



Enrollment Form

(Please complete a new form for each child attending)

Registration Date: _____

Child's Name: _____

Nickname: _____

Sex: M F Age: _____

Date of Birth: _____

Child's Home Address (Street): _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Mother's Name: _____ Phone: _____

Mother's Home Address (if different from Child's): _____

Mother's Place of Employment: _____

Phone: _____ Email: _____

Work Address: _____

Father's Name: _____ Phone: _____

Father's Home Address (if different from Child's): _____

Father's Place of Employment: _____

Work Phone: _____ Email: _____

Work Address: _____

Child's Living Arrangements: (Check only one)

() Both Parents () Mother () Father () Other

Is there a custody arrangement filed with the courts? () Yes () No () N/A

(If there is a custody arrangement The Fox Den will need a copy for your child's file.)

Child may be released to the person(s) signing this agreement or to the following individuals: *(Please note: listed individuals MUST show picture I.D.)*

1. Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Relationship to Parent/Guardian: _____

Other Identifying information (if any): _____

2. Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Relationship to Parent/Guardian: _____

Other Identifying information (if any): _____

Persons to contact in case of emergency when parent or guardian cannot be contacted:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of Public or Private School child attends, if any: _____

Child's Physician Name: _____

Physicians' Phone: _____

My child has the following special needs: _____

The following special accommodation(s) may be required to meet my child's needs most effectively while at the center: _____

My Child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Upon completion of this registration process I authorize The Fox Den Preschool to charge my credit/debit card \$100. (Initial: _____)

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

School Director Printed Name: _____ Date: _____

School Director Signature: _____

Enrollment Date: _____ Withdrawal Date: _____



Family Tuition Agreement (2024-2025)

Family Name: _____ Date: _____

Child 1: _____ Class: _____

Tuition Frequency: Bi-weekly Monthly Quarterly Annually

Discount: _____ Child 1 Tuition Due: _____

Child 2: _____ Class: _____

Tuition Frequency: Bi-weekly Monthly Quarterly Annually

Discount: _____ Child 2 Tuition Due: _____

Child 3: _____ Class: _____

Tuition Frequency: Bi-weekly Monthly Quarterly Annually

Discount: _____ Child 3 Tuition Due: _____

Total Tuition Due: _____ Due: _____

I (we) hereby authorize The Fox Den Preschool to initiate entries to my (our) debit/credit accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

Name on Card: _____ Card Number: _____

Expiration Date: _____ CVV Code: _____ Zip Code: _____

I agree to have the above charges deducted from my debit/credit card at the above stated intervals for the amounts mentioned above.

Parent Printed Name: _____

Parent Signature: _____ Date: _____

Director Printed Name: Michelle Blount

Director Signature: _____ Date: _____

*****As additional state funds and grants are applied for and received, my pricing could decrease. The Fox Den will alert me to these changes no later than July 31, 2024.***



Parent Agreement

The Fox Den Early Learning Academy agrees to provide child care during the day for _____ on the following days of the week (Circle all that apply):

M T W TH F

___ My child is 6 weeks – 4K.

___ My child is Kindergarten – 5th grade (to be used when school is not in session)

Regular academy hours are from 7:45 A.M. to 2:45 P.M.

Dates of Service during school year: August 1, 2024 to May 31, 2025 (43 weeks).

*Summer Academies (9 individual weeks) will be offered at a later date. *

The Fox Den Early Learning Academy agrees to provide extended childcare for _____ on the following days of the week (Circle all that apply):

M T W TH F

___ My child will take part in before-school care

___ My child will take part in after-school care

___ My child will take part in before- and after-school care

___ My child is Gr. K-5 and will use only when Monroe County Schools are NOT in session.

At The Fox Den, our students' meals are included in the cost of tuition. I give my child permission to take part in:

___ Breakfast

___ Lunch

___ Afternoon Snack



Transportation Agreement

This is to certify that I give The Fox Den Academy permission to transport my child _____

From _____ at _____ (a.m./p.m.)

To _____ at _____ (a.m./p.m.)

My child will be transported from _____
at _____ (a.m./p.m.) on the following days: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

The Fox Den Academy is authorized to receive my child.

In the event The Fox Den Academy is not present to receive my child, the following procedures should be followed:

Check one:

____ TG Scott ES is .1 miles from the Fox Den Academy

____ Hubbard ES is 3.9 miles from the Fox Den Academy

____ KB Sutton ES is 4.7 miles from the Fox Den Academy

In the event that my child is not to be transported as outlined above, I agree to notify The Fox Den Academy no later than Noon (12:00 p.m.) the day of the change in transportation.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Director Name: _____ Date: _____

Director Signature: _____



Safe Sleep Practices Policy

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame during which the instructions are to be followed.
2. Cribs shall be in compliance with the Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
5. Only sleepers, sleep sacks, and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots and mats will be laundered daily or marked for individual use. If marked for individual use, the sheets or covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice of laundering sheets/covers weekly or as needed as sheets and covers will be individually marked for each child.
7. Infants who arrive at the facility asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleeping.



Photograph/Video Release

I hereby grant permission for The Fox Den Academy to record the participation and appearance of my child, _____ by photograph and/or video in connection with daily academy activities for the purpose of news releases, reporting, and assessing the progress of my child and the program. The Fox Den Academy is authorized to exhibit or distribute such photographs and/or video in whole or part without restrictions or limitations for any educational or promotional purpose that The Fox Den Academy deems appropriate. Such photographs and/or videos may, for example, appear in printed or visual materials for The Fox Den Academy, The Fox Den Academy Facebook page, and/or on The Fox Den Academy website. The undersigned hereby jointly and severally release, acquits, forgives, and discharges The Fox Den Academy, from any actions, agreements, claims, controversies, demands, judgements, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of The Fox Den Academy, to the extent permitted by law.

Parent/Guardian Name: _____ Date: _____

Parent Guardian Signature: _____

Director Name: _____ Date: _____

Director Signature: _____



Emergency Medical Authorization

Should (child's name) _____ Date of Birth: _____

suffer an injury or illness while in the care of The Fox Den Early Learning Academy and the facility is unable to contact me (us) immediately, the facility shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for any services needed for such care.

Parent/Guardian: _____ Signature: _____

Date: _____

School Director: _____ Signature: _____

Date: _____



Vehicle Emergency Medical Information

(to be kept in the van when children are transported)

Child's Name: _____

Date of Birth: _____ Primary Phone: _____

Address: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Person to notify in case of an emergency when parents cannot be reached:

Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Name and Address of Medical Facility to use in case of emergency:

Child's Allergies: _____

Current Prescription Medication: _____

Child's Special Medical Needs and Conditions: _____

In the event of an emergency involving my child, and if The Fox Den Academy cannot get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during my child's treatment.

Child's Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian Signature: _____

Witnessed by: _____ Date: _____