

Enlighten Academy

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

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	Mom	Dad
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. 5.	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. I have received a written operational policy of Enlighten Academy.
6.	Following meals will be served to my child.
	Morning snack Lunch PM snack
l 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

_____Legal First Name: ______ School: _

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Registration Form

Immunization and Health Records

Please sign both the immunization and emergency contact sections.

	School Addre	ess:	City/Zip:	School Phone #:
My child/ren's immunization re	ecord and hearing/visi	on-screening statement are o	n file at the school and all im	munizations are current.
Printed Name of P	arent/Guardian	Signature	of Parent/Guardian	Date
our child does not attend p Id is Admitted to the Enligh	re-kindergarten or so ten Academy.	Admission requirem chool away from the childca		lowing must be presented when your
1. Health care profession	onal's statement: I hav	ve examined the above child w	vithin past year and he/ she is	s able to take part in the day care progra
Signature -health c	care professionals		Date	
2. A signed and dated	copy of health care sta	atement is attached.		
	and treatment conflict		of recognized religious organ	nization, which I adhere to or am a memb
	-	-	income and in the partici	incto in the day care program Within 10
nths of admission, I Will obtain				ipate in the day care program. Within 12
Signature of P	arent/Guardian		Addre	ss of health care professional
Signature of P	arent/Guardian	Health and Medica		ss of health care professional
-			I Contacts	ss of health care professional
Please fill in all blanks incl			I Contacts	
Please fill in all blanks incl nsurance Company: PLEASE ATTACH A COPY OF YOUR	luding doctor's addr	ess for safety. Write N/A i	l Contacts f not applicable.	
Please fill in all blanks incl nsurance Company: ILEASE ATTACH A COPY OF YOUR SURRENT MEDICAL INSURANCE CARD	luding doctor's addr	ess for safety. Write N/A i	l Contacts f not applicable.	
Please fill in all blanks incl nsurance Company: LEASE ATTACH A COPY OF YOUR JURRENT MEDICAL INSURANCE CARD Doctor:	Phone #:	Group Policy #: Address:	l Contacts f not applicable.	
Please fill in all blanks incl nsurance Company: PLEASE ATTACH A COPY OF YOUR SURRENT MEDICAL INSURANCE CARD Doctor:	luding doctor's addr	ess for safety. Write N/A i Group Policy #:	l Contacts f not applicable.	
Please fill in all blanks incl Insurance Company: PLEASE ATTACH A COPY OF YOUR DURRENT MEDICAL INSURANCE CARD Doctor: Preferred Hospital: If necessary, I authorize Enlig	Phone #: Phone #: Phone #: Phone #: phone #:	Group Policy #: Address: Address:	I Contacts f not applicable. Covered or Responsibl	
Please fill in all blanks incl Insurance Company: PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD Doctor: Preferred Hospital: If necessary, I authorize Enlig emergency medical treatment IMPORTANT HEALTH INFOF	Phone #: Phone #: Phone #: Phone #: phone #: phten Academy to obta t. RMATION: Please list	ess for safety. Write N/A i Group Policy #: Address: Address: in emergency medical care at health conditions, allergies (d	I Contacts f not applicable. Covered or Responsibl	e Name:
Please fill in all blanks incl Insurance Company: PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD Doctor: Preferred Hospital: If necessary, I authorize Enlig emergency medical treatment	Phone #: Phone #: Phone #: Phone #: phone #: phten Academy to obta t. RMATION: Please list	ess for safety. Write N/A i Group Policy #: Address: Address: in emergency medical care at health conditions, allergies (d	I Contacts f not applicable. Covered or Responsibl	e Name:

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.

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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 (4 Years +)

Right Eye 20/	Left Eye 20/
Pass	
Fail	
Signature	Date

Hearing Exam Result (4 Years +)

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



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Registration Form

2023-24 Daycare/Afterschool Tuition

\checkmark	Daycare	Tuition	Special	Payment
	Registration fee, non-refundable, one-time	\$100		\$100
	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	\$ 50		\$50
	Afterschool	\$400/4 weeks \$420/4 weeks	\$390/4 weeks sibling \$410/4 weeks sibling	
	School holiday or break tuition	\$60 /full-day, \$40 /half- day		
	2023-24 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	\$20	
	Robotics(1 hour/ week)	\$600 / semester	Material fee \$100	
	Ping Pong (1 hour/ week)	\$360 / semester		
	TBD	TBD		
		II	GRAND TOTAL	

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Notes:

- 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 1. the semester. Enlighten Academy reserves the right to cancel any of the classes if no enough students enroll.
- 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 2. 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:

Quickpay (ZELLE): Enlightenacademy2019@gmail.com (Memo: Please put child full name) 4.



Enlighten Academy Registration Form

2023-24 DAYCARE/AFTERSCHOOL ENROLLMENT AGREEMENT

Enlighten Academy invites you to enroll your child for the 2023-2024 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(Daycare)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 \$100 daycare/ \$50 afterschool is required for each student to enroll.

After-School Tuition - Covers after-school care on school-days only. Our week follow by Lewisville ISD/Coppell ISD schedule. NO CREDITS for any day/week for any reason (Including spring/fall break, Thanksgiving/Christmas holiday etc.) child does not attend the program.

- Students school within 5 miles to Enlighten Academy address: \$400/4 weeks.
- Students school exceed 5 miles to Enlighten Academy address: \$420/4 weeks. Over 7 miles:\$440/4 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 for after school kids /one week tuition at least for daycare (**non-refundable** as a licensed space is reserved for your child upon enrollment)
- Daily rate applied if payment is less than a full-week for daycare kids.
- After school monthly tuition is due by the Wednesday before the first week of each four weeks. Day care weekly tuition is due by the Friday prior to care. A late fee of \$5/calendar day will be added after the due day. When a later fee goes beyond one week overdue, your child will automatically be disenrolled from Enlighten Academy. 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.

Late fee : After 6:30PM you will be charged and initial late fee of \$5 and \$1/ minute. After 7PM we will call the Authorities. The late fee must be paid with following weeks tuition.

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

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 9:00 AM for daycare/12:00 noon for afterschool to ensure safety and avoid delay of other students. Please call 469-630-0002. 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 \$100 daycare/\$50 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 \$100 daycare/ \$50 afterschool enrollment fee will be charged to reenroll when space is available later.

Privacy statement HHSC values your privacy. For more information, read our privacy poicy 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 <u>per four-</u>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

