

Registration Packet

Early Childhood

2023 - 2024



**"I will exalt you,
my God the King;
I will praise your name
for ever and ever."**

Psalm 145:1

King's Academy
7400 Eldridge Parkway
Houston, TX 77083
281 561 7400
MyKingsAcademy.com



Date Submitted: _____

King's Academy Student Registration Form 2023 - 2024

Student's Last Name: _____ First: _____ Middle: _____ Age on Sept. 1st: _____
Name Student Goes By: _____ Gender: Male Female Date of Birth: _____
Student Resides With: Both Parents Mother Father Grandparent Guardian: _____
Ethnicity: Check all that apply. African African American Asian Hispanic White Other: _____
Language(s) Spoken: _____

Family Information

Mother (Mother Stepmother Grandparent Guardian)

Name: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Street Address: _____ City/State/Zip Code: _____
Job Title/Occupation: _____ Place of Employment: _____
Religious Preference: _____ Church, if attending: _____
Country of Origin: _____ Primary Language(s): _____

Father (Father Stepfather Grandparent Guardian)

Name: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Street Address: _____ City/State/Zip Code: _____
Job Title/Occupation: _____ Place of Employment: _____
Religious Preference: _____ Church, if attending: _____
Country of Origin: _____ Primary Language(s): _____

Siblings

Please list your child's siblings.

Sibling	Gender	Age or Grade	School Attending

Grandparents

Please list grandparents whom we may contact regarding special school events & activities.

Grandparents	Address	Email Address

Other

Which parent is the primary contact for school communications? ___Mother ___Father

Which parent is the primary contact for financial discussions? ___Mother ___Father

Please describe any unusual family circumstances or custody issues of which the school should be aware:

I understand that King's Academy educates students from a biblical worldview. I support my child being guided and encouraged in the Christian faith while enrolled at King's Academy.

Parent's Signature: _____ **Date:** _____

Parental Permissions

___Yes ___No **Media Release (Internal).** I understand that my child may be photographed, audiotaped, or videotaped as part of their educational activities or for internal training purposes.

___Yes ___No **Media Release (External)** I give permission for photographs, audiotapes, and/or videotapes of my child to be used for advertising and/or online (such as on the school's website or Facebook page). Last names or contact information will never be published to protect children's safety.

___Yes ___No **Water Activities.** I give permission for my child to participate in age-appropriate water activities planned by King's Academy. I understand he/she will be continuously supervised by adults & safety rules will be enforced.

___Yes ___No **Nutritional Value of Food.** I understand that King's Academy is not responsible for meeting my child's daily food needs or for ensuring the nutritional value of their meals or snacks. I will ensure my child brings a healthy lunch or orders lunch from the school's approved vendors on a daily basis.

___Yes ___No **Mandatory Evacuation.** In the event of an immediate, mandatory evacuation, I give permission for a representative of King's Academy to transport my child in a personal vehicle to a safe location. I understand I will be notified as soon as possible and provided relevant information regarding the relocation site.

___Yes ___No **Christian Education** I understand that King's Academy educates students from a biblical worldview, and I approve that my child will be guided and encouraged in the Christian faith while enrolled in the Early Childhood program at King's Academy.

Parent's Signature: _____ **Date:** _____

Personal Information

Please share any cultural or ethnic practices, religious customs, or holiday traditions in your family you would like us to be aware of.

1. Is your family involved in a local church? Yes No If so, what church? _____
2. Please describe your child's overall health since birth.
3. Please describe your child's personality/disposition.
4. What are your child's favorite interests & activities?
5. Does your child have any particular fears or habits of which we should be aware?
6. What form of discipline do you use when you find it necessary to discipline your child?
7. Does your child dress him/herself without help? Yes No
8. Is your child potty-trained? Daytime Yes No Nighttime: Yes No
9. Does your child take naps? Yes No About how long does he/she sleep? _____
10. What time does your child awaken? _____ am Go to bed? _____ pm
11. Are there any special ways of helping your child fall asleep? Please explain.
12. Has your child had any diagnostic testing? Yes No If yes, please explain:
13. Has your child ever been asked to withdraw from a daycare or school for any reason? Yes No
14. What are your top priorities and hopes for your child during this coming school year?
15. Please add any additional information about your child that will assist us in getting to know him/her.



King's Academy

Emergency Release Information

Student's Full Name: _____ Date of Birth: _____

Emergency Contacts

Mother's Name: _____ Primary Phone: _____ Alternate Phone: _____

Father's Name: _____ Primary Phone: _____ Alternate Phone: _____

Emergency Contacts

These persons may be called only when a parent cannot be reached. They have permission to pick up my child if needed.

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Additional Persons (who may pick up or drive my child)

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Medical Information

Known Drug Allergies: _____

Dietary Restrictions/Food Allergies: _____

Other Known Allergies: _____

Chronic Health Concerns/Disability: _____

Medications

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Yes No Does your child use an EPI pen? (If so, please ask the front office for an allergy & anaphylaxis emergency plan form and submit it with written instructions from your child's doctor.)

Yes No Does your child use an inhaler or need regular breathing treatments? If so, please bring this to an administrator's attention immediately.

I understand that in case of injury to my child, the Head of School or other school representative will use his/her discretion in giving emergency first aid, calling parents for instructions, or calling an ambulance. I agree to assume financial responsibility for all medical expenses and/or ambulance services.

Parent's Signature: _____ **Date:** _____



King's Academy Tuition & Fee Financial Contract 2023 - 2024

Parent/Guardian: _____
Last Name First Name

Student: _____
Last Name First Name

Registration Fee

Please initial the registration option that applies to you.

_____ **Registration Fee: \$350** I agree to pay this non-refundable fee to register my child at King's Academy. I understand that if the school (not the parent) makes the decision not to enroll my child, a partial refund of \$245 will be made.

_____ **Early Bird Registration Fee: \$195** Because my child is a current King's Academy students reenrolling by March 31, 2023, I qualify for this discounted fee.

Enrollment & Tuition

Class?	Ones	Twos	PreK3	PreK4	Age on Sept. 1, 2023 _____
New or Returning Student?	New	Returning	Non-Refundable Registration Fee: \$350		
If new, how did you hear about us?					
Internet Search		School Website		Facebook Ad	
Friend: _____			Other: _____		

Enrollment is understood to be for the school year from August, 2023, (or date of enrollment) through May, 2024. Summer enrollment is handled separately in April. Please select your preferred monthly attendance option:

Tuition	3 Day Options	Tuition	5 Day Options
\$400	8:15 am – 12:15 pm	\$600	8:15 am – 12:15 pm
\$600	8:15 am – 3:45 pm	\$850	8:15 am – 3:45 pm
\$775	8:15 am – 6:30 pm	\$1125	8:15 am – 6:30 pm
\$500	6:30 am – 12:15 pm	\$765	6:30 am – 12:15 pm
\$700	6:30 am – 3:45 pm	\$1015	6:30 am – 3:45 pm
\$875	6:30 am – 6:30 pm	\$1290	6:30 am – 6:30 pm

Yes No Do you need to apply for financial assistance?

I agree to honor all the financial commitments I initialed above.

Parent's Signature: _____ **Date:** _____

Financial Policies

Please initial each of the following statements acknowledging you have read and agree to the financial terms below.

_____ The applicable registration fee is due at the time of registration.

_____ Registration fees, tuition, and testing fees are non-refundable. An exception will be made for registration fees if the school chooses not to admit an applicant. In that case, the school will refund all but \$50 of the fee.

_____ Annual tuition is payable in *10 equal monthly installments*, beginning August 1, 2023 and ending May 1, 2024. Payment amounts are not conditional upon the number of school days of any given month.

_____ Enrollment for our summer program will open in April, 2024.

_____ If a student withdraws during the year, the parent is responsible for informing the school in advance and paying the child's tuition for the month during which the child withdraws plus two additional full month's tuition. This is to offset the loss to the school, which has hired teachers and purchased supplies in good faith that the parents will fulfill their financial contract.

_____ If the school is forced to close due to circumstances beyond our control such as a pandemic or weather-related issues, tuition must still be paid in full for that month.

_____ If a student has an extended absence for any reason, tuition must still be paid in full.

_____ Tuition is due on the **1st** day of the month. If desired, a parent can contact the office to request semi-monthly payments.

_____ Tuition may also be paid in one annual payment by August 10th to obtain a 5% discount or two semi-annual payments (by August 10th and January 10th for a 2% discount.)

_____ Tuition will be paid via ACH bank draft or credit card through FACTS. Parents are responsible for setting this up at the beginning of the year.

_____ If a student's tuition is not paid in full for two consecutive months, the child may not be allowed to return to school beginning the third month until payment is made in full. Extenuating circumstances will be considered only if the parent has made a prior request to the Head of School by the 15th of the second month tuition is unpaid.

_____ I am aware that a discount may be applied to my child's tuition if he/she qualifies for a sibling, staff, or prepaid tuition discount.

_____ Extended Day childcare may be available to parents during select school holidays based on availability and for an additional daily fee. Pre-registration is required, and the non-refundable fee must be paid a week in advance.

_____ If a bank draft is stopped due to insufficient funds, FACTS will charge your account \$30.

_____ I acknowledge that I have received a copy of the Early Childhood Handbook containing additional school policies.

I have read and understood the above statements & agree to abide by the financial policies of King's Academy.

Parent's Signature: _____ **Date:** _____



King's Academy

Physician's Health Information & Assessment

King's Academy follows the health requirements set forth by the Texas Department of Family and Protective Services. Please have your child's doctor complete, sign, and date this form. It must be returned to the school no later than the first day of school.

Child's Full Name: _____

Birthdate: _____

Sex: _____ Male _____ Female

Parents or Legal Guardians: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Statement

Physician's Name: _____ Phone Number: _____

Office Name: _____

Address: _____

Preferred Hospital: _____ Phone Number: _____

Address: _____

I have examined the above-named child within the past year and verify this child's medical history and current state of health are satisfactory for participation in a school program.

Physician's Signature: _____ **Date:** _____

Hearing & Vision

Hearing and vision testing is required for children ages 4 and up and must be completed annually. If your child's physician or another specialist do not perform these tests, you may obtain this testing for a small fee when offered at King's Academy on October 19, 2023.

Hearing and Vision (To be completed by physician or specialist)

Vision R 20/____ L 20/____ *Pass or Fail? (Please circle one.)*

Hearing 1000Hz 2000Hz 4000Hz

Right _____ *Pass or Fail? (Please circle one.)*

Left _____ *Pass or Fail? (Please circle one.)*

_____ ***Please check here if you prefer that your child be tested at King's Academy in October for a small fee.***

Physician or Specialist's Signature: _____ **Date:** _____