

Boody Rumpy's Christian Academy

864 Wakefield Dr., Houston, TX. 77018

Child Inspired-Parent Lead

Enrollment Application

Date of Admission: ___/___/___ Date of Withdrawal: ___/___/___ Date of Birth: ___/___/___

Child's Name: _____ Home #: () _____

Address: _____ City: _____ Zip: _____ Sex: M F

Mother Name: _____ Home Phone #: () _____

Address: _____ City: _____ Zip: _____

Employer Name: _____

Employer Address: _____

Work #: () _____ Cell #: () _____ Pager #: _____

Email: _____ Mother's DL#: _____

Father's Name: _____ Home #: () _____

Address: _____ City: _____ Zip: _____

Employer Name: _____

Employer Address: _____

Work #: () _____ Cell #: () _____ Pager #: _____

Email: _____ Father's DL#: _____

Names, addresses, phone numbers, and relationship of person to call in case of an emergency, if parent or guardian cannot be reached:

_____ Name

_____ Name

_____ Address

_____ Address

_____ Phone #

_____ Phone #

_____ Relationship

_____ Relationship

CHECK ALL THAT APPLY:

Transportation: I hereby give do not give my consent for my child to be transported and supervised by *Boody Rumpy's Christian Academy* staff:

Field Trips to and from school for emergency care

Water Activities: I hereby give do not give my consent for my child to participate in water activities.

splashing/wadng pools sprinkler play swimming pools water table play

Field Trips: I hereby give do not give my consent for my child to participate in field trips.

Parent Comments: _____

School Age Child: My child attends the following school:

Name of School Phone # of School

Grade Teacher's Name Room #

My Child's immunization record is on file at his/her school and all immunizations and TB test are current
Vision and hearing screening are also on file.

My child has permission to ride a bus walk to and from school, and or be released to the care of his/her sibling (s) under 18 years of age.

Name of sibling (s)

I understand that my child will be served the following meals while in care at *Boody Rumpy's Christian Academy*:
 Breakfast Lunch PM Snack

My child will normally be in care the following days and times:

Days: Mon Tue Wed Thu Fri **Drop off time:** _____ **Pick up time:** _____

I acknowledge receipt of *Boody Rumpy's Christian Academy's* operational policies including those for discipline and guidance, and agree to all the policies stated therein.

Signature of parent or legal guardian

Date

Boody Rumpy's Christian Academy
Authorization for emergency medical attention

If I cannot be reached to make arrangements for emergency medical care for my child,
_____, at the time of an illness or accident, I hereby give my consent and authorize
Boody Rumpy's Christian Academy to secure any and all necessary medical care for such child. If I
cannot be reached to make arrangements for emergency medical care for such child I authorize the
person(s) in charge at *Boody Rumpy's Christian Academy* to take my child to:

Doctor Name: _____ Phone#: () _____

Doctor's Address: _____

Name of hospital/clinic: _____

I give my consent and authorization for any health care provider, health facility, or physician to provide
necessary medical treatment to my child: _____ in the event of an emergency,
at which time I cannot be reached. I give consent to such child being transported by an ambulance to the
following hospital:

Memorial Hermann North West
2000 N. W. Freeway
Houston, TX. 77018
713. 680.0700

I hereby consent to the foregoing authorization.

Signature of Parent or Legal Guardian

Date

Enrollment and Agreement Application

Enrollment is on a first-come, first-enrolled basis, and is at the discretion of the Director or Owner. Enrollment is broken up into (2) two terms. The first term is referred to as Genesis. Genesis is from January 1st to May 31st within a calendar year. The second term, Revelation is from June 1st to December 31st of the same calendar year. In order to maintain compliance with the Texas Minimum Standards we will admit according to the Teacher/Child ratio. The age of your child at enrollment will determine if they are admitted immediately or placed on a waiting list in order to satisfy the requirements of the ratio for that age group. Your weekly tuition reserves a spot for your child and will be maintained as long as your account remains in good standing.

Full-Time Enrollees

There are 52 weeks in our academic year. One free week is given to each child per calendar year after the enrollment has accrued 60 days. This week can be utilized as a full week or it can be used on a per day basis. This will give you a total of seven sick/misc./free days a year. During this free time, you will not be penalized and the reservation for your child will remain unchanged. (Example: Sept. 1st Kennedy was ill. October 3-5 Kennedy went on vacation, Dec. 1, 10, 22nd Kennedy was ill). They can be combined in any way to make up your seven days.

Part-Time Enrollees Two days out of a five day school week is considered part-time. Part-time enrollees are responsible for a per day charge instead of the discounted weekly tuition. Part-time enrollees do not qualify for the free week. Fees may vary depending on age, sibling enrollment, and pre-existing rates. Three or more days constitutes full-time enrollment and the weekly tuition is then applied. In making enrollment decisions, we give first priority to children and legal dependents of students, staff, and faculty of Boddy Rumpy's Christian Academy regardless of their race, religion, gender, creed, national origin, or special needs that your child may have so that we may address these needs appropriately. When enrolling new students, no preference is given to one constituent group over another for enrollment. If space is available, the following order of priority is followed:

1. Siblings of children already enrolled
 2. Legal dependents of Center staff
 3. Part-Time Enrollees
 4. General Public
- _____ (initials)