**Use this page as a checklist and return it with your final paperwork.**

**Forms may be printed on both sides. X out if not applicable to your child.**

**New students only**

\_\_\_\_\_ New student registration pages 1 and 2

\_\_\_\_\_ A current immunization form MUST be included with your registration. Forms which expire during the school year must be renewed or the student will be excluded from attendance per state regulations. JLC does not accept any exemptions to its vaccination requirements.

\_\_\_\_\_**non-refundable** registration fee of $150

\_\_\_\_\_I will enroll in FACTS no later than August 15. Parents who are not enrolled by this date will be required to pre-pay a specific amount of tuition in order to have completed all tuition payments by the end of May.

\_\_\_\_\_the Financial Responsibility Form is attached for your information. All parents will receive a final copy in September which will note the full amount due. These must be signed and returned to JLC to complete the enrollment process.

**Current students only**

\_\_\_\_\_ current immunization form if not already on file

Forms which expire during the school year must be renewed or the student will be excluded from attendance per state regulations. JLC does not accept any exemptions to its vaccination requirements

\_\_\_\_\_ non-refundable registration fee of $90 if submitted between Jan. 1 and Jan. 31 of the current school year (This discounted registration fee applies ONLY to current students. All new students will pay the $150 registration fee.)

\_\_\_\_\_non-refundable fee of $150 if submitted Feb. 1 or later of the current school year

\_\_\_\_\_PRE-REGISTRATION for students returning for a second year

\_\_\_\_\_ My FACTS account has been updated as necessary.

**THE AFTER SCHOOL CARE PROGRAM**

**registration for former JLC students going into K or 1st grade at St. Agnes**

**This program will be available ONLY if the total number of students attending JLC in the afternoon, including those enrolled in Aftercare, does not exceed a preset number . Acceptance is first come, first served.**

* This service is available after 3:30 and only when the elementary school provides transportation to JLC.
* There is no tuition discount for this program.
* The tuition for this program is usually determined in May
* **FEE APPLIES REGARDLESS OF THE NUMBER OF DAYS CHILD ATTENDS AFTERCARE EACH WEEK**

Payable in full the first week of school or through FACTS ($100 fee applies for time payments)

Parents using this service who have another child registered in pre-school at JLC during the same period will not be charged an additional FACTS fee.

If JLC has the staff available, After-Care children may attend JLC on early dismissal days if we are open. **This service is available ONLY with approval from the director, a pre-notification request from the parents, and pre-payment of additional fees.**

Child/Children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature must be included with this form.

**FOR OFFICE USE ONLY (After School Care Program)**

Registration form received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee paid \_\_\_\_\_\_\_\_\_\_\_\_ check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child is accepted into program YES NO

**New student REGISTRATION page 1**

For school year \_\_\_\_\_\_\_ Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_sex\_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zip \_\_\_\_\_\_\_\_\_\_

**Parent work place(s)**

Father’s place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home/cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home/cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and phone number of the preschool or day care your child attended last year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child must be 4 years of age and completely toilet trained to attend JLC. See the JLC handbook for our definition of toilet training. Children who do not meet our criteria for toilet training will have their acceptance for enrollment postponed.

Children who will not be 4 years old by October 1 of the current school year MAY be admitted at the discretion of the administration and MAY be subject to an additional fee to cover staffing as required by the state license. Final acceptance is at the discretion of the school.

**Check the program you would like to register for.**

\_\_\_\_\_ AM between the hours of 7 and 12:30 ONLY

on M T W TH F (Three Day Minimum)

\_\_\_\_\_ FULL DAY , available from 7am – 5:45 pm

on M T W TH F (Three Day Minimum)

There is a $150 fee to switch programs/days of attendance once the school year has begun.

**A non-refundable registration fee of** $150 must be submitted with this paperwork. Mail to Julie Learning Center, 1601 Dixie Hwy., Park Hills, KY 41011.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email(please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JLC communicates through email.

**FOR OFFICE USE ONLY (general registration packet)**

Registration fee received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ check # \_\_\_\_\_\_\_\_\_\_\_\_\_

**New Student REGISTRATION continued, page 2**

**Medical information – a separate medical form which is taken on all field trips is given to parents at Parent Information Night in August**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An allergy plan MUST be on file for any student with a known allergy before the student can be in attendance. Allergy plan forms are given to parents after the child is accepted for enrollment.

Chronic medical conditions, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular medication(s), if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s health care provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that Julie Learning Center will call 911 in the event of an emergency and that EMT personnel will determine the hospital destination. If prudent and possible, I request that the life squad transport my child to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and phone numbers of adults who can be reached in the case of emergencies. We will always make the initial call to the first person listed. Others will be contacted if we are unable to reach that person.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I appoint Julie Learning Center or its agents as my attorney in fact to act for me and my behalf, in any way that I would act if I were personally present with respect to injury, illness, or medical emergency. I understand that the agents of Julie Learning Center will make a reasonable attempt to contact me as soon as possible in an emergency

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is given to current, eligible students in January.

**PRE-REGISTRATION for students returning for a second year**

**Your child is eligible for another year of preschool and is invited to reapply for a second year of attendance at JLC.**

For school year \_\_\_\_\_\_\_\_\_

Child's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sex\_\_\_\_\_\_\_\_\_

phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zip \_\_\_\_\_\_\_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the program you would like to register for.

\_\_\_\_\_ AM between the hours of 7 and 12:30 ONLY

on M T W TH F (Three Day Minimum)

\_\_\_\_\_ FULL DAY , available from 7am – 5:45 pm

on M T W TH F (Three Day Minimum)

There is a $150 fee to switch programs/days of attendance once the school year has begun.

**A nonrefundable registration fee of $90 for a child returning to JLC for a second year must accompany this form. Beginning Feb. 1, the registration fee is $150 – no exceptions are made.**

Please make check payable to Julie Learning Center and return to Director, 1601 Dixie Hwy., Park Hills, KY 41011. DO NOT ENCLOSE CASH.

Parent email (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JLC communicates through email.

FOR OFFICE USE ONLY

Registration fee received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ check # \_\_\_\_\_\_\_\_\_\_\_\_\_

Child is accepted yes no

**JLC Behavioral Information Form**

**New Students Only**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sex\_\_\_\_\_\_\_\_\_\_

What preschool did your child attend last year?

If not in pre-school , please specify

\_\_\_\_\_at home with parent or nanny

\_\_\_\_\_in an in-home day care with \_\_\_\_\_other children

Does your child have separation anxiety? How does it manifest itself?

Is your child ordinarily compliant with reasonable, adult requests? If not, how do you handle those situations?

Does your child have/use… (check all that apply)

\_\_\_\_\_cell phone

\_\_\_\_\_iPad with parent supervision

\_\_\_\_\_possession of iPad without parent supervision

\_\_\_\_\_desktop computer

\_\_\_\_\_television in bedroom

Explain what your child does when s/he is frustrated, overwhelmed, tired, angry, resistant to requests, or not the center of attention.

Does your child throw tantrums? How long do they last? How do you handle these?

How long does it take your child to return to acceptable behavior?

Has your child ever seen, or does your child currently see a professional provider for chronic medical or behavioral reasons? Explain.

Signature of both parents \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the expectation of Julie Learning Center that parents will respond truthfully to these questions. JLC does not have special education teachers on staff who can interact one on one with a child who has difficulties that manifest themselves in tantrums, nor do we have additional teachers on staff who can remove the child from the classroom and remain with him or her until calm. Therefore, understand that frequent tantrums, anti-social behavior, or a child’s refusal to follow procedures put into place for the comfort and safety of our children will be withdrawn from the program. The decision of the administrator is final.

Julie Learning Center, 1601 Dixie Hwy. Park Hills, KY 41011

859-392-8231

**Financial Responsibility Form**

**THIS IS A SAMPLE ONLY.**

**THE ACTUAL FORM WITH THE AMOUNT OF YOUR TUITION AND FESS WILL BE GIVEN TO ALL PARENTS AT THE BEGINNING OF THE SCHOOL YEAR.**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each of the parent(s) or guardian(s) signing below (each of whom is referred to as a “Responsible Person”) jointly and severally agree(s) to be responsible for the payment in full of all tuition, fees, and other charges owed to Julie Learning Center with respect to each of the students named below during the entire period of enrollment at Julie Learning Center according to the payment terms and policies set forth in the Tuition Policy found in the Parent Handbook. You acknowledge that you are responsible for making such payments exclusively through the FACTS Tuition Management program and you will be required to separately agree and adhere to the terms and conditions of FACTS regarding such payments.

You acknowledge your responsibility for yearly tuition, plus FACTS, supplies and field trips and you have chosen to make such payment in the following manner:

(initial) \_\_\_\_\_\_\_\_\_at the beginning of the school year in full through FACTS or by check (checks are due no later than the Friday of the first week of school)

OR

(Initial)\_\_\_\_\_\_\_\_\_through FACTS in nine equal, monthly installments.

You acknowledge that Julie Learning Center expects payment of tuition in full regardless of a student’s attendance, emergency closures due to inclement weather, and/or incidents beyond the control of the center. The person(s) listed below guarantees payment to Julie Learning Center, and that the guaranty shall be continuing and irrevocable. You also acknowledge that Julie Learning Center reserves the right to assess other fees outside of the yearly tuition amount stated above. These fees include but are not limited to late fees, field trip fees, and supply fees.

Each Responsible Person acknowledges and agrees that, in the event that tuition, fees or other charges incurred at any time with respect to any student named above remains unpaid for more than ten (10) days after the due date, Julie Learning Center will assess a late fee of $25 per incident. Moreover, each Responsible Person agrees that the failure to pay tuition and/or late fees within the designated time (ten days) may result in immediate dismissal of the student from Julie Learning Center.

Julie Learning Center may, at any time, at its discretion, and without further warning or notice, pursue any or all remedies available to it, including legal action. In the event that Julie Learning Center institutes a legal action against a Responsible Person as a result of any breach of this agreement or otherwise in order to collect on any past due amount, each Responsible Person agrees that Julie Learning Center shall be entitled to recover all costs incurred in collecting any past due amount, including, without limitation, all reasonable attorney fees, court costs and similar professional fees and costs.

Dated this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_

Responsible Person Responsible Person

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State, zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State, zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_