



TREFFERT ACADEMY REGISTRATION FORM

Today's Date _____ Projected Date of Enrollment _____

*** Check All Programs Needed**

<input type="checkbox"/> All Day Child Care	<input type="checkbox"/> Before/After School Care Non-School Days	<input type="checkbox"/> 3K AM Only
<input type="checkbox"/> Infants (6 weeks to 2 years)	<input type="checkbox"/> Occasional Status	<input type="checkbox"/> M, W and F
<input type="checkbox"/> 2 to 3 years	<input type="checkbox"/> 4K Only	<input type="checkbox"/> T and Th
<input type="checkbox"/> 3 to 5 years	<input type="checkbox"/> 4K Wrap Around	

Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off:	Drop Off:	Drop Off:	Drop Off:	Drop Off:
Pick Up:	Pick Up:	Pick Up:	Pick Up:	Pick Up:

* If your arrival/pick-up time will be altered for the day please notify the Academy as soon as possible to ensure proper staff coverage.

* Priority is given to full-time attendance. Families needing part-time care are paired up with another family to fill a full week of attendance. Please indicate if you have flexibility in your schedule. _____

Child's Name _____ Gender _____ Birth Date _____
School _____

Parent/Guardian Name _____
Home/Cell Phone # _____ E-mail _____
Home Address _____ City _____ State _____ Zip _____

* If you are experiencing custody difficulties, we strongly urge you to keep the program staff fully advised of circumstances which might affect your child and supervision. Unless legal documentation is submitted to the contrary, we will assume that parents share equal rights to drop off or pick up a child.

Day Care History

Name of Center _____ Dates Attended _____
Reason for leaving _____
Name of Center _____ Dates Attended _____
Reason for leaving _____

Special Accommodations Needed

The Treffert Academy serves typically developing children and those with special needs. In order to provide the best care and a safe environment for all children, please list any specific diagnosed needs, developmental, emotional, behavioral, or social concerns, and/or special education needed for your child: _____

Please check if your child has or has had any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> Speech/Language Therapy |
| <input type="checkbox"/> Integrated Family Service Plan (IFSP) | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Other Health Impairments (OHI) | <input type="checkbox"/> Other _____ |

Has your child's primary care practitioner completed regular Ages and Stages Questionnaire (ASQ) screenings? Yes No

If yes, when was the last one? Date _____

- Yes No I understand that failure to disclose information upon enrollment may result in re-evaluation of our ability to continue care.
- Yes No Is your child daytime potty trained? If not, a potty training plan will be developed to maintain consistency between school/home.
- Yes No I understand that the Treffert Academy does provide liability insurance for the staff and all volunteers through Agnesian HealthCare, Inc.; however my child is NOT covered by accident insurance while at the Academy.
- Yes No I understand that priority is given to full-time children and to siblings of Academy enrollees. Children needing part-time care are put on the waiting list until another family's schedule becomes available to fill the remaining slots for that week.
- Yes No I understand that I will be billed a \$25 non-refundable, one time registration fee, per child, upon our first week of enrollment.
- Yes No I understand I am responsible to pay for all days agreed upon on the parent/provider contract, whether or not my child is present at the Treffert Academy. Tuition and any applicable fees are due in advance on Friday for the following week of service. No refunds will be given for days when children do not attend due to illness or other reasons aside from a scheduled vacation day.
- Yes No I understand that submitting the registration form does not guarantee enrollment.

Parent/Guardian Signature _____

Date _____

** Return completed registration form to Treffert Academy. You will be contacted when your form is received.*