



Cambridge Academy/A Child's Campus Student Application Form

***All Information Must Be Completed**

Student's Full Name: _____
First Middle Last

Age: _____ Date of Birth (Month): _____ (Day): _____ (Year): _____

Sex: _____ Applying for grade: _____ Social Security Number: _____ - _____ - _____

Present Address: _____
Street City State Zip Code

Home Phone: () _____ - _____ Emergency Phone: () _____ - _____

Parent Information (Inform office immediately if any of the following should change) PLEASE PRINT LEGIBLY

Mother: _____

Address: _____

City/State/Zip Code: _____

Home Phone Number: () _____ - _____ Cell Phone Number: () _____ - _____

Email: _____

Employer: _____ Occupation: _____ Work hours: _____

Employer Address: _____ Employer Phone Number: () _____ - _____

Father: _____

Address: _____

City/State/Zip Code: _____

Home Phone Number: () _____ - _____ Cell Phone Number: () _____ - _____

Email: _____

Employer: _____ Occupation: _____ Work hours: _____

Employer Address: _____ Employer Phone Number () _____ - _____

With whom does the child reside? Both parents () Mother () Father () Other ()

If other, please list: _____

Is child restricted by court order from seeing either parent? Yes () No () **(If yes, please provide a copy of court order)**

List names and ages of siblings:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Emergency names and numbers when parents cannot be reached:

NAME	HOME NUMBER	CELL NUMBER	RELATIONSHIP

Previous Schools Attended	Grade

Has applicant ever repeated a grade? Yes () No () Grade Repeated: _____

Reason for repeating: _____

Does applicant have any mental, emotional, or physical handicaps which may affect his or her activities or progress, or that for some reason should be known by the school?

Please list (All) persons authorized to pick up your child. Attach separate sheet if more space is needed.

NAME	ADDRESS	RELATIONSHIP	HOME OR CELL NUMBER

Student Health Information: **(Please inform the office if any of the following should change)**

Child's Doctor or Health Clinic: _____

Address: _____ Phone Number: () _____ -- _____

Name of child's health insurance provider: _____ Policy #: _____

List any known allergies – food, insects, medications, other: _____

If no allergies, please check: My child has not manifested any allergies as of yet ()

Please note the following: We do not administer over the counter medication. Prescribed meds must be in the original container from the drug store with the child's name, current date, prescription number, and number of times to be given. Parents must provide a measuring device to administer meds. Medications are given once a day between 11:00am to 12:00pm.

Any serious illnesses or hospitalizations? Yes () No () **If yes, Explain:** _____

My child has the following special needs: _____

The following special accommodations may be required to most effectively meet my child's needs while at school:

Child's last physical: _____ Proof of Immunization or Exemption: _____

Last dental exam: _____ Last vision exam: _____

Does child have any recurring illnesses? (Strep, sore throats, asthma, earaches, stomach aches, etc.) Specify:

Child's overall health status: **Excellent** () **Good** () **Fair** () **Poor** ()

Check all conditions that apply: **Speech/Language Impairment** () **Hearing Impairment** () **Vision** () **Physical** ()

Circle those child has had: Chicken pox German Measles Mumps Seizures Other (list) _____

Does child have dietary restrictions? _____ Specify: _____

List any extreme fears (separation from parents, animals, thunder, etc.) _____

Does child have a history of any behavior or discipline problems? Yes () No () **If yes, Explain:** _____

What method of discipline is used at home? _____

What method of correction is used at home? _____

Who does most of the disciplining? _____

SOCIAL RELATIONSHIPS:

By nature is your child: friendly? () aggressive? () shy? () withdrawn? () outgoing? ()

How does your child relate to strangers? _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

Do you feel your child adjusts easily to a school setting? _____

If in school before, explain their adjustment (For example: cried a lot, clingy, wouldn't eat, etc.)



Rate Agreement and Contract

Child's Name: _____

Birth date: _____

Hours of Operation

Regular operating hours are **Monday through Friday from 7:00am – 5:30pm** except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures. The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on WSB TV Station. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release* and it will be your responsibility to arrange for your child's early pickup.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of week	Start Time	AM/PM	End Time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a Weekly Bi-weekly Monthly Yearly

***Preferred tuition payment for K-7 is monthly**

Fee Policy (to be completed, reviewed and initialed by the parent/guardian)

- Tuition is due and payable on the Weekly payments due on FRIDAY for the upcoming week Initial _____
- First business day of the month _____
- Yearly by the first day of the new school year _____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or winter and spring break _____
- I agree to pay the full tuition in advance of services rendered _____
- I agree to pay the full tuition fee for holidays and scheduled breaks when school is closed _____
- A late fee of \$25.00 is due if tuition is not received on time _____
- A non-refundable registration fee is due yearly _____
- A late pick-up fee of \$1.00 per minute, per child, is due if my child is not picked up by 5:30pm _____
- Accounts two weeks in arrears will result in immediate termination of service _____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required. Checks for field trips are not accepted _____
- All returned checks or ACH transactions (automatic debits) will be charged a fee up to the maximum amount allowed by law. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status _____
- A receipt for income tax purposes will be provided upon request _____

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this school (i.e. babysitting) outside of the programs and services offered by this school, is an individual endeavor and private matter not connected or sanctioned by Cambridge Academy/A Child's Campus, shall remain harmless from any such arrangement. **This practice is strongly discouraged and not endorsed by the school.** Initial _____

Media Release

Occasionally, photos will be taken of the children at the school for use within the school or on our website. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program Initial _____

Parent/Guardian Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____

Staff Signature: _____

Date _____

Parental Agreement with Cambridge Academy/A Child's Campus

Cambridge Academy agrees to provide services for _____
Name of Child

on _____ (Days of Week), beginning at _____ AM and ending
at _____ PM from _____ (Month) to _____ (Month)

My child will participate in the following meal plan: (Circle applicable meals and snacks)

Breakfast	Morning Snack	Lunch	Afternoon Snack
Evening Snack	Dinner	Bedtime Snack	

Before any medication is dispensed to my child, I will provide written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My preschool child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Cambridge Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize Cambridge Academy to obtain emergency medical care for my child when I'm not available.

I have read and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian

Date: _____

SIGNED: _____
Parent/Guardian

Date: _____

SIGNED: _____
Facility Administrator/Authorized School Personnel

Date: _____

Student Medical Care and Emergency Contact

Child's Name: _____ Age: _____

Date of Birth: _____ Gender: _____

Mother's Name: _____

Home Phone: _____ Cell: _____

Work: _____ Ext. _____ Hours: _____

Department: _____

Father's Name: _____

Home Phone: _____ Cell: _____

Work: _____ Ext. _____ Hours: _____

Department: _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Known Allergies (medicines, foods, etc.) _____

List past illnesses or hospitalizations, with dates: _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

I hereby give Cambridge Academy permission to provide first aid care for _____. In the event I cannot be reached, I hereby authorize Cambridge Academy to transport my child to the emergency room of the hospital(s) listed below. And I grant consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary including anesthesia. If I have not specified any hospital below, my child may be taken to and cared for at the nearest hospital. I agree to accept responsibility for all medical expenses incurred.

Hospital _____ Hospital _____

Parent Signature: _____

Date: _____

Cambridge Academy Student Health Information

Name _____ Sex _____

Date of Birth _____ Age ____ Grade _____

(Please check any of the following that applies to the student PAST or PRESENT):

____ ADD ____ Hypertension ____ ADHD

____ Allergies: Specify Type _____

____ Epi-pen required for allergies ____ Other meds required (creams, drops, etc.)

____ Asthma is Inhaler or Nebulizer Used by child _____ Are attacks often _____

____ Kidney Disease ____ Leukemia ____ Frequent Nosebleeds

____ Chemotherapy and Immunosuppressant _____ ____ Organ Transplant

____ Cystic Fibrosis ____ Orthopedic Problems ____ Depression

____ Migraine Headaches ____ Diabetes ____ Insulin ____ Muscular Dystrophy

____ Eating Disorder ____ Pneumonia ____ Head Injuries ____ Psoriasis

____ Frequent Ear Aches ____ Tubes in Ears ____ Hearing Loss ____ Seizures

____ Pityriasis Rosea ____ Heart Disease ____ Rheumatic Fever ____ Hemophilia

____ Hepatitis ____ Sickle Cell Anemia or Trait ____ Vision Loss ____ Glasses

____ Premature Birth (how many weeks early _____) ____ Digestive or Acid Reflux

Other(s): _____

If this student has any of the above was medical care received? _____ When _____

Is the student under medical treatment at this time? _____ On medication(s) at this time? _____

List all medications: _____

Parent Signature: _____ Date: _____

CAMBRIDGE ACADEMY

Disciplinary Declaration

Cambridge Academy School is committed to providing a climate that is productive and academically enriching. For that reason, the matter of self-control and adhering to the disciplinary rules outlined by the school are extremely important. Each student enrolling in Cambridge Academy will be required to follow school rules, without exception.

Continued enrollment in Cambridge Academy is contingent upon acceptable behavior, strict observance of the uniform dress code, regular attendance (without excessive tardiness), and respect of school personnel and school property. If at any point a student is involved in behavior that does not meet the standards set by the school, Cambridge Academy reserves the right to deny continued enrollment to the student.

Cambridge Academy shall not be obligated to extend special consideration or hold repeated conferences for students who are found in repeated violation of school rules or uniform infractions. Any student who disrupts regular instruction by having to be sent to the office seriously jeopardizes their enrollment at the school. Parents will be notified of the possibility of expulsion from Cambridge Academy.

This declaration is necessary in order to provide all students and parents an environment that operates smoothly with as little disruption as possible. It is extremely important that every parent share the responsibility for the actions of their child by reinforcing the rules and regulations as set forth by the policies and procedures of the school.

I have read the above statement and declaration of Cambridge Academy of its right to dismiss my child from the school for repeated disciplinary violations. It is my understanding that if my child fails to follow these rules that denied enrollment is a possibility. In such an event, all enrollment fees and registration is non-refundable.

Parent Signature: _____ Date: _____

**Required Form for New Students Only
For Enrollment in 1st – 6th Grade**

Name of the last school student was enrolled: _____

School Address: _____

City/State/Zip Code: _____

Last Grade student completed: _____

Reason for withdrawal: _____

Student's Recent or Final Grades in the following subjects:

Language Arts: _____

Science: _____

Reading: _____

Social Studies: _____

Mathematics: _____

Conduct: _____

(Please scan and email or attach current report card and test scores.)

Has student ever had to repeat a grade? Yes _____ (grade repeated _____) No _____

Has student ever been expelled or suspended from school? Yes _____ No _____

If yes, please explain:

Has student ever been tested or recommended to be tested? Yes _____ No _____

Student's strongest subjects:

Student's special interests and hobbies:

For Office Use Only: