



Registration Form

Must be updated annually. Please fill in all blanks including the Emergency Contact person's address for safety (and State Licensing required). Write N/A if not applicable.

Student Full Name:		Birth Date: Male/Female	Age: Fall Grade:	Start Date:
Child lives with		Both parents <input type="checkbox"/>	Mom <input type="checkbox"/>	Dad <input type="checkbox"/>
Student's Home Address:			City:	Zip Code:
Mother's Full Name	Address:		City/State:	Zip Code:
	Work Phone #:	Cell Phone #:	Home Phone #:	Email Address:
Father's Full Names	Address:		City/State:	Zip Code:
	Work Phone #:	Cell Phone #:	Home Phone #:	Email Address:
Emergency Contact Name other than parent/guardian:	Address:		City/State:	Zip Code:
	Work Phone #:	Cell Phone #:	Home Phone #:	Email Address:

Please list additional persons allowed to pick up your child/ren. Older siblings may pick up provided there is a signed permission letter from the parent and Photo ID of the sibling on file at Enlighten Academy. The following individuals may serve as my agent and have my permission to pick up my child/ren from Enlighten Academy:

Name (Primary person other than parents)	Relationship to Student	Driver's License # (attach a copy of the driver's license for each)	Phone Number
1.			
2.			

Check all items that apply below:

1. Transportation - I hereby give do not give – my consent for my child/ren to be transported by Enlighten Academy or its contractor, from my child/ren's public school and/or on field trips.
2. Water activities/Field Trips - I hereby give do not give – my consent for my child/ren to participate in swimming at the Flower Mound Community Activity Center (summer program only) and/or to participate in Enlighten Academy field trips.
3. Publications, Video, Internet Consent and Release – I hereby give do not give – my child/ren to be photographed and videotaped at Enlighten Academy and Enlighten Academy's special events (e.g., holiday parties, speech classes and contests, and summer field trips) for the purpose of celebration, evaluations and promotion of the programs. I may request a hard/soft copy available of my child/ren' photographs at no charge or make my own copy of video tape at my own efforts.
4. Student Internet Use – I agree to allow my child/ren to use the Internet resources at Enlighten Academy for academic purpose only. My child/ren agree to follow the safe Internet policy regarding the use of the Internet at Enlighten Academy.
5. I have received a written operational policy of Enlighten Academy.
6. Following meals will be served to my child.
 Morning snack Lunch PM snack

I will not hold Enlighten Academy responsible for any liability of accident and/or the cost of emergency care and/or transportation for emergency care.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Student's Legal Last Name: _____ Legal First Name: _____ School: _____ Grade: _____



Enlighten Academy
 297 W Round Grove Road, Suite 230, Lewisville, TX 75067, 469-630-0002, info@enlightenacademycoppell.org
Registration Form

Immunization and Health Records

Please sign both the immunization and emergency contact sections.

My child/ren attends the following schools:			
School Name:	School Address:	City/Zip:	School Phone #:
My child/ren's immunization record and hearing/vision-screening statement are on file at the school and all immunizations are current.			
_____	_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Signature of Parent/Guardian	Date

Admission requirement

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is Admitted to the Enlighten Academy.

1. Health care professional's statement: I have examined the above child within past year and he/ she is able to take part in the day care program.

Signature -health care professionals

Date

2. A signed and dated copy of health care statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of recognized religious organization, which I adhere to or am a member of. I have attached and signed affidavit stating this.

4. My child has been examined with in the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I Will obtain a health care professionals statement and will submit to school.

Signature of Parent/Guardian

Address of health care professional

Health and Medical Contacts

Please fill in all blanks including doctor's address for safety. Write N/A if not applicable.

Insurance Company: <small>PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD</small>	Phone #:	Group Policy #:	Covered or Responsible Name:
Doctor:	Phone #:	Address:	
Preferred Hospital:	Phone #:	Address:	
If necessary, I authorize Enlighten Academy to obtain emergency medical care and to transport my child/ren to the nearest clinic/hospital for emergency medical treatment.			
IMPORTANT HEALTH INFORMATION: Please list health conditions, allergies (drug, food, etc.), hospitalization in the past 12 months, medications prescribed for continuous, long-term use, and medical history: _____ _____			
Child care operations are public accommodations under the Americans with disability act (ADA), TITLE 3, If you believe that such an operation may be practicing discrimination in violation of Title 3, you may call ADA information line at 800-514-0383.			

Student's Legal Last Name: _____ Legal First Name: _____ School: _____ Grade: _____



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**Registration Form
 Immunization and Health Records**

Authorization for Emergency Medical Care

I give permission of my child/ren _____ for full participation including gymnastics, karate, ping-pong, tennis, and any other classes if enrolled in Enlighten Academy, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me, my spouse or next of kin. In the event I cannot be reached to make arrangements for emergency medical care for illness or accident, I hereby give my permission to the licensed health-care practitioner selected by Enlighten Academy to secure treatment, including hospitalization, anesthesia, surgery, or injections of medicine for my child. I further understand I will be responsible to pay for the emergency treatment expenses individually or through my medical insurance program.

Signature of Parent/Guardian _____

Date: _____

Requirement for Exclusion

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by section 161.0041 Health and safety code submitted no later than 90th day after the affidavit is notarized.

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denominations.

Vision Exam Result

Right Eye 20/

Left Eye 20/

Pass _____

Fail _____

Signature _____

Date _____

Hearing Exam result

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				
Left				

Signature _____

Date _____



Enlighten Academy
 297 W Round Grove Road, Suite 230, Lewisville, TX 75067, 469-6300002, info@enlightenacademycoppell.org

Registration Form

2021 Daycare Tuition

√	Daycare	Tuition	Special	Payment
	Registration fee, non-refundable, one-time	\$95		\$95
	Infant	\$260/week	\$250/week sibling	
	Toddler	\$230/week	\$220/week sibling	
	Preschool	\$210/week	\$200/week sibling	
	Pre-K	\$190/week	\$180/week sibling	
	School holiday or break tuition	\$60/full-day, \$40/half-day		
	Afterschool	Tuition	Special	Payment
	Registration fee, non-refundable, one-time per school year	\$45		\$45
	Afterschool	\$380/4 weeks \$400/4 weeks	\$370/4 weeks sibling \$390/4 weeks sibling	
	School holiday or break tuition	\$60/full-day, \$40/half-day		
√	2021 Fall Semester Enrichment Classes	Tuition	Material Fee	
	Calligraphy 毛笔字	\$270 / semester	\$35	
	Chinese (please circle Pin Yin, 1, 2, 3, 4, 5 or 6 册暨南中文)	Free	\$12	
	Coding (1 hour/ week)	\$180 / semester		
	Art (1 hour/ week)	\$180 / semester		
	TBD	TBD		
GRAND TOTAL				

Notes:

1. Full tuition for enrichment classes must be paid in advance when sign up. The weekly lesson rates apply when sign up in the middle of the semester. Enlighten Academy reserves the right to cancel any of the classes if no enough students enroll.
2. No refunds or credits are allowed after any of the classes have begun. No refund or make-up for absences and no refund for all study materials. Chinese classes will **not** be taught on school holidays.
3. To enroll, please include the registration fee plus the first session's tuition payable to **Enlighten Academy, 297 W Round Grove Road, Suite 230, Lewisville, TX 75067**

Check # _____ Date: _____

4. Quickpay (ZELLE): Enlightenacademy2019@gmail.com

Student's Legal Last Name: _____ Legal First Name: _____ School: _____ Grade: _____



Enlighten Academy Registration Form

2021 DAYCARE/AFTERSCHOOL ENROLLMENT AGREEMENT

Enlighten Academy invites you to enroll your child for the 2021-2022 school-year. Enlighten Academy admits students of any race, national and ethnic origin. Enlighten Academy is not staffed to meet the needs of students who are mentally or physically handicapped.

Forms – For the safety of each child, a registration form and shot records statement must be completed or updated annually at the time of registration. Please fill in all blanks including the addresses of your child's medical doctor and the emergency contact other than parents. PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD.

Registration Fee – A non-refundable one time per school year registration fee of \$95 daycare/ \$45 afterschool is required for each student to enroll.

After-School Tuition - Covers after-school care on school-days only.

- For students in Cottonwood Creek, Denton Creek, Lakeside, Town Center, Wilson, , and Pinkerton of Coppell ISD, Forest Vista, Garden Ridge, Blue Bonnet, Parkway, Vickery, Flower Mound, Wellington, Timber Creek, and Old Settlers of Lewisville ISD: \$380/4 weeks.
- For students in Valley Ranch of CISD, Prairie Trail, Liberty, McAuliffe, Castle Hills, Hebron Valley, and Polser of LISD: \$400/4 weeks.

Terms of the Agreement

- The following information must be received before the applicant may attend: completed Registration Form including the Enrollment Agreement, and payment of registration fee plus the first 4 weeks' tuition (**non-refundable** as a licensed space is reserved for your child upon enrollment).
- Daily rate applied if payment is less than a full-week.
- Tuition is due by the Wednesday before the first week of each four weeks. A late fee of \$5/calendar day will be added after the first Wednesday of each four weeks. No invoices will be provided except when past due. Tuition for care on school holidays and breaks are additional cost. A \$35 fee applies for any returned check.
- Optional class tuition is additional and is due at registration (refer Page 3 of the Registration Form for details). They are not qualified childcare expenses and will not be included in receipt. Enlighten Academy reserves the right to cancel any of the optional classes or change the schedules depending on enrollment. Enlighten Academy will refund the payment of any cancelled class if no enough students enroll.

Discounts. \$10/4 weeks off for the second or third sibling registered in the same four weeks.

Refund Policy

- No refund or credit will be provided during any week for absences. There is no discount or refund if not participate in any FREE class such as Chinese.
- There is no refund or credit once any optional class has begun. A \$35 cancellation fee applies for each course withdrawal after payment and before the first class starts. No refunds are allowed for ALL text books, workbooks and study materials.
- Discounted annual (36 weeks) or semis-annual (18 weeks) tuition is non-refundable except for relocation. Relocation credit will be computed by subtracting the regular (non-discounted) per four-week tuition spent less \$35 withdrawal fee.

Withdrawal – Please provide a 30-day written notice of withdrawal for your student.

Absence Notification – If your child will be absent from our program, please notify Enlighten Academy by 12:00 noon to ensure safety and avoid delay of other students. Please call 469-6300002. There is a non-notification charge of \$5.00 on the second violation of the policy.

Waiting Deposit – If our capacity is full at enrollment, a \$95 daycare/ \$45 afterschool non-refundable deposit can be paid to secure a licensed space when it becomes available later in the school year. The deposit payment will be used as the registration fee.

Extended Absences – A pre-payment of four-week's tuition is required if your student will be absent for an extended period (four weeks or longer) to hold a licensed space. Otherwise, a separate \$95 daycare/ \$45 afterschool enrollment fee will be charged to re-enroll when space is available later.

Privacy statement HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>.

Gang free Zone under the penal code, any area within 1,000 feet of a childcare center is a gang free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

I have read and agree to the policies and terms in this Enrollment Agreement. I agree to pay \$ _____ per four-week in advance every four-week for my child to participate in the program. I understand tuition fees for optional classes, holiday/break, and summer programs are additional cost. I understand by signing this Registration Form and Enrollment Agreement, I am financially responsible for all regular program, enrolled optional courses, holiday/break program, and/or summer program fees. I understand the Enrollment Agreement is included in this Registration Form and in the Parent/Policy Handbook that will be sent to me by e-mail.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date