



LITTLE SCHOLARS ACADEMY

— PRESCHOOL —

Current and Future LSA Families:

We are getting ready for the new 2021-2022 school year! Reserve your child's spot today by filling out the registration packet and submitting payment for the \$150 registration fee!

Registration Fee: Pay by check or online at douglasvilleFUMC.org, then click "Give Online" tab.

- LSA will be open Monday-Thursday
- School Hours will be 9:00am-1:00pm
- The first day of school will be Monday, August 9th
- Open House will be Thursday, August 5th, at 6:00pm
- Registration Fee of \$150.00 due upon registering for 2021-2022

If you have any questions, feel free to contact us.

Jessica Suh
Director of Preschool Ministries
Little Scholars Academy
Douglasville First United Methodist Church
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LITTLE SCHOLARS ACADEMY

A Ministry of Douglasville First United Methodist Church

Registration 2021-2022 School Year

Child’s Full Legal Name: _____

Name Child is Known By: _____ Gender: M F

Date of Birth: _____ Age as of 9/1/21: _____

Registration for each school year is subject to the approval of Little Scholars Academy. We reserve the right to return the registration fee of any child who, in our opinion, has needs that our program cannot meet. If we cannot accommodate your child, we will give assistance in finding another program better suited for your child. Additionally, if the minimum number of students for a class is not met, the class will be cancelled and your registration fee will be refunded. Otherwise the Registration fee is **non-refundable**. Registration is set at \$150.00, and is a **one-time** fee payable when all forms are turned in.

Classes offered for 2021-2022

PLEASE NOTE OUR NEW SCHOOL HOURS WILL BE 9:00am-1:00 pm

All amounts are for Monthly Tuition

- _____ 2 yr, T, Th \$150 (must be 2 by 9/1)
- _____ 2 yr, T,W,Th \$170 (must be 2 by 9/1)
- _____ 2 yr M-Th \$190 (must be 2 by 9/1)
- _____ 3 yr, M-Th \$190 (must be 3 by 9/1)
- _____ 4 yr, M-Th \$200 (must be 4 by 9/1)

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Child's Full Legal Name _____

Name Child is Known By _____ Gender: M F

Date of Birth _____ Age as of 9/1/21 _____

Address _____

City, State, Zip _____

Home Phone _____

Family Information

Mother's Name _____ Mother's Cell Phone _____

Mother's Email Address _____

Mother's Employer _____ Occupation _____

Father's Name _____ Father's Cell Phone _____

Father's Email Address _____

Father's Employer _____ Occupation _____

Marital Status of Parents _____ *Child lives with _____

*A copy of custody papers must be on file with the Preschool Director

Names and Ages of Other Children in the Household _____

How did you hear about Little Scholars Academy? _____

Who can we thank for your referral? _____

Do you have a church you attend regularly? _____

If not, would you like information about Douglasville FUMC? Y N

Would you like to be enrolled in our automatic text service for updates and important information? Y N Cell phone number for text service: _____

Medical Information

Child's Doctor _____ Office Phone Number _____

Preferred Hospital _____

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The following information will help our teachers get to know your child's interests and needs. Please include any additional information you think is important.

Is there a health condition we should know about? If yes, please explain: **Y N**

Are there any activities which should be avoided or limited? If yes, please list: **Y N**

Does your child have any allergies? **Y N (If yes explain)**

How are they manifested? (runny nose, stomach upset, asthma, other)

Does your child have any dietary restrictions? If yes, please explain: **Y N**

Is your child right or left-handed? **RIGHT LEFT UNDECIDED**

Does your child have any speech difficulties? If yes, please explain: **Y N**

Is there anything significant which we should know about that might affect your child's physical or emotional well-being? **Y N**

Do you receive services from Babies Can't Wait or the LEAP Program? **Y N**

What are your child's special interests?

What does your child enjoy doing when playing alone? With others?

Are you aware of any fears or anxieties your child has? **Y N** If so, what are they?

How would you best describe your child?

What do you enjoy most about your child?

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Liability/Release Form

Child's Name _____	DOB _____		
Address _____			
City _____	State _____ Zip Code _____		
Known Allergies _____			
Health Insurance Company _____			
Policy Number _____			
ER Contacts:	Name	Phone Number	Relationship to the Child
1.	_____	_____	_____
2.	_____	_____	_____

The undersigned (being 21 years of age or older), do hereby release, forever discharge and agree to hold harmless Little Scholars Academy, Douglasville First United Methodist Church, and its Directors thereof from any and all liability, claims, demands for personal injury, sickness, or death, as well as property damage and expenses, or any nature whatsoever, which may be the undersigned that occur while said child is participating in the above described facility.

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation, transportation, and work activities involved therein.

Further, authorization and permission is given to Little Scholars Academy to furnish any necessary transportation, food, or other needs to this participant.

The undersigned further hereby agree to hold harmless and indemnify Little Scholars Academy, Douglasville First United Methodist Church, its directors, employees, and agents for any liability sustained by Little Scholars Academy as the result of any negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

The undersigned hereby grant permission to take said child to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery of medical treatment, and assume the responsibility of all medical bills, if any. Further, should transportation costs be involved, the undersigned will assume all costs.

Little Scholars Academy may generally do and perform all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present.

This release applies to all activities for the school year 2021-2022.

Father's signature/Mother's signature/Guardian's signature

Date

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Financial Agreement

The financial policies of Little Scholars Academy are summarized below for your review. Please read these policies carefully. After reviewing the information, please print, initial on each line, and sign below.

_____ 1. The registration fee is due upon registration. Your child will **not** be placed on a class roll until the Director receives the completed registration form and the registration fee.

_____ 2. The registration fee is **NON-REFUNDABLE**.

_____ 3. Tuition is due on a monthly basis, no later than the 10th day of the current month. If the tuition is not paid by the 10th of the month, there will be a \$10 late charge added to the amount due. Accounts not paid-in-full by the end of each month shall be cause to terminate enrollment of child. Arrangements may be made in a personal meeting with the Director concerning the need for special financial arrangements.

_____ 4. If a check is returned to the Preschool due to insufficient funds, the parents will be charged \$25 and asked to pay in cash with the exact amount. We **will not** run the check through the bank again.

_____ 5. If you need to withdraw your child from the LSA, please let the director know as soon as possible. The parents must give one month's written notice of their intention to withdraw. The parents are obligated to pay all tuition up to and through the next month from the date of notification of withdrawal. If the withdrawal is in May, tuition must be paid regardless of notice.

_____ 6. The Preschool will issue year-end statements of your child's account by written request only.

_____ 7. For your convenience, information has been provided so that you can have your child's tuition Automatically Withdrawn each month on the 5th day of the month.

I, _____ (please print name), have read and understand these policies and agree to abide by them.

Parent/Guardian Signature

Date

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Media Consent/Release Form

I, as the parent/legal guardian of _____ I hereby grant permission to Little Scholars Academy and Douglasville First United Methodist Church, its agents and assigns, to use herein named child's/children's photo or video, and likeness for the purpose of promotion by Little Scholars Academy and Douglasville First United Methodist church for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and Little Scholars Academy and Douglasville First United Methodist Church owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive any right to inspect the uses of any printed or electronic copy. I hereby release Little Scholars Academy and Douglasville First United Methodist Church and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

Printed name of Guardian

Signature of Guardian

Date

Name(s) of child(ren)

I, as the parent/legal guardian of _____ **I DO NOT GRANT** permission to Little Scholars Academy and Douglasville First United Methodist Church, its agents and assigns, to use herein named child's/children's photo or video, and likeness for the purpose of promotion by Little Scholars Academy and Douglasville First United Methodist church for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

Printed name of Guardian

Signature of Guardian

Date

Name(s) of child(ren)

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Additional Signatures

Bright From the Start

I understand that Little Scholars Academy is exempt from licensing as a child care facility and is not required to be licensed in the State of Georgia.

Signature/Date _____

Parent Handbook

I have read Little Scholars Academy Preschool Handbook and I am aware of all the policies and procedures laid out therein. Copies of the Preschool Handbook are available online at www.douglasvillefumc.org/preschool

Signature/Date _____

Carpool Release

The Preschool Staff will assist your child in getting into your vehicle. However, it is the responsibility of the parent/driver to buckle the child into his/her carseat and ensure that each child is securely/correctly fastened into the carseat before leaving the loading area. If there are any changes to those allowed to pick up your child, it is your responsibility to inform the Preschool Director in a timely manner.

Signature/Date _____

People Permitted to Pick-up my child from LSA

The following people are permitted to pick up my child from LSA. During the year if I want to add people to the pick-up list I will submit that request in writing.

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ACH Recurring Tuition Payment Authorization Form

Schedule your Tuition payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Little Scholars Academy and Douglasville First United Methodist Church (DFUMC) to charge my bank account indicated below in the amount of \$_____ on the 5th of each month for payment of Tuition to Little Scholars Academy.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify LSA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that LSA may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must

comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.