



# Enrollment Application

(Please complete one application per child)

Children's Village Learning Academy  
6011 Jahnke Road  
Richmond, VA 23225  
(804) 312-8442

<b>Child's Information</b>		
Name:	Nick Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: / /	Home Phone: ( ) -	
<b>Parent/Guardian Information (Please be sure to update contact information)</b>		
<b>Mother:</b>	Date of Birth: / /	
Home Address:	Home Phone: ( )	
Place of Employment:	Work Phone: ( )	
Employment Address:		
Home Email:	Work Email:	
<b>Father:</b>	Date of Birth: / /	
Home Address:	Home Phone: ( ) -	
Place of Employment:	Work Phone: ( ) -	
Employment Address:		
Home Email:	Work Email:	
<b>Child's Legal Guardian:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other	If Other Name:	
Address:	Phone: ( ) -	
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian		
<b>Child's Emergency Information</b>		
Allergies (food, medication, etc.): <input type="checkbox"/> Preferred <input type="checkbox"/> Diagnosed		
Chronic Health Conditions:		
Actions:		
Child's Physician:	Phone: ( ) -	
I/We understand that I/we will be notified when my child becomes ill. I/we will be expected to pick my child up within an hour of being notified in accordance with the Children's Village Learning Academy policy (see Parent Handbook).		
I/We understand that if an emergency occurs CVLA will obtain immediate medical care if I/we can not be located. Initial: _____		
<b>Emergency Contact Information (List 2 contacts - other than parents or guardians)</b>		
① Name:	Relationship:	
Address,city,state,zip:	Phone: ( )	
This person is also authorized to pick-up my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
② Name:	Relationship:	
Address,city,state,zip:	Phone: ( )	
This person is also authorized to pick-up my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Non-Discriminatory Statement</b>		
I/we understand that Children's Village Learning Academy will not discriminate in the admission of children regardless of race, creed, nationality origin, sex or age. Initials: _____		
<b>★ FOR OFFICE USE ONLY ★</b>		
Place of Birth:	Birth Date: / /	
Birth Certificate #:	Date Issued: / /	
Date Viewed:		
Children's Village Learning Academy Start Date: / /	Children's Village Learning Academy End Date: / /	

**Child Pickup Authorization**

✦Authorized Persons:

✦Unauthorized Persons:

**✦If you have additional authorized/unauthorized persons, please request the Child Information Update Form***If one of the authorized persons, listed above, will be picking up my child, I will notify the staff in person or by phone. Initials: \_\_\_\_\_**If one of the unauthorized persons, listed above, will be picking up my child, I will notify the staff in person or by phone. Initials: \_\_\_\_\_*

I/we understand that my child must be signed in and out of CVLA daily. Initials: \_\_\_\_\_

**Child's Current School Information (if applicable)**

Name of School:

Grade:

**Previous Daycare/School Child Attended (if applicable)**

Name:

Date: / /

**Transportation, Field Trip, Activity Authorization and Advertisement Authorization**

My initials indicate that my child has permission to be transported on CVLA's vehicles to and from school and in case of emergency or natural disaster.

 Yes  No Initials: \_\_\_\_\_

My child has permission to participate in the activities planned by the Children's Village Learning Academy that may require my child to be transported on CVLA or other commercial transportation.

 Yes  No Initials: \_\_\_\_\_

My child has permission to leave the premises of Children's Village Learning Academy, to participate in the water activities sponsored by Children's Village Learning Academy Summer Camp.

 Yes  No Initials: \_\_\_\_\_**WATER SKILL LEVEL** Beginner  Intermediate Advanced

My child has permission to be photographed and videoed for marketing and early learning purposes only. Images will be used for advertisement in newsletters, mailings, brochures, websites, social media, and other publications. I understand that the Center will keep me informed of these activities.

 Yes  No Initials: \_\_\_\_\_**Discipline**

I/We understand that in disciplining my child, "time out", isolation, and/or other denial of extra-curricular activities shall all be used in lieu of corporal punishment.

I/We understand and agree that in case of continued mild discipline problems, I/we must attend a conference with Children's Village Learning Academy directors to establish a probationary period, if after this period problems persist; my child will be dismissed from Children's Village Learning Academy. In extreme cases my child may be dismissed without notice.

**Immunizations**

I/We agree to provide a complete medical form (Physical &amp; Immunization) to the Center the first day of admission, which shall become part of his/her permanent record.

**Custody**

I/We agree that if the parents are or become legally separated or divorced, I/we will provide the Center with a copy of the court custody order for its filing.

I/We understand that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**Children's Village Learning Academy Closings**

I/We understand that Children's Village Learning Academy will not operate on the following days. I/we understand that I/we will be notified of actual dates. Any additional days will be announced.

- President's Day
- Martin Luther King's Birthday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Easter Holiday
- Thanksgiving Day & day after
- Christmas Holiday
- New Years' Holiday
- Teacher's Workdays

**Parent Handbook Signatures**

My signature indicates that I/We \_\_\_\_\_ the parent(s) of \_\_\_\_\_ have received an electronic copy of Children's Village Learning Academy parent handbook that includes it's program and policies.

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

**Signatures**

I/We understand and agree to all of the terms of this application.

Parent/Guardian:

Date: / /

Administrator/Director:

Date: / /

## FINANCIAL AGREEMENT

(Please read carefully)

### Registration & Tuition

❶ I/We agree to pay a one time non-refundable registration fee of \$100.00.

❷ I/We agree to pay CVLA \$ \_\_\_\_\_ full-time and/or \$ \_\_\_\_\_ part-time, per week, bi-weekly, monthly, bi-monthly.

**Full tuition is due Monday of each week, by 5:30 p.m. Monthly payments are the first week of the month.**

❸ While Children's Village Learning Academy operates 10.5 hours (7:00 a.m. - 5:30 p.m.) per day, each student has a maximum of 9 hours per \_\_\_\_\_ day to attend that includes transportation to and from the Center. My child will attend \_\_\_\_\_ to \_\_\_\_\_ . Any attendance after the 9-hour maximum per day will accrue additional fees per hour/per child as indicated:

*If a child is not picked up by 5:30 p.m. and if the Center has not received notification from parent/guardian of an emergency, employees will begin to contact persons listed in emergency contact portion of application. If child is not picked up by 6:00 p.m., City of Richmond Police will be notified of status of child, and they will also be requested to take child into their care until parent/guardian can be located. Initial here \_\_\_\_\_*

❹ I/We agree to pay a late charge of \$35.00 per week for payments not made by 6:00 p.m. Tuesday of the tuition week. *If late payments are frequent, Children's Village Learning Academy reserves the right to give two (2) weeks' notice of dismissal.*

❺ I/We agree to pay a \$35.00 service charge for any and all returned checks.

❻ I/We agree to pay all legal fees incurred in collection of debts.

All paying full-time parents will pay 1/2 tuition if the child is absent one (1) full week for illness (doctor's excuse required) otherwise, full tuition will be charged. Upon a full-time parent's one (1) year anniversary, they will be entitled to a free week vacation.

### Insurance, Medical Care & Medication

❶ I/We agree to accept full responsibility for all costs not covered by the Center's insurance policy, in the event of an accident.

❷ I/We authorize the Center to obtain immediate care if an emergency occurs when I/We, cannot be located immediately.

*The parent or guardian waives all rights or claims for him or herself along with all members of their families against the Center or its employees.*

❸ I/We authorize any licensed physician or medical treatment center to treat my child in case of an emergency in the event that I/We, the parents, cannot be located.

*†All children enrolled at Children's Village Learning Academy are covered by our group accident insurance plan. The center provided coverage is for the hours your child is in care only.*

❹ I/We agree to inform the center within 24 hrs. or by the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the state Board of Health, except for life threatening diseases which must be reported immediately.

❺ I/We agree to adhere to the following policy: If my child has a fever or is otherwise ill (vomiting, pain, diarrhea, frequent coughing, excessive nasal discharge, signs of conjunctivitis etc.) he/she will be kept at home. If my child becomes ill while at school, once notified, I (or alternate emergency person) will pick up my child within one hour. I understand that there are no exceptions to this rule.

❻ I/We agree to present a doctor's note (written or typed on physician's letterhead) to receive one-half tuition when our child is absent from Children's Village Learning Academy three (3) consecutive days or more in any given week.

*†All cases of suspected child abuse physical/emotional will be reported to the State of Virginia as required by state law.*

*†Medication - The Center shall only administer medication prescription/nonprescription if the parent has completed a permission form and the medication is in the original container labeled with the child's name, date and administration times. A new short-term medication form is to be signed every ten (10) days given directly to the office and all long-term medication shall be accompanied by note from doctor or it will not be given. A new long-term medication form is to be signed every six (6) months.*

### Transportation

State Approved Vans will be used for all field trips, and drivers licensed by the State of Virginia. All vehicles shall be equipped with seat belts and first aid kits. On occasion commercial transportation may be used.

### Meals

USDA approved breakfast, lunch and snack are provided and requires the completion of the enclosed Enrollment and Income Eligibility Form, weekly menus are posted. **PEANUT-FREE ZONE: PLEASE DO NOT BRING ANY PEANUTS OR PRODUCTS CONTAINING ANY NUTS INTO THE FACILITY.**

### How did you hear about us?

Friend  Word of Mouth  Flyer/Mailer  Website  Radio  Other \_\_\_\_\_

### Signatures

Parent/Guardian:	Date: / /
Parent/Guardian:	Date: / /
Administrator/Director:	Date: / /