**** Breath of Life Preparatory Academy**

 ***Training Eaglets to Soar Pre-K2 - Junior K***

 APPLICATION FOR ENROLLMENT

***This application must be accompanied by the enrollment fee***

Student Information:

Eaglet’s First Name:       Middle Name:       Last Name:       Birthdate:       SS#:

Child’s Primary Language:       Parent/Guardian’s Primary Language:

Street Address:       City:       State:       Zip Code:

Current Preschool (if applicable

Physical limitation(s):       Daily Medication:       Allergies:

I give BOLPA permission to administer first aid to my child:

**How were you referred to BOLPA?**

Parent/Guardian Information:

Parent 1 Full Name       Parent 2 Full Name

Parent 1 Relationship to Child  Parent 1 Relationship to Child

SSN#:       SSN#:

Home Phone:       Cell Phone:       Home Phone:       Cell Phone:

Employer       Employer

Business Address       Business Address

Business Phone #       Business Phone #

Church Affiliation       Church Affiliation

Parent 1 Marital Status  Parent 2 Marital Status

Parent 1 Driver License/State Identification #:

Parent 1 Street Address:       City:       State:       Zip Code:

Parent 2 Street Address:       City:       State:       Zip Code:

***Please notify BOLPA in the event of any changes.***

**EMERGENCY CONTACT AND RELEASE PERSONS**

Please notify BOLPA if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #2:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #3:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #4:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

[ ]  The person (s) designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state childcare licensing regulations.

BOLPA staff will release your child only to you or those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into BOLPA because you are unable to submit your authorization in writing, we will use your personal information to verify your identity.

[ ]  I Understand that typing my name below constitutes an electronic signature

**Child’s Name:** **Date:**

**Parent’s Name:** **Date:**

**Enrollment Agreement**

**Please check the boxes below to indicate agreement and understanding.**

**SECTION 1: TUITION AND FEES**

[ ]  **ENROLLMENT FEE:** I understand that an annual, non-refundable Enrollment Fee shall be paid in advance to enroll my child. I understand that I may guarantee my child’s enrollment by paying this fee no later than \_\_\_\_\_\_\_\_\_\_ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

[ ]  **TUITION and MODIFICATIONS CONDITIONS:** I understand that rates are subject to change with reasonable notice as conditions require. BOLPA follows state specific required time frames on tuition and modifications notices.

[ ]  **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during preschool breaks.

[ ]  **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of $25 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. BOLPA cannot guarantee a child’s spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

[ ]  **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

[ ]  **CHARGES AND PROCEDURE FOR LATE PICK-UP:** BOLPA is open from 6:30 AM to 6:00 PM, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of $1.00 per minute after 6:00 PM per child, until the child is picked up.

[ ]  **RETURNED CHECKS:** I understand that a **processing fee of $25 per check** will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

**SECTION 2: DAILY PROCEDURE**

[ ]  **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using BOLPA’s attendance procedure. If I neglect to do so, I may be charged a maximum fee of $5.00. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter BOLPA to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

[ ]  **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify BOLPA and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

[ ]  **MODEL RELEASE:** The company, its agents, affiliates, and licensees, [ ]  may [ ]  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

[ ]  **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in BOLPA or staff.

[ ]  **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local depart­ment of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in BOLPA, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by BOLPA.

[ ]  **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

**SECTION 3: HOLIDAYS, ABSENCES & CLOSINGS**

[ ]  HOLIDAYS: I understand that BOLPA is closed on the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or President’s Day for in-service training. I also understand BOLPA is closed the week of Christmas in observance of the holiday. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

[ ]  ABSENCES/VACATIONS: I agree to inform BOLPA immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). A reservation fee of 50% off my regular week’s tuition will be due for each absence of one full preschool week (Monday through Friday) with advance notice to the Director, if possible. I agree to pay the reservation fee of $\_\_\_\_\_\_\_\_ per week to guarantee my child’s space when my child is not in attendance for an entire preschool week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

[ ]  INCLEMENT WEATHER OR OTHER DISASTERS: I understand that it is the company’s intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact BOLPA to ensure that it is open during inclement weather/natural disaster. I agree that in the event that BOLPA is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

[ ]  I Understand that typing my name below constitutes an electronic signature

**Child’s Name:       Date:**

**Parent’s Name:       Date:**

**MEDICAL INFORMATION**

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician’s care, would you like us to call your family physician?

 If yes, please provide the following information:

Physician’s Name:       Phone Number:

**Parent 2 Street Address:       City:       State:       Zip Code:**

I (we)       and     , do hereby state that I am (we are) parent(s)/legal guardian(s) of     , a minor child age      , born on      , who resides with me (us) at      . I (we),       authorize, for emergency purposes only, a BOLPA designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diag­nosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Tennessee.

Last Tetanus/Diphtheria Booster:

Allergies to drugs, foods or other:

Please list any special medications or pertinent information:

Parent/Guardian Initials:

**MEDICAL HISTORY**

Height:       Weight:       Hair Color:       Eye Color:       Distinguishing Marks:       DOB:

1. Medication that will be administered regularly at the school:

2. Special Dietary Needs:

3. Is your child able to walk?  Explain:

4. Can your child effectively communicate his or her needs? Explain:

5. Is your child toilet trained?

Please provide special instructions concerning any other illnesses, as necessary:

Allergies (please check and list all that apply)

[ ]  Medications Reaction:

[ ]  Food Reaction:

[ ]  Other:       Reaction:

Are any of the allergies severe or life-threatening? If yes, please provide special instructions:

Does your child have any medical or physical needs? Please explain:

**MEDICAL CARE PROVIDER/FACILITY**

I hereby give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child and seek medical attention.

Parent/Guardian Initials:       Date:

Primary Care Physician Name:       Practice/Clinic Name:

Address:       Phone #:

Preferred Hospital/Clinic for Acute Care and Emergency Care:

Dentist Name:       Practice/Clinic:

Parent 2 Street Address:       City:       State:       Zip Code:

Phone #:

Health Insurance Provider and Policy Number:

Secondary Health Insurance Provider and Policy Number:

***Per state regulations, a written statement is required for waiver of immunization requirements.***

Parent/Guardian Initials:       Date:

**CHILD PROFILE**

**Child’s Name:** **Age:** **Date:**

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child’s development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child’s favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

**ADULTS:**

 Name:       Relationship:

Name:       Relationship:

Name:       Relationship:

**CHILDREN:**

Name:       Age:

Name:       Age:

Name:       Age:

5. Who also cares for your child(ren)?

6. What language is spoken in your home?

7. What are the foods your child likes best?

Least?

8. What are your child’s mealtime routines at home?

9. What words are spoken in your house for toileting?

10. How does your child express anger or react to frustration?

11. Does your child have any particular fears?

12. How does your child react to change (such as being left by parents)?

13. How does your child comfort himself/herself?

14. What are your child’s play interests (preference for creative, dramatic or construction play)?

15. When did your child begin to use language?

16. How would you describe your child (personality characteristics)?

17. Is there anything else in your child’s experience you would like to tell us so we can better meet your child’s needs?

18. Has your child had previous preschool experiences?

19. Do you have a special interest or hobby you would like to share with the children?

**\* .Please check the boxes below to indicate agreement and understanding.**

**[ ]  I am aware that the BOLPA Parent Handbook is online (bolpp.org/documents), and I am in agreement with all of the information stated inside the handbook.**

**[ ]  I have read and understand all information in this document, and I have answered each field with honesty.**

**[ ]  I understand that typing my name below constitutes an electronic signature**

**Parent/Guardian Name:** **Date:**