

For Office Use Only:

Academy Code _____

Date of Registration _____

Date of Termination Status _____



Enrollment Application

**How did you hear about us?
(check all that apply)**

Referred _____ Drive By _____
 Direct Mail _____ Internet _____
 Yellow Pages _____ Ad _____
 Other _____

Continued

Child's Name

(Last Name) (First Name) (Initial)

Child's Physician

Any allergies or special needs

Hospital preference

Emergency contact other than parents

Name	Address	Phone

Is your child potty trained? Yes No **What does your child say when he/she wishes to use the toilet?**

Does your child need help Dressing Eating Washing Hands

Does your child have any special fear or problems?

Has your child been cared for by anyone other than the parents? Yes No

If Yes, whom?

Favorite Book	Favorite Toy/Game

The Academy will be open from _____ **AM to** _____ **PM for children ages** _____ **to** _____.

- I agree that I am enrolling for _____ days per week at a cost of _____.
- I agree to pay a registration fee at the time of enrollment to be renewed each August/September. This enrollment fee is not refundable.
- I agree to pay
- I am aware that I will be charged a fee for payments received after Monday.
- I am aware that I will be charged a fee for late pick-ups.
- Up to two additional electronic collection attempts and, if needed, by paper draft thereafter will be made to collect on returned checks. The maximum fee allowed by state law will be charged for all collection attempts.
- I have received my Parent Handbook, containing additional policies and procedures.
- Fut. Lead. Academy's 5-year old program is an alternative program setting to kindergarten and satisfies Maryland's mandatory kindergarten attendance law.
- This institution is an equal opportunity provider.

TeleCheck Electronic Check Conversion Customer Notification

By submitting your check for payment, you are authorizing the payee, or its agent, upon receipt of your 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 your account, in accordance with the same terms and conditions as your check. In the event that your 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 collection attempts. The parent/guardian is responsible for the principal amount plus all collection fees.

Parent/Guardian (Payee) Initial _____

PREFERRED EMPLOYER PLAN: If the enrolling parent is employed by a company who participates in the FLCA Preferred Employer Plan, please fill out the following information:

Employee Name (must be enrolling parent) _____

Copy of recent pay stub or Leave and Earning Statement (Mandatory. Employment will be verified every six months) _____

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date

Academy Director Initials _____ Date _____