



## APPLICATION FOR ENROLLMENT

Please print and fill out all blanks ( use NONE or N/A if not applicable)

Child's Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Subdivision \_\_\_\_\_

### STUDENT BIOGRAPHICAL INFORMATION

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_

Place of birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Religious Preference \_\_\_\_\_

#### Ethnic Background:

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black/African American

\_\_\_\_\_ White/Anglo/Caucasian

\_\_\_\_\_ Other. Please specify \_\_\_\_\_

#### Sex:

\_\_\_\_\_ Male \_\_\_\_\_ Female



**PARENTS / GUARDIANS**

**Father:** Name \_\_\_\_\_ **Mother:** Name \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Title** \_\_\_\_\_ **Title** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Work number(s)** \_\_\_\_\_ **Work number(s)** \_\_\_\_\_

**Cell Number(s)** \_\_\_\_\_ **Cell Number(s)** \_\_\_\_\_

**Work Hours** \_\_\_\_\_ **Work Hours** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

**Address (if different from applicant's)** \_\_\_\_\_

**Parents:**  
\_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated

**Describe the general health of parents** \_\_\_\_\_

**Are there any limitations on either parent's right to pick up or visit the child at school?**  
\_\_\_\_ Yes \_\_\_\_ No

**If yes, please attach a copy of the court order to keep on file at Unique Academy. Please explain any social or family circumstances of which Unique Academy should be aware:**



## HEALTH INFORMATION

Please submit immunization form 3231 – required by Georgia law  
Updated forms are required as they expire

**Physician** \_\_\_\_\_

**Practice** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Brief Health History** \_\_\_\_\_

\_\_\_\_\_

**Social/Emotional Concerns** \_\_\_\_\_

\_\_\_\_\_

## ALLERGIES

List all allergies or sensitivities to drug, food, etc. and reaction. Please write none if no allergies exist. All food allergies require written documentation from a physician.

\_\_\_\_\_

\_\_\_\_\_

\*\*For each allergy listed that may require medication, an Allergy Action Form must be completed.



## MEDICATION

State Law requires that all medication taken at school must be turned in to the office with the complete medication form to administer

List all medications currently being taken on a regular basis:

Any medical conditions or special needs (i.e.: Asthma, RAD, Reflux, food intolerance or religious food preferences) of which the school should be aware? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

List symptoms: \_\_\_\_\_

List food(s) to be omitted from diet \_\_\_\_\_

PreK3 & up: Is your child potty-trained? \_\_\_\_ Yes \_\_\_\_ No

If no, please give details \_\_\_\_\_

## EMERGENCY AND RELEASE INFORMATION

Other persons to whom Unique Academy is authorized to release this child shall be listed below. Under no circumstances will Unique Academy release this child to anyone not identified below without specific instructions from the parent. Special instruction forms are available at the front desk. Unique Academy will not allow a child to enter or leave without an adult escort (18 years or older.) Additions or changes to this list must be made in writing.

### EMERGENCY

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_



## RELEASE AUTHORIZATION

**1. Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_

### GRANDPARENTS MATERNAL

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

### PATERNAL

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_



## PREVIOUS SCHOOLS

Please list all previous school attended. All records *must* be received prior to admission.

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School Name	Dates of attendance	Reason for leaving
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School Name	Dates of attendance	Reason for leaving
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School Name	Dates of attendance	Reason for leaving
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## SIBLINGS

Please list the name(s) of all siblings and any schools attended (preschool – college)

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Sibling Name	School Attended	Dates of Attendance	Reason for leaving
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Sibling Name	School Attended	Dates of Attendance	Reason for leaving
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Sibling Name	School Attended	Dates of Attendance	Reason for leaving
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## **FINANCIAL AND PROCEDURAL AGREEMENT**

### **FEEES AND TUITION**

An initial registration fee of One hundred dollars (\$100.00) shall be paid for each child at the time of enrollment, renewed each year thereafter. . All fees are non-refundable. No bills or invoices are sent.

A fee of fifteen dollars (\$15.00) or one dollar (\$1.00) per minute, whichever is greater, will be assessed for each child not picked up at the end of the school program.

### **LATE CHARGES AND PENALTIES**

Monthly tuition is due by the first of every month. A late charge of seventy five (\$75.00) dollars shall be automatically added when a balance is carried forward. If an account becomes delinquent (over one week past due without receipt of payment) there will be an additional weekly service charge of five per cent (5%) of the past due balance added automatically. In the event arrangements to make payment are not made, Unique Academy may, at its discretion, dismiss the child and the parent shall remain responsible for the balance due and any expenses incurred by Unique Academy in the pursuit of payment.

### **ADMISSIONS**

Initial and continued enrollment will be at the discretion of Unique Academy based upon the best interests of the child, the expectation that he/she will benefit from the program, and the health, safety and general welfare of the child and the other enrolled children. Enrollment shall be for children two and half years through five and half years of age without regard to race, creed, sex, or national origin.

### **CURRENT INFORMATION**

The parent is required by state law to update information on the enrollment application as necessary. Please remember when any of your phone numbers or your address change, updates must be made immediately in writing.

### **PARENT HANDBOOK**

Each parent is responsible for reading the Unique Academy Parent Handbook. Signature on this application acknowledges receipt of, understanding of, and adherence to all policies stated in the Parent Handbook and any addendum (which may be in the form of a memo.)

### **GENERAL AND FINANCIAL ACKNOWLEDGMENTS**

To the best of our knowledge the information contained in this application is true and accurate. The administration may verify any part of this application material. If any part of this application is inaccurate, or the provisions not upheld, the student is subject to withdrawal from the school.



We have specifically reviewed each of the provisions of this application and Parent Handbook and hereby agree to comply with all provisions hereof.

As parents/guardians of the applicant, we attest that the information above is true and accurate to the best of our knowledge. If the applicant is accepted at Unique Academy, we grant the school officials the permission to secure medical attention as needed in case of emergency. By signing this application we agree to enroll our child for the following term and program.

Start date: \_\_\_\_\_

**PRIMARY 3 - 6 years old- (Lunch and Snacks included)**

- |                                   |                              |                       |
|-----------------------------------|------------------------------|-----------------------|
| <input type="checkbox"/> All Day  | Monday – Friday 8:30 – 5:30  | Tuition : \$900.00/mo |
| <input type="checkbox"/> Full Day | Monday – Friday 8:30 – 3:30  | Tuition: \$770.00/mo  |
| <input type="checkbox"/> Half Day | Monday – Friday 8:30 – 12:30 | Tuition: \$640.00/mo  |

**TODDLER 1 - 3 years old- (Lunch and Snacks included)**

- |                                   |                              |                      |
|-----------------------------------|------------------------------|----------------------|
| <input type="checkbox"/> All Day  | Monday – Friday 8:30 – 5:30  | Tuition: \$980.00/mo |
| <input type="checkbox"/> Full Day | Monday – Friday 8:30 – 3:30  | Tuition: \$850.00/mo |
| <input type="checkbox"/> Half Day | Monday – Friday 8:30 – 12:30 | Tuition: \$730.00/mo |

**INFANT 4 WEEKS - 12 MONTHS old**

- |                                   |                             |                       |
|-----------------------------------|-----------------------------|-----------------------|
| <input type="checkbox"/> All Day  | Monday – Friday 7:30 – 5:30 | Tuition: \$1350.00/mo |
| <input type="checkbox"/> Full Day | 6 hours                     | Tuition: \$1053.00/mo |
| <input type="checkbox"/> Half Day | 4 hours                     | Tuition: \$ 783.00/mo |

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- |                                       |                             |                      |
|---------------------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> Early Bird   | Monday – Friday 7:30 – 8:30 | Tuition: \$50.00/mo  |
| <input type="checkbox"/> After-school | Monday – Friday 3:00 – 5:30 | Tuition: \$370.00/mo |
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**The only acceptable causes of termination of this agreement will be with 30 days notice or there will be a penalty equivalent to one month of the child's tuition.**

I would like to pay: \_\_ Full (5% discount) \_\_ Semi-annually \_\_ Quarterly \_\_ Monthly

Please check the method of payment: \_\_ Check \_\_ Credit Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code: \_\_\_\_\_

Please state any special suggestions/instructions you have in regards to your child while he/she is in our care: \_\_\_\_\_

\_\_\_\_\_  
Parent's signature Date

\_\_\_\_\_  
Parent's signature Date

\_\_\_\_\_  
Director / School official Title

\_\_\_\_\_  
Date