

# Orlando Learning Academy Family Registration



## Child Information

Registration Date: \_\_\_\_\_

### 1st Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to specify	Birth Date	Birth City/State	City:	State:	Social Security #
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes  No

### 2nd Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to specify	Birth Date	Birth City/State	City:	State:	Social Security #
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes  No

### 3rd Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to specify	Birth Date	Birth City/State	City:	State:	Social Security #
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes  No

**Primary Guardian Information***Name(s) of person(s) with whom child is living*

1st Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
2nd Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:
Home Resident Street Address		Apt #	City	Zip Code
Mailing Address (if different than above)		Apt #	City	Zip Code

**Second Guardian Information***Non-primary custodial parent*

1st Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
2nd Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? <input type="radio"/> Yes <input type="radio"/> No
Second Household Mailing Address		Apt #	City	State      Zip Code

**Additional Comments & Information:** \_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts and Authorized Pickups

1st Contact/ Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		
2nd Contact/ Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		
3rd Contact/ Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

### Additional Comments and Information

Is there is any other information that that would be helpful to our management and teaching staff?

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### Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



## Parental/Guardian Agreement- Orlando Learning Academy

- 1) I agree to pay the weekly tuition fee of \$\_\_\_\_\_as designed by Orlando Learning Academy. Payment will be due on Mondays. Late fees are applicable if not paid by Tuesday evening for the current week. Tuition prices are subject to change. All accounts are required to have a credit card on file weather they are paying via auto debit, cash, check, or money order. Any incidentals that are not addressed will be charged to the card on file. \_\_\_\_\_ Initial
- 2) I understand that Orlando Learning Academy has a two-week trial period to ensure we are the best fit for your child. We understand that each child has different needs to thrive and we want to ensure we can meet those needs to ensure this is a successful learning experience. \_\_\_\_\_ Initial
- 3) I understand that the center has a specific policy regarding the administration of medications, I agree to provide the center with all the required information in accordance with this policy. Medications are administered only as prescribed by a licensed physician. \_\_\_\_\_ Initial
- 4) Drop Off/ Pick Up: All children MUST be dropped off before 9AM (they will not be allowed in after 9am) and picked up BEFORE 5:30pm (late fees will be enforced). I understand that it is my responsibility to escort my child to and from the front door and ensure the teacher is aware of the child's arrival or departure. I also understand it is my responsibility to sign my child in and out of the center. \_\_\_\_\_ Initial
- 5) I understand and agree to adhere to a "No CELL PHONE" policy during pick up and drop off. This ensures that both parent and staff are fully present during this time and can have any necessary discussions together without any interruptions or distractions. \_\_\_\_\_ Initial
- 6) Two sets of clean clothes (including underwear and socks) must be in the classroom at all times. These clothes must have the child's name on each item. If a child does not have cloths, there will be a \$5 charge to wear, wash, and return cloths that are borrowed from Orlando Learning Academy. \_\_\_\_\_ Initial
- 7) I understand my child will be provided with breakfast (ends at 8:30am), lunch and snack daily during his/her hours of attendance.
- 8) I understand that Orlando Learning Academy is part of the Food Program and does not allow ANY outside food to be permitted into the building. I am responsible to inform the center for any special diet required by my child due to allergies or religious reasons. I will have my pediatrician completer and sign an allergy form. Orlando Learning Academy will provide an alternate menu for my child with special dietary needs. \_\_\_\_\_ Initial
- 10) If my child wears diapers/pull ups I understand I will provide whatever disposable diapers and wipes are necessary for my child. I understand that only disposable diapers are permitted in the center. If my child does not have any diapers/pull ups, a charge of \$5/day will be assessed for the use of the center's diapers. \_\_\_\_\_ Initial
- 11) I understand that it is my responsibility to keep the center advised of any changes of address, phone numbers, and contacts. \_\_\_\_\_ Initial
- 12) I understand that my child is required to have a crib sheet and small blanket every day for nap time. These blankets will be taken home on Friday and brought back Monday washed and ready for the week. Failure to have these items will result in a \$5 fee per day to borrow & wash MLA blankets. \_\_\_\_\_ Initial



- 13) I understand that it is my responsibility to notify the center if my child does not need to be picked up after school. If I fail to notify the center before the bus leaves the center, I will be charged a \$10 fee. \_\_\_\_\_ Initial.
- 14) Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A school Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each trip. \_\_\_\_\_ Initial
- 15) Should my child become ill during the time he or she is in the care of Orlando Learning Academy or suffers an accident of any nature, the center will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (*The parent/guardian will assume responsibility for payment.*). \_\_\_\_\_ Initial
- 16) I understand that if my child is ill, including, but not limited to, a severe cough or sore throat; undetermined rash or spots; temperature of 100.1 degrees or over; severe headaches; upset stomach or diarrhea, vomits, I (parent/guardian) will be contacted immediately to pick up my child within one hour. If I child is asked to be picked up, they are not able to return for 48 hours or until the symptoms subside. A doctor's note will be required to return stating the diagnosis (so we know it is not a contagious disease). Orlando Learning Academy will notify parents if a contagious disease has been introduced into the center and guidelines will be followed per the Health Department. \_\_\_\_\_ Initial
- 17) I authorize Orlando Learning Academy to transport my child at any time during an emergency where evacuation by transportation is necessary. \_\_\_\_\_Initial
- 18) If I have not picked up my child by 5:30pm (closing time) I understand my late fee is \$5 for the first minute and \$1 a minute after closing time. This late fee is due upon arrive the next day for the student to attend school. If all attempts to contact the emergency contacts fail, Orlando Learning Academy will contact the proper authorities. \_\_\_\_\_ Initial
- 19) I give my permission for my child to be photographed or videotaped while in attendance at the center and during any field trip activities. Photographs may also be posted within the center or used in a newsletter or other center-wide publication as well as our website or social media sites. \_\_\_\_\_ Initial
- 20) I have read and received a copy of the Parent Handbook. I agree to abide by all the policies and procedures of Orlando Learning Academy as outlined in this agreement and the Parent Handbook. \_\_\_\_\_ Initial

I agree to abide by the policies and procedures of Orlando Learning Academy as outlined in this.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Disciplinary & Expulsion Policies

**Expulsion Policy-** Our school is committed to provide a healthy emotional and physical environment for all children. Therefore, we have adopted the following code of prohibited behaviors which may result in automatic disenrollment:

- ☹️ No child, parent or adult is permitted to use inappropriate language, utilize threats of any kind against children or other adults, hit, punch, kick, slap, or otherwise physically assault any other individual on school property.
- ☹️ Children that attempt to leave school property without the accompaniment of a school staff member or their parent may be disenrolled from the school.
- ☹️ No child is permitted to have medication in their possession.
- ☹️ No child will be permitted to remain in care if payment is more than five business days in arrears.
- ☹️ Verbal abuse of your own children or other children or adults will not be permitted at any time.
- ☹️ Corporal punishment will not be permitted at any time.
- ☹️ Parents are not permitted to address, for the purpose of correction or discipline, a child that is not their own, on school property (should you have such a concern, please address it to the management staff).
- ☹️ All parents and adult are required to comply with the school's safety policy in its entirety including changes that may occur.
- ☹️ Parents may not engage in confrontational interactions with school employees or the families of other enrolled students; disagreements will be handled in a respectful manner and addressed to school management.
- ☹️ Parents will respect the confidentiality of each enrolled family and refrain from pressuring staff to provide confidential information of other enrolled families.
- ☹️ Children, parents, and other adults will refrain from engaging in any activity that results in distress, fear, discomfort, marginalization, alienation or ostracization of any adult or child affiliated with our school.
- ☹️ Continuous tardiness in pick up/drop off that disrupts the flow of the classroom and child's learning experience.
- ☹️ If your child does not abide by the Disciplinary Policy and has continued behavioral issues, **Orlando Learning Academy reserves the right to terminate our relationship with the family.**

For the sake of this document, parent means parents, legal guardians, grandparents, or any other family member of the enrolled child. Failure to adhere to this code of conduct will result in appropriate recourse up to and including expulsion from the school

### **Are we the BEST Fit for your child?**

Orlando Learning Academy is committed to creating a safe, warm, loving environment for children where they can learn and grow physically, emotionally, creatively, intellectually, and socially at their own pace. We want to help your child increase their confidence, and self-esteem by treating them as unique individuals, and allowing them to express themselves in a variety of facets. We strive to make your child's time at daycare the best experience it can be for them as well as you, the parents.

With that said, we are a Child Care Center and do NOT provide additional services/therapy to meet Special Needs such as Speech Therapy, Behavioral Therapy, Occupational Therapy, and more. If your child shows signs of needing additional services, we will do our best to support you. **Orlando Learning Academy also reserves the right to terminate our relationship knowing that we are NOT the best fit for your child. Please know this is for the best interest of your child.**

## Disciplinary Procedure:

The use of physical punishment, in any form, is prohibited at our center. Discipline consists of positive redirection to guide children toward appropriate choices and behavior. Should an incident occur and persist, this is the disciplinary policy procedure that will take place:

- The child & parent/guardian will receive a verbal warning.
- If the parent/ guardian will receive a written "Incident/Accident" Report and we encourage you to discuss these with your child's teacher. (We will allow for two written warnings before suspension)
- The child will be suspended from Orlando Learning Academy services for 1 day up to 1 week depending on the incident.
- Orlando Learning Academy will notify the parent/guardian of expulsion and that they will need to make alternative arrangements for the care of a child.

Students striking a teacher, or any other staff member, using foul language or exhibiting other such inappropriate or unsafe behaviors may be suspended or expelled from the center.

In order to provide the best care for your child(ren), parents must notify the center of any change in your child's environment that might affect the behavior of the child(ren). Our being aware of changes in your child's life will assist us in implementing the adjustment.

DCF Child Care Standards, requires that parents are notified, in writing; of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature verifies that the parents or guardians have been notified, in writing, of the disciplinary practices of the child care facility.

Parent Signature, \_\_\_\_\_ Date. \_\_\_\_\_

The facility may have one or more children without current immunization or have chosen not be immunized.

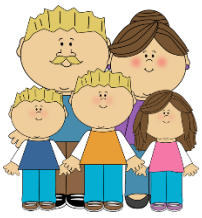
Section 65C-22.006(2), F.A.C., requires a current physical examination [Form 3040] and immunization record or appropriate documentation (Form 680 or 681) within 30 days of enrollment.

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary Practices used by the child care facility.

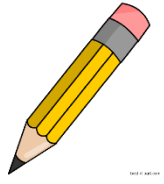
Your signature below indicates that you have received the above items and that the information on this Enrollment form is complete and accurate.

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

Printed Name \_\_\_\_\_



# Parent Survey



This information sheet is to help me better understand your child.  
Please be honest and provide details where necessary

1. Students Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Name of Parent (s) Guardian? \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. Parents Status: \_\_\_\_\_ Married \_\_\_\_\_ Seperated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single  
If parents are not together, who has custody of the child? \_\_\_\_\_  
Is there a separation or divorce custody issue that we should be aware of? If yes please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Emergency contact person (this information bust be on file with the front office). Contact person/relationship to student: \_\_\_\_\_ Phone No: \_\_\_\_\_
6. Are any languages other than English spoken at home? \_\_\_\_\_
7. What is the primary way/with whom your child will get home each day? (please notify us if there are any changes) \_\_\_\_\_
8. Do you have any special concern about your child? (academically, socially, medically, developmentally, etc?) \_\_\_\_\_
9. Please list any foods, bites, stings, etc that may cause an allergic reaction with your child \_\_\_\_\_
10. Please list two goals you would like to set for your child this year:  
\_\_\_\_\_  
\_\_\_\_\_
11. Please tell me if there is anything else we should know about your child. Feel free to brag!  
Use the back if you need to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Procure**  
SOLUTIONS

Dear Parents,

We are pleased to announce that we are now using the "Procure Child Care App" a childcare software we can all get excited about. This is a wonderful program allows us as a center to stay connected with you as parents and keep you up to date with daily activities, developmental milestones, and engage you in what's happening in our classrooms. You will be emailed a daily report which includes your child's curriculum schedule, food intake, diapering/toileting, and any important information the teacher may need to share with you. You will even receive photos of us having FUN!!

This is also a wonderful way for teachers & parents to communicate with each other. Please be aware that teachers will be sending messages regarding projects, supplies needed, activities, and parent involvement that is needed on your part. Please ensure that you are reading all the information provided in your daily updates.

Please return this page to Orlando Learning Academy so we can ensure we have your most up to date information.

**PLEASE PRINT CLEARLY SO WE CAN INPUT THE INFORMATION CORRECTLY. Thank you!**

Child's Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Email: \_\_\_\_\_

(Optional) Second Email: \_\_\_\_\_

Parents Phone Number: \_\_\_\_\_ Can you receive SMS on this number    yes  no

# ORLANDO LEARNING ACADEMY

## PHOTO/VIDEO RELEASE FORM

I, \_\_\_\_\_, the parent of a child/children at \_\_\_\_\_  
(Hereinafter known as the "Orlando Learning Academy"), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed and videoed at the Orlando Learning Academy during normal daycare hours, field trips, or activities. I understand that these photographs/videos/stills/voice may be used in promoting childcare services for Orlando Learning Academy, either in print, video, website, social media and other media channels.

The child(ren) are known as:

\_\_\_\_\_  
\_\_\_\_\_.

With my signature below I grant permission for my child(ren) to be photographed and/or videoed or their images recorded for print or electronic use in promoting Orlando Learning Academy services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship To Child \_\_\_\_\_

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

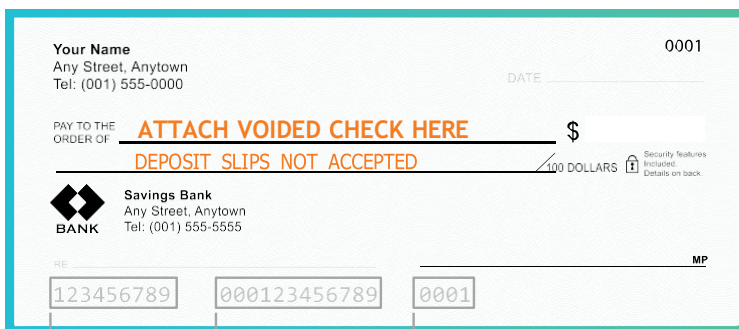
### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER      ACCOUNT NUMBER      CHECK NUMBER

#### FOR OFFICIAL USE ONLY

_____
Date Received
_____
Employee Signature

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