



# Amazing Hope School Academy

500 S. Highland Ave

Apopka, FL 32703

689-248-1525

## Enrollment Form

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Enrollment Date

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Child's Language at Home

\_\_\_\_\_  
Address

Child lives with (circle one):    Mother    Father    Both    Other: \_\_\_\_\_

Any special custody arrangements we should be made aware of: \_\_\_\_\_  
\_\_\_\_\_

**CHILD  
INFO**

\_\_\_\_\_  
Parent/Guardian's First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Email Address

**FAMILY  
INFO**

\_\_\_\_\_  
Parent/Guardian's First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Email Address

Your signature below indicates that you have received the Amazing Hope School Academy Family Handbook, which includes our discipline policy, and that you find all items in the handbook and on this enrollment form agreeable and that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have received and read the Know Your Child Care Facility brochure provided to me by Amazing Hope School Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ITEMS  
RECEIVED**



## Enrollment Form

Known allergies and the reaction they may cause:

\_\_\_\_\_

I grant permission for the staff of Amazing Hope School Academy to contact the following medical personnel or 911 to obtain emergency medical care, which may include an ambulance ride. I understand that I, the parent or guardian, will be responsible for all costs associated with such care.

### MEDICAL INFO

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Doctor/ Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_

I grant / decline (circle one) permission for my child, \_\_\_\_\_, to be photographed in connection with Amazing Hope School Academy and featured in classroom photos, website, social media, and marketing materials. Pictures will not be accompanied by the child's name, except when used in materials displayed within the school and/or distributed to currently enrolled families.

### PHOTO RELEASE

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

- I understand that there is a \$75 registration fee due upon enrollment.
- I understand that tuition is due no later than Tuesday of each week.
- Amazing Hope School Academy will notify local authorities if my child is not picked up by 4:00pm.
- I understand I must provide my child's physical exam and immunization record (Form 680 or 681) to Amazing Hope School Academy prior to enrollment and these must be updated as they expire in order to continue enrollment. I agree to grant permission to Amazing Hope School Academy to receive this and other medical information as deemed necessary.
- I understand that my child must arrive by 8:30am each scheduled day. If my child will not be attending on a regularly scheduled day, I must notify the school by 9:00am.
- I understand that smoking, including vaping and e-cigarettes, is prohibited on Amazing Hope School Academy premises, including the parking lot.
- I understand that firearms and weapons of any kind are prohibited from the premises, excluding federal, state, or local law enforcement officers.
- I give permission for this and any other information in my child's file to be shared with active staff members of Amazing Hope School Academy.
- I understand that the student must wear the school uniform which includes the school polo with the logo at all times during school hours.
- I understand that as a parent, I must participate in any parent meetings and activities when assigned.

Your signature below indicates your agreement with the policies and points listed above.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### ENROLLMENT TERMS



## Enrollment Form

Your child will be released only to custodial parents listed on this enrollment form below. The following people may also be contacted and are authorized to remove your child from the facility in case of illness, accident, or emergency. Any person listed below must have photo ID with them before we will release your child to them. We will not release a child to anyone who appears to be impaired in any capacity.

If for any reason the custodial parents or the people listed below cannot be reached in case of emergency or 60 minutes past school closing, the local authorities will be notified. If the person picking up your child is not listed below, you must notify Amazing Hope School Academy in writing in advance.

### EMERGENCY CONTACTS

_____	_____	_____
First and last name	Phone number	Relationship
_____	_____	_____
First and last name	Phone number	Relationship
_____	_____	_____
First and last name	Phone number	Relationship

According to DCF regulations, licensed educational facilities must obtain written permission from parents/guardians regarding a child's participation in food-related activities. These activities include but are not limited to classroom cooking projects, gardening, birthday or classroom celebrations.

I, \_\_\_\_\_(parent/guardian name), give / decline (circle one) permission for my child, \_\_\_\_\_, to participate in food-related activities and special occasions wherein food is consumed. Please provide the following information:

- \_\_\_\_\_ My child does **not** have a food allergy. He/She **may** participate in food activities.
- \_\_\_\_\_ My child does **not** have a food allergy. He/She may **not** participate in food activities.
- \_\_\_\_\_ My child **does** have a food allergy, detailed below. He/She **may** participate in food activities.
- \_\_\_\_\_ My child **does** have a food allergy. He/She may **not** participate in food activities.

### FOOD PERMISSION

My child may not eat or handle:

\_\_\_\_\_

I agree this form will remain effective for one year from date signed. I may speak to the director to update my preferences.

_____	_____
Signature - Year 1	Date
_____	_____
Signature - Year 2	Date



## Enrollment Form

Your tuition rates will be locked in for the dates listed below. While Amazing Hope School Academy may have tuition raised during the year, your tuition will remain the same for the dates listed. Each year around July we will reach out to our families to advise them of any tuition changes for the upcoming year. At that time, we will all sign a new tuition agreement form.

Please note that if you unenroll your child from Amazing Hope School Academy, this tuition agreement will be void and a new agreement will need to be signed, which may reflect a different rate.

From August 10, 2022 to June 25, 2023 your yearly tuition rate will be between \$6200 - \$24,500 for full time enrollment depending on the level of support each student needs.

### Initial:

\_\_\_\_\_ I understand that the registration fee is due upon enrollment time and tuition is due as grants/scholarships role in.

\_\_\_\_\_ I understand that prior to this agreement expiring, I will receive a new agreement with updated pricing for the next year.

\_\_\_\_\_ I understand that additional fees may incur due to things such as late pick ups, late payments, and optional enrichment activities.

\_\_\_\_\_ I understand that if I would like to change my child's enrollment schedule I will need to notify Amazing Hope School Academy two weeks in advance and that a new schedule is dependent upon availability in the program. If no spot is available, Amazing Hope School Academy will notify you as soon as one becomes available for you.

Child's name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We look forward to you and your child joining Amazing Hope School Academy! If you ever have any questions, please don't hesitate to reach out to us via phone, email, in person, or through the communication app. Welcome, and we are excited to see how our partnership helps your child blossom and grow!

tanya.amazinghopeacademy@gmail.com

689-248-1525

**TUITION  
AGREEMENT**



# Enrollment Form

## School Record Release Authorization Form

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

**RECORD RELEASE**

**AUTHORIZATION**

**I Authorize Release of: Check all that apply**

Immunizations  Transcript  Report Card  Test Scores

Proof of Age  Health/Physical Information

Other (Specify) \_\_\_\_\_

Please send all paperwork via email to [tanya.amazinghopeacademy@gmail.com](mailto:tanya.amazinghopeacademy@gmail.com)

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_