

**STUDENT INFORMATION Please print legibly.**

**REGISTRATION FORM**

**2018-2019 School Year**

*Please submit an up-to-date copy of your child’s immunization records along with this registration form.*

Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_\_

Current School:

Grade attended year 2017-2018:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive any additional support services at school, such as EIP, REP, Special Education services, or speech? If so, which services?

![wb00956_[1]]() Please list ADA Accommodations needed:

What are your child’s academic strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s academic weaknesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:

City: State/Province: Postal/Zip Code:

Country: Telephone: cell:

Parent email:

(Include area code with telephone)

Mother’s name: Father’s name:

Mother’s day phone: Father’s day phone:

Mother’s cell: Father’s cell: \_\_\_\_\_\_\_\_\_\_\_\_

Person’s Authorized to pick up child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Party will be asked to show ID)

Other Dismissal Arrangements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: Relationship: Phone:

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Specify any of your child’s health or dietary concerns:

Is your child on any medication? No Yes If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_

**Tuition:** Payments may be paid by cash, check or through our website.

**Rate:**

* Tuition is $150.00/week, and includes afterschool care for 2018-2019 school year.

**Registration fee**: $50.00 registration fee is due at the time of registration (Early Bird fee). This fee must be made to ensure that your child has a spot in the class.

Natasha McCants is not responsible for lost or damaged personal property. All scheduled sessions are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

## **Contact Information**

For more information, contact Natasha McCants, Director at 770-405-9190

Email: atlelitekidsacademy@gmail.com

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**SIGNATURE OF PARENT OR GUARDIAN**  **DATE**

**DROP OFF AND PICK UP TIMES**

The school day is from 8:00AM-2:30PM

Drop Off:

* 7:00AM

Pick Up:

* 6:30PM
* A $1 fee will be charged for every minute late after a 5 minute courtesy wait.

**MEDICAL CONCERNS**

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem Required treatment Should paramedic by called?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/No

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of medical emergency contact:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone # | Relationship to Child |
| Contact #1 |  |  |  |
| Contact #2 |  |  |  |
| Contact #3 |  |  |  |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

 Parent’s/Guardian’s Initials \_\_\_\_\_\_\_\_\_\_\_\_

I understand that Natasha McCants nor Elite Kids Academy, LLC will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

 Parent’s/Guardian’s Initials \_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO PHOTOGRAPH**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to Natasha McCants & **Elite Kids Academy LLC.,** to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_\_\_\_ (Initial)

**PARENT’S STATEMENT**

I hereby state that (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is in good mental and physical health condition to participate in the activities provided by **Elite Kids Academy, LLC.,** including but not limited to all aspects of indoor/outdoor running, walking, jumping. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury, and other slips or falls are possible and I hereby release **Elite Kids Academy LLC., its employee and its staff** from liability to the above named child, or any person that he/she is claiming that an injury is arising from or property of the above named child occurring on the premises of **5278 Santee St. SW. Stone Mountain, GA 30087,** including any event sponsored or sanctioned by **Elite Kids Academy LLC.**

I understand that **Elite Kids Academy LLC,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Elite Kids Academy LLC.,** or its scheduled program and that **Elite Kids Academy LLC.,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_