



Moon Valley Prep

Enrollment Application and Agreement



Date of Application _____ Requested First Day of Attendance _____

Classroom Assignment _____

CHILD INFORMATION

Child's Name (Last, First, M.I.) _____ Sex: M F

Date of Birth _____ Age _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Yes No Has your child been previously enrolled at Anderson Prep?

Yes No Will your child have a sibling enrolled? If yes, sibling's name _____

Yes No Has your child been previously enrolled in preschool, group play, or a child care program other than Anderson Prep?

Yes No Is your child potty trained?

Yes No Does your child speak another language? Specify _____

Yes No Will Moon Valley Prep transport your child to/from elementary school?

Name of Elementary School _____

Teacher's Name _____ Room Number _____ Grade _____ Drop-Off Time _____ Pick-Up Time _____

PARENT / GUARDIAN INFORMATION

Primary Sponsor's Name _____ Relationship _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Subdivision _____ Home Phone (____) _____ Cell Phone (____) _____

Personal E-mail _____ Business E-mail _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Secondary Sponsor's Name _____ Relationship _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Subdivision _____ Home Phone (____) _____ Cell Phone (____) _____

Personal E-mail _____ Business E-mail _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Marital Status: ___Single ___Married ___Separated* ___Divorced ___Other

*Please explain status of Custody/Guardianship Agreement _____

If the child does not live with both parents, a copy of the court-ordered custody decree must be maintained in the child's permanent school file. The guidelines of the custody decree will be strictly enforced.

AUTHORIZED DROP-OFF AND/OR PICK-UP INFORMATION

List two individuals, other than parents / guardians, who are authorized to drop-off and pick up your child.

Name _____ Relationship to Child _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Name _____ Relationship to Child _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

EMERGENCY INFORMATION

Should my child become ill or suffer an accident, I hereby author Moon Valley Prep to administer, call for, or secure the necessary emergency care or medical attention as deemed necessary by Moon Valley Prep. I understand that an effort will be made to contact myself or other designated persons if possible, before any action is taken. I also understand that any expense incurred will be accepted by me.

Child's Physician _____ Phone (____) _____

Physician's Address _____ City _____ State _____ Zip _____

Preferred Emergency Facility _____ Phone (____) _____

Facility Address _____ City _____ State _____ Zip _____

*Please list any continuing treatment for a medical or behavior disorder your child is receiving.

*Please list any medial problems or chronic illnesses which the school should be aware of _____

*Please list any food or drug allergies or diet restrictions _____

*(Please indicate "none known" if applicable)

CHILD'S DENTIST

Child's Dentist _____ Phone (____) _____

Dentist's Address _____ City _____ State _____ Zip _____

List two individuals other than parent/guardians who may be contacted to pick-up your child in case of emergency.

Name _____ Relationship to Child _____ Driver's License # _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ Cell Phone (_____) _____

Name _____ Relationship to Child _____ Driver's License # _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____ Cell Phone (_____) _____

Please list any particular fears your child has: _____

Please describe any particular behaviors we should be aware of: _____

PLEASE INITIAL EACH SECTION LISTED BELOW

SECTION 1: TUITION AND FEES

_____ **ANNUAL REGISTRATION**

A non-refundable registration fee of \$100 is due and payable at the time of enrollment, each new school year and at the beginning of Summer Camp, where applicable. This fee includes processing the child's application, activities paid for by the school, art and school supplies, and other fees as assessed by the school.

_____ **TUITION**

The tuition for your child's program is \$_____ per week. Tuition rates are subject to change with reasonable notice as conditions require. Tuition is due and payable regardless of In-Service Days or holidays that may or may not affect the school's opening and closing. Your tuition payment reserves your child's spot in our program. In order to ensure quality programming and high quality staffing, your tuition is due even when your child is absent. Tuition is paid weekly and is due on Friday of the preceding week.

Tuition refund credits or make-up days will not be granted.

_____ **LATE OR UNPAID TUITION**

If your tuition is not paid in full on Friday a late payment fee of \$25 will be added to your account. All late fees are subject to change with reasonable notice. Failure to stay current on your child's tuition fees may result in the loss of your child's spot at Moon Valley Prep. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **RETURNED PAYMENT FEE**

If a tuition payment is returned unpaid by the bank a service charge fee of \$35 will be assessed to your account.

_____ **AGENCY OR THIRD PARTY SUBSIDY**

I understand that I am responsible for any tuition payments and late fees in excess of any agency or third-party subsidies in accordance with the applicable contract. I also understand that I am responsible for promptly communicating any changes in my status that may affect my agency or third-party subsidy, and that I am responsible for payment of any tuition in excess of any agency or third-party subsidy resulting from my failure to promptly communicate status change.

_____ **LATE PICK-UP CHARGES AND PROCEDURES**

I understand that I will be charged a late fee of \$5 per minute for every minute past 6 PM until my child is picked up. This fee will be added to my account and must be paid with my tuition payment.

If your child is left at school after closing, a Leadership Team Member will attempt to contact the parents first, then will proceed to the listed emergency contacts to pick-up your child. Moon Valley Prep reserves the right to contact the Department of Child Safety.

SECTION 2: ABSENCES, CLOSINGS, AND HOLIDAYS

_____ **ABSENCES**

I agree to inform Moon Valley Prep immediately if my child will be absent on any day. I Understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences.

_____ **HOLIDAY SCHEDULE**

Moon Valley Prep will be closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, Christmas Eve, and Christmas Day. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. Moon Valley Prep will also close one Friday in July for our annual Teacher Development Day. The date will be provided to you in advance.

I agree that I will not receive a refund, credit or other allowance for any holidays or listed closures.

_____ **VACATION CREDIT**

I understand that Moon Valley Prep will allow a credit for vacation after one year of enrollment. The vacation credit will be equivalent to a full week of tuition and will be available every year on our enrolment anniversary. I understand that my vacation credit cannot be carried over into the next year and will be lost if I do not use it. . I will schedule the use of my vacation credit in advance in writing to avoid any miscommunication.

SECTION 3: DAILY AND SCHOOL PROCEDURES

_____ **DAYS OF OPERATION AND HOURS**

Moon Valley Prep is open Monday through Friday from 6 AM to 6 PM, January through December. For specific times and dates of school closings review the above Holiday Schedule, Parent Handbook and related Addendums.

_____ **DAILY SIGN-IN AND SIGN-OUT**

I agree that I or an authorized drop-off and/or pick-up person will complete the sign-in or sign-out process for my child at the front desk each day. I agree that my child will be escorted to and from their classroom by myself or an authorized person.

I agree to have my child to school by the drop-off time of 9 AM. If my child will be at school after the drop-off time due to an appointment I agree to contact the school via ProCare or by phone to let the leadership team know.

_____ **AUTHORIZED DROP-OFF AND PICK-UP PERSON**

I understand that I must notify Moon Valley Prep in writing of all persons authorized to pick-up my child and that an authorized pick-up person must be at least 18 years of age.

_____ **MEDICATION**

I understand that medication will only be administered once a day and only one medication per child, per day will be given. I also understand that all medications must be signed in at the front office and that **no medication may be placed in my child's bag or backpack.** Only medication specifically labeled as a prescription with a doctor's name, my child's name and dosage procedures outlined will be administered. I understand that "over the counter" medication can only be administered with written authorization from my child's physician. I understand that medication will not be administered without a signed authorization for each day it needs to be given.

_____ **ILLNESS**

I understand that I will be notified should my child become ill during the day, and that I will pick-up my child promptly or make arrangements for an authorized person to pick-up upon such notification. If my child has been exposed to or has contracted a serious communicable or infectious diseases I understand that they may not return to school until the disease is not longer contagious and I receive a note from my child’s physician to give to the leadership team.

No child will be admitted if they exhibit any of the following symptoms within 24 hours prior to attendance:

- Fever of 100° F or higher
- An undiagnosed rash or sore
- Discharge from the eyes, ears, or nose
- Vomiting or diarrhea within the past 24 hours
- Any other symptoms of a communicable disease

_____ **WITHDRAWAL**

I understand that I must provide a two week written notice of withdrawal from the school. If this notification is not provided, I agree to pay all tuition and fees for two weeks, whether or not my child attends. I understand that when my child is withdrawn from the program that they will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (registration and tuition) are non-refundable.

SECTION 4: GENERAL AUTHORIZATIONS

PERMISSION TO LEAVE THE GATED AREA

Permission is hereby given for my child to leave the gated area for special reasons such as nature walks, etc. Although they may leave the gated area, they will not leave the school campus and will always be supervised. This will not involve use of transportation. All actual field trips will have their own field trip permission slip, showing date, destination, time, etc.

_____ I DO grant permission _____ I DO NOT grant permission

STUDENT INTERNET USE

I authorize my child to have access to the internet through Moon Valley Prep approved pathways only, and under teacher supervision at all times. I understand that , in spite of the precautions taken by this school, exposure to inappropriate materials may accidentally occur. I agree to indemnify, defend and hold harmless Moon Valley Prep, its employees and agents, from any and all claims, demands, actions, liabilities and expenses, arising from or related to my child’s use of the internet, and hereby waive, release, and discharge, any and all claims I may have against Moon Valley Prep and it’s other students. With that understanding, I hereby give my permission to Moon Valley Prep to allow my child to have access to the internet under these stated conditions.

_____ I DO grant permission _____ I DO NOT grant permission

PERMISSION TO APPLY SUNSCREEN

I authorize Moon Valley Prep’s staff to apply sunscreen to my child, for protection from the sun when needed each day they attend school. I understand that 1) I am to provide sunscreen labeled with my child’s name, 2) Only the sunscreen I provide will be applied to my child, 3) I, the parent/guardian, am to apply the sunscreen in the morning before school and it will be applied again by my child's teacher after the rest period in the afternoon.

_____ I DO grant permission _____ I DO NOT grant permission

PHOTOGRAPHY / VIDEO RELEASE

I authorize Moon Valley Prep and its assigns and those acting with it's permission to make, reproduce, publish and otherwise use the photographs, videos, and or sound recordings for the purposes of illustration, advertising and publicity, in any manner or in any form, including broadcast, print, electronic and social media conducted by or on behalf of Moon Valley Prep. I waive any right that I may have to inspect or approve the uses. I agree to indemnify, defend and hold harmless Moon Valley Prep, its assigns, their employees and agents from claims arising from or relating to the use of the photographs / sound recordings / videos of my child and hereby waive, release, and discharge any claim I may have against Moon Valley Prep and its assigns arising from the use of the videos, photographs, or sound recordings of my child. Moon Valley Prep will not identify my child without written consent. I understand that this approval may be revoked at any time by written request to the leadership of Moon Valley Prep.

_____ I DO grant permission _____ I DO NOT grant permission

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES: (initial each line)

_____ All program activities, including the use of indoor and outdoor equipment

_____ Water-related activities supervised by Moon Valley Prep staff

_____ Transport by Moon Valley Prep to and from the elementary school my child attends

_____ Any scheduled field trips in age-appropriate classes. I understand that I will be provided and must complete written permission for each event in which I wish my child to participate. I will be given advanced notice of such planned field trips. I further understand that oral permission cannot be granted for field trip participation..

I, _____, agree that I have read and understand the terms and agreements listed herein. I am in receipt of and agree to comply with all policies and procedures set forth in the Moon Valley Prep Handbook and Addendums, and agree to the provisions which are incorporated herein, by reference and are a part of hereof.

Parent/Guardian _____

Date _____

Parent/Guardian _____

Date _____

Director/Designated Leadership Member _____

Date _____

The information contained on this form must be re-verified annually or when situation changes, such as phone number change. For subsequent years, parents must validate by signing below.

_____ Initial Date Verified _____ Relationship to Child _____

_____ Initial Date Verified _____ Relationship to Child _____

_____ Initial Date Verified _____ Relationship to Child _____

_____ Initial Date Verified _____ Relationship to Child _____