



All Children's Academy Student Admission Application

***New applications must be submitted yearly**

Child's Full Name: _____
Last First Middle

Preferred Name: _____ Date of birth: _____ Age: _____ Gender: Male Female

Home Address: _____
Street City State Zip Code

Primary Phone: () _____ Secondary Phone: () _____

Primary Email Address: _____ Secondary Email Address: _____

Parent/Guardian: _____
Last First MI Preferred Name

Home Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____

Place of Employment: _____ Position: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Relationship to Applicant: Father Step-Father Legal Guardian

Marital Status: Married Separated Divorced Remarried Single

Parent/Guardian: _____
Last First MI Preferred Name

Home Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____

Place of Employment: _____ Position: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Student lives with (Check all that apply): Mother Father Legal Guardian Stepmother Stepfather Other _____

Student's parent(s): Married Separated Divorced Deceased

If divorced, which spouse holds legal responsibility for the school decision? _____ (Please submit notarized copies of all court documents signed by a judge regarding custody and educational decisions along with the application).

Please initial all applicable statements:

___A. The application fee is nonrefundable.

___B. I give my permission to All Children's Academy to correspond to my child's previous school, medical, and/or therapy provider for the purposes of obtaining pertinent medical/therapeutic/academic testing/procedures, etc. beneficial to the success and placement of the student in All Children's Academy. I understand that the contents of the correspondence and contact with the said professionals shall remain confidential and WILL NOT be released to me.

___C. My child and family may be posted in marketing material on social media and media publications.

___D. We have received, read, and understood all admissions policies, criteria and procedures listed in this application.

___E. I give permission for my child to take part in all school activities, staff transported activities off campus, field trips, and/or community outings individually or in a group setting. I also believe that discipline is necessary for the welfare of each student as well as the group. I give permission for my child's teacher/therapist/staff member of the school to make and enforce classroom regulations and behavior programs in a manner consistent as needed for the student's particular needs to maintain the safety of the student and others.

___F. Due to the safety of others and the student, if the student becomes a threat to him/herself or others and is deemed unsafe to be transported with other students or in the case of the student becoming ill on an outing, the parent may be required to pick up their student from the event.

___G. We agree to read and follow the guidelines in the parent/student handbook.

___H. I hereby give permission for nonprescription medication (Tylenol or Advil) and routine non-surgical medical care be given to my child. If deemed necessary by the staff to take the student to a doctor or hospital, I hereby authorize medical treatment including, but not limited to emergency surgery or medical treatment, and assume the responsibility for all medical bills. I understand that in the final disposition of an emergency, the judgment of school authorities will prevail.

___J. Both parents will receive student correspondence unless All Children's Academy is given court orders that state otherwise.

___I. For any changes in information concerning your child/children, such as: contact information, custodial arrangements, medical insurance, medication changes, etc., it is the responsibility of the parents to notify the Office and/or to correspond to the classroom teacher via email or phone.

___J. I understand that the primary source of communication is The Parent GroupMe.

___K. I understand that automatic enrollment will occur yearly unless a 30 day written notice is submitted via email.

___L. I understand that ACA does not require students to wear masks.

___M. I have been briefed on the infectious disease policy and will comply.

I have read and agree with the above marked statements as well as the procedure of the application enrollment process of All Children's Academy.

As the parent(s) or guardian, I/we also pledge to work with staff, administration and faculty to assist and encourage our students to be successful in home, and academic programming. I further understand and acknowledge that to continue enrollment of my/our child, if admitted to the school, we shall be subject to the payment of all tuition and fees to be paid according to the fee/tuition schedule.

Father's Signature _____
Date: _____

Mother's Signature: _____
Date: _____

Parents ACA 2021/2022



Non-Discriminatory Policy

All Children's Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin, the administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.

1. Has the student ever been suspended, expelled, or asked to be withdrawn or placed on behavioral plans through an academic/daycare setting?
 Yes No

If yes, explain: _____

2. Does the student have a medical history of drug/alcohol exposure and/or traumatic birth? Yes No

If yes, explain _____

3. Does the student have any physical or emotional condition which might require special consideration?
 Yes No If yes, explain: _____

4. Has the student ever been known to do harm to self or others? Yes No
If yes, explain: _____

5. Does the student reside or recently resided in an unstable home environment: Yes No

If yes, please explain: _____

What are your child's strengths? _____

What are your child's weaknesses? _____

What are your child's special interests? _____

Do you or your child have any concerns about attending All Children's Academy? _____

What factors most influenced your decision to apply for admission to All Children's Academy? You may write additional comments on a separate sheet of paper.

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

GRANDPARENT INFORMATION

Paternal Names: _____ Mailing Address: _____
Email Address: _____ Phone: _____

Maternal Names: _____ Mailing Address: _____
Email Address: _____ Phone: _____



If the school cannot contact parent, please list a friend or relative who may be contacted if your child becomes ill. Please give the doctor's name and number.

Friend or Relative: _____ Phone: _____
Doctor: _____ Phone: _____
Medical Insurance: _____ Group # _____
Hospital preference _____

1. Will the student be taking daily prescription medication that will affect his/her performance in the classroom?
___ Yes ___ No If yes, explain: _____
2. Does the student have a life-threatening allergy? ___ Yes ___ No Explain: _____
3. Does the student have any unusual factors in his/her life which might require special consideration? (I.e. absence of father or mother, in-laws or grandparents in home, unusual accidents or serious illness, etc.) ___ Yes ___ No
Explain: _____



1. Are you currently under a school contract elsewhere in which you would be unable to be released because of financial or contractual obligations? ___ Yes ___ No If yes, please write down the earliest date your student is available for school at All Children's Academy _____
2. I understand All Children's Therapy fees and my financial obligations. ___ Yes ___ No

Are you interested in serving on any of the following committees? Please Check ALL that apply.



- | | | |
|--------------------------------------|-------------------------------------|----------------------------------|
| <u>___</u> A. Garden | <u>___</u> E. Spring Musical | <u>___</u> I. Winter Art Auction |
| <u>___</u> B. Mask-a-Race Fundraiser | <u>___</u> F. Mask-A-Race | <u>___</u> J. Community Outreach |
| <u>___</u> C. Fishing Derby | <u>___</u> G. School Calendar | <u>___</u> K. Field Fridays |
| <u>___</u> D. Winter Musical | <u>___</u> H. Basketball Tournament | <u>___</u> L. Recess |

Or, would you like to start a committee? If so, which one? _____

Name: _____ Date: _____ Signature: _____

