

NEW FAMILY ENROLLMENT FORM

FAMILY INFORMATION:				
arent/Guardian 1 (First/Middle/Last) Date of Birth (mm/dd/yyyy)			уууу)	
Address	City	State	Zip Code	
Parent/Guardian 2 (First/Middle/Last)	Date of E	Birth (mm/dd/	уууу)	
Address	City	State	Zip Code	
Are there any custody or legal concerns?		Yes	No	
Are there any family/personal problems that	have affected your child(ren)'s developme	nt? OYes	No	
Has/Have your child(ren) attended private sc	hool before?	Yes	No	
Are you in agreement with the rates for the o	current school year as seen on our website	? Yes	No	
CHILD(REN) INFORMATION:				
First Child's Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	(Grade	
Has your child ever repeated a grade?		Yes	No	
Has your child ever been diagosed with a lea	rning disability, or given an IEP or 504?	Yes	No	
Second Child's Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)		Grade	
Has your child ever repeated a grade?		Yes	○No	
Has your child ever been diagosed with a lea	rning disability, or given an IEP or 504?	Yes	No	
Third Child's Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)		Grade	
	Date of Direct (triff), adjyyyyy)	\bigcirc .	<u> </u>	
Has your child ever repeated a grade?		Yes	○ No	
Has your child ever been diagosed with a learning disability, or given an IEP or 504?			()No	

1st Contact Name (First/Middle/Last) Best Contact Phone Relationship Address City State Zip Code 2nd Contact Name (First/Middle/Last) Best Contact Phone Relationship Address City State Zip Code **INSURANCE INFORMATION:** Primary Insurance Company Policy Number Phone Number Insurance Company Address Name of Policy Holder Employer Date of Birth (mm/dd/yyyy) Name of Primary Physician Phone Number

CODE OF CONDUCT AGREEMENT:

Date of Last Medical Exam or Physical

EMERGENCY CONTACT INFORMATION:

This agreement is designed to ensure the safety and integrity of The Ridge Academy. The Ridge Academy may require the withdrawal of a child for misconduct or other conditions that are disruptive to the overall operation of The Ridge Academy. This is at the sole discretion of the administrator in conjunction with the signed Code of Conduct Agreement. In the event of a withdrawal, suspension, or dismissal from enrollment, the parent/guardian will be obligated to pay the total due for all remaining monthly tuition.

Date of Last Tetanus Shot

Please read the following statements carefully. By signing, **you and your child(ren)** agree to comply with this Code of Conduct.

- · I will maintain a respectful attitude toward peers and staff.
- I will be where I am supposed to be, when I am supposed to be there, and will stay with my class as assigned.
- · I will respect the personal belongings of others.
- · I will respect the facility and other facilities I may visit through trips.

Will your child(ren) require any medication administered during the school day?

- I understand that I/my family will be responsible for all expenses incurred for damages I cause to personal belongings and property.
- I understand that MP3/iPOD players and electronic games are not to be used during school hours. If I choose to bring these items, I understand they will be confiscated and held until my parent/guardian picks them up.
- I agree not to use my cell phone during school hours. I also understand that some events/activities prohibit me from having a cell phone with me and for those events I agree to abide by such rules.

- If my parent/guardian has not done so, I will turn over all medications, prescription and non-prescription, to The Ridge Academy staff upon arrival. Medication forms **must be submitted** before medications can be administered at The Ridge Academy.
- · Offensive messages on T-shirts/clothing are deemed inappropriate.
- Appropriate clothing means comfortable and modest clothing i.e., sneakers are preferred for most events for safety reasons, sandals are OK for pool trips, modest shorts and tops are common attire. For any pool trips, girls' bathing suits that expose midriff and boys' Speedos are inappropriate.
- I understand that some The Ridge Academy activities/events may prohibit the display and wearing of pierced earrings or body piercings for safety reasons, and I agree to abide by any such restriction.
- I understand that the attitude, I bring to school will directly impact my experience at school; therefore I will try to approach each school day positively and to participate fully.
- I understand that any violation of this Code of Conduct, or display of violent or disruptive behavior, may result in disciplinary action, including missing activities/events or having my parent/guardian pick me up from The Ridge Academy.

EMERGENCY TREATMENT AUTHORIZATION:

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes our staff to have your child transported to the hospital. In the event non-emergency medical care is required, I authorize The Ridge Academy staff to administer medical treatment. I understand that I am responsible for medical expenses incurred by my child and that The Ridge Academy advises that I carry health insurance for my child. I also understand that if my child becomes ill, I must pick up my child immediately.

I certify that all health information submitted is complete and correct, and I agree to comply with the medications policy listed below. I authorize the The Ridge Academy to use and release personal, medical, and emergency information about my child when it is relevant to the health, safety, and well-being of my child. I am responsible for providing this information prior to my child's first day of attendance. I understand that I am responsible for contacting the The Ridge Academy team within 24 hours of any change in my child's medical condition after submitting health information, including the onset of any contagious diseases or special needs that are diagnosed. I also certify that the person herein described has permission to engage in all The Ridge Academy activities except as previously noted.

- Before administering any prescription medication, we require a completed Entrance Health Form. Authorization for all long-term medication must have your physician's signature along with parental permission. Please use the forms on our website.
- The Ridge Academy staff will assist students with the normal application of spray sun and bug protection products unless parents inform the office (in writing) that The Ridge Academy staff should not assist. Students must supply their own labeled sun and bug protection products.

STATEMENT OF ACCEPTANCE:

The Ridge Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children at the center. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its instruction, admissions, or other childcare.

I have read, understand, and will comply with The Ridge Academy policies and agreements outlined above. I have discussed the Code of Conduct policy with my child and understand that if he/she fails to comply, they may be removed from The Ridge Academy without a refund of tuition paid or due. My typed name in the box below serves as my legal signature.

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Parent/Guardian Name	Signature	Date (mm/dd/vvvv)
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ADDITIONAL INFORMATION: This is section is reserved for anything that needs to be shared with The Ridge Academy (for example: notes about custody or co-parenting arrangements; any information on an IEP, 504, or other behavioral concerns). Any information is intended to set students, parents, and staff up for success.