement or to refuse to admit or to continue to care for any child without notice for cause at any time and upon three (3) days written notice without cause at any time.

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

## **RULES AND REGULATIONS POLICY**

Applicant agrees to follow the rules and regulations established from time to time by the Center and to cooperate with the Center in seeing the Applicant's child(ren) also adhere to the rules and regulations of the Center.

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

## LEGAL DISCLAIMER



Minor Participant's Full Name: \_\_\_\_\_

### Assumption of Risk:

I authorize the participant to engage in Discovery Kids Academy 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 name Participant who is under 18 years of age. I am familiar with the curriculum and the activities that take place at Discovery Kids Academy 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 has medical insurance and otherwise agree to be personally responsible for cost of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless Discovery Kids Academy and all of their officers, employees and agents from the cost of any medical care that Participant receives as a result of participation in the Program.

I further agree to release Discovery Kids Academy 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 to me 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 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.

Parents Full name \_\_\_\_\_

Accept Legal Disclaimer

- By checking 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. I acknowledge that I am the parent/guardian of the Participant and that I understand the terms of this Agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date