

**2024 - 2025**

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| **STUDENT INFORMATION** | | | | | | | | | |
| Full Name | | | | | Date of Birth | | | | Gender  M  F |
| Street Address | | | | | City | | | | Zip Code |
| **PARENT INFORMATION** | | | | | | | | | |
| Parent 1 Name | | Phone number | | Email | | | | | |
| Employer | | Employer Address | | | | | | | |
| Parent 2 Name | | Phone number | | Email | | | | | |
| Employer | | Employer Address | | | | | | | |
| **SIBLING INFORMATION** | |  | | | | | | | |
| Does your child have siblings? Yes  No | | Sibling Ages | | | | |  | | |
| Do they attend Synergy? Yes  No | | If not, school name: | | | | | | | |
| **EMERGENCY CONTACT INFORMATION & PICKUP AUTHORIZATION**\* \*Emergency contact needs to be someone other than parents. | | | | | | | | | |
| 1. Contact Name | Relationship | | Phone number | | Email | | | | |
| 2. Contact Name | Relationship | | Phone number | | Email | | | | |
| 3. Contact Name | Relationship | | Phone number | | Email | | | | |
| **Note:** Any person unfamiliar will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent. | | | | | | | | | |
| **HEALTH INFORMATION** | | | | | | | | | |
| **Check all that apply:**  Allergies (Food, Asthma) Ever been hospitalized?  Premature Birth?  Medication given regularly Ever had surgery **Last Physical Exam Date:**  Any side effects seen with any food or medications **Please explain:** | | | | | | | | | |
| **MEDICAL INFORMATION** | | | | | | | | | |
| Physician’s Name | Health Insurance | | | | | Policy Number | | | |
| Physician’s Address | | | | | | | | Phone Number | |
| Dentist’s Name | Dental Insurance | | | | | Policy Number | | | |
| Dentist’s Address | | | | | | | | Phone Number | |
| PLEASE INDICATE THE DESIRED START DATE: | | | | | | | | | |

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| **AUTHORIZATION** | |
| I authorize my child to participate in school **field trips**. Children may be transported by volunteer parent vehicles or contract private bus. I understand that I will be given prior notice of each trip. Field trip fees are mandatory.  I allow SLA to share my phone number and email address with other families for birthday invitations and playdates.  I understand that my child may be **photographed** during school related activities. I give permission for any such photographs to be shared within the school community in publications and special events.  I allow my child’s photographs to be used for greater outreach through our school website and social media. | |
| **BACKGROUND INFORMATION** | |
| Child’s first language  English  Other  Please list other languages your child speaks: | |
| Last School attended: | Phone No: |
| Does your child nap?  Yes No |  |
| **PRESCHOOL ENROLLMENT ONLY**: Is you child potty trained? Can he/she independently use the bathroom?  Yes No |  |
| Has your child ever been tested for Special Education / gifted program or learning disability?  Yes No  If yes, please explain: | |
| Child’s interests and favorite activities: | |
| Specific fears, likes or dislikes, that might help us know him / her better: | |
| Any developmental delays, medical and / or Emotional concerns?  If yes, please explain: | |
| Any other information you think we should know: | |
| **CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN** | |
| Child’s name:  **I hereby give permission** that my child named above may be given emergency treatment to include first- aid and CPR by a qualified staff member. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child, by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician to safeguard my child’s health. I waive my right of informed consent to such treatment.  **I also give permission** for my child to be transported by ambulance or air car to an emergency center for treatment.  **I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**   |  |  |  | | --- | --- | --- | | Parent 1 / Guardian Signature | Name | Date | | Parent 2 / Guardian Signature | Name | Date | | |

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| **Enrollment Contract for 2024-2025**    Child’s Full Name:  **Please read the following terms carefully.**   1. Parent/Guardian will promptly notify the school in writing of any changes in the information contained in the enrollment form and of any other information required by school policies. 2. Synergy Learning Academy charges an annual tuition for the school year (School year runs from September through June as noted in School Calendar). The tuition payment obligation remains the same regardless of the number of days of school in the month, attendance, vacations, family emergencies, school closure, holidays, student illness, and any other reason that my/our child does not attend school. School closure days due to weather or power outages may or may not be made up. 3. Children should be in attendance on all school days. Continuous absence of more than a couple days other than for illness should be discussed with the teacher and prior permission should be sought. 4. Enrollment deposit and tuition rates are provided on a separate sheet. **Enrollment fees and June’s tuition is due at the time of enrollment and is non-refundable. This deposit is mandatory.**  |  |  |  | | --- | --- | --- | | Preschool  (2 1/2 - 6 yrs.)    Toddler  (12-36 months) | **Preschool - Kindergarten**  Plan A (9:00 AM – 1:00 PM)  Plan B (9:00 AM – 3:30 PM)  Plan C (9:00 AM – 5 PM)  Plan D (9:00 AM – 5:30 PM)  Add Ons:  Morning care (8:00 AM – 9 AM) | **Toddler**    **Plan A:** (9:00 AM - 3:30 PM)  **Plan B:** (8:00 AM – 4:00 PM) |      1. One month’s written notice is required for any change in child’s schedule, including withdrawing child from Synergy Learning Academy. **The deposit and June’s tuition will not be refunded in case of withdrawal before the end of the academic year**. 2. A late fee of $25.00 will be assessed if the tuition payment is received after the 1st of the month, a $30.00 handling fee for any returned check and interest on past balances at 10% per month. 3. Only an authorized adult will pick up the child from school each day in accord with the contract. **Late charges will apply when a child is not picked up in time.** 4. Synergy Learning Academy reserves the right, in its sole and absolute discretion, to revoke enrollment at any time (before or after the beginning of classes) when it deems necessary. 5. I/We have read, understand, and agree to comply with the policy & procedures and information for parents given in the **parent handbook** and the school’s **Disaster Policy.** Initial     **We have read the above contract and understand and agree to all provisions.** *(Both parents must sign)*   |  |  |  | | --- | --- | --- | | Parent 1 / Guardian Signature | Name | Date | | Parent 2 / Guardian Signature | Name | Date | |
| **For office use only:**  Deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fee Structure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Misc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |