



Program Preference:

Athenaeum Academy:

- Full Time Student
- 4 Day Forest Student
- Homeschool Student

Classroom Level:

- Forest School (PreK4 or K)
- Forest Bridge (1st-2nd grade)
- Upper Elementary (3rd-5th grade)
- Middle School (6th-8th grade)

Day Preference for Homeschool and 4 Day Forest Students:

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

Non-Discrimination Policy

The Athenaeum Learning Center does not discriminate, in either employment or admissions, based on race, color, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, physical and/or mental disability, age, religion, medical condition, veteran status, marital status, or any other characteristic protected by institutional policy or state, local, or federal law. This applies to both students and families.

FOR OFFICE USE ONLY

Date Application Submitted
AF AP AH WL NC

Re-Registration Application for Previously Enrolled Students

Name of Student _____

Prefer to be called _____ Male Female

Date of Birth _____ Current Age _____ Grade in Sept: _____

Student's Home Address _____

City _____ State _____ Zip _____

Home Phone _____

School District child resides in _____

Name of Parent/Guardian #1 _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Occupation _____ Title _____

Employer _____

Business Phone _____

Email Address _____

Name of Parent/Guardian #2 _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Occupation _____ Title _____

Employer _____

Business Phone _____

Email Address _____

Who should be the primary email contact point for communication from the school?

- Parent #1 Parent #2 Both Parents

We may send texts for important, last-minute updates, such as weather-related school closings. Please send texts to this cell number: _____

Please include us in the Family Directory
I understand that the family directory is to be used only for personal use.

Student name: _____ Birthdate: _____

With whom is the child living? _____

Who is the legal guardian? _____

Who is financially responsible for child's tuition? _____

email address to be used for billing _____

Has the child had any changes in their living situation since last year? For example: a new sibling, a divorce or remarriage, or an older sibling moving out?

Tell us about your child's strengths, interests, and talents.

Please list any organized groups in which your child is active and/or any special classes your child takes.

Please share any updated information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school.

I hereby apply for re-admission of my child, _____, to the Athenaeum Learning Center for the 20____ to 20____ academic year.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



2018-19 Tuition Agreement

Payment Options:

Full Time	
Elementary and Middle School	\$14,700 per year
Forest School	\$12,500 per year
Forest School (4 days/week)	\$9,000 per year
Part Time	
3 days:	\$7,000 per year
2 days:	\$4,750 per year
1 day:	\$2,500 per year

Full payment due August 1st (Please take 5% discount)

Two equal payments due August 1st (or upon registration), and January 1st

Ten equal payments, due the 25th of each month between July and April.

If registration is after August 1st, the first payment will be considered due within 10 days of registration, and on the 1st of the month for the 9 following months. Students who begin after our September start date will pay a pro-rated tuition for the first month, and then monthly payments for the rest of the year, with the last payment due May 25th.

Payment Information <i>The Athenaeum Learning Center requires all families to have a credit card on file. Unless alternate payment has already been made, your card will automatically be charged on the schedule selected above.</i>				
Name on Card:				
Billing Address:				
Card Number:				
Expiration Date:			CVC Code:	
MasterCard	Visa	American Express	Discover	Diner's Club

I agree:

To pay the yearly registration fee of \$50 per family.

To pay the fee of _____ per (select one: year semester month) for my child or children to attend the Athenaeum Learning Center for the 2018-19 school year. I understand that cancellation of this agreement can only be made in case of disability, a move beyond 25 miles from the Athenaeum Learning Center, or the Head of School's determination of an unsatisfactory adjustment of my child to the school, and that no refunds will be provided.

To pay my fees by the date on which I have agreed to pay them. I understand that if payment is not made by the agreed upon date, I will pay a late charge of \$25.

That any returned checks will cause me to pay a bounced check fee of \$25.

That my children will not be allowed to re-enroll at the Athenaeum Learning Center unless my account is currently paid in full.

What email address should invoices be sent to? _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____



Emergency Medical Permission Form

The purpose of this form is to enable parents/guardians to authorize the provisions of emergency treatment for children who become ill or injured while under the care of the Athenaeum Learning Center, when the child's parents/guardians can not be reached. This form will authorize the release of medical information to school officials/employees who have responsibility for the students while the student is at school, at school events, or is being transported by the school. This form will accompany the student any time they leave the premises while under school care, and will be used as a medical release only until a parent or guardian can be contacted.

Child's Name: _____ DOB: _____

Parent/Guardian #1 Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Daytime Phone: _____ Alt. Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Daytime Phone: _____ Alt. Phone: _____

Employer: _____ Work Phone: _____

Is there a legal or custody order that applies to this child? Yes No (If yes, please attach details)

Emergency Contacts: (will be called in the order given, if parents/guardian can not be reached)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Emergency Care Information:

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Carrier: _____

Identification Number: _____

Known medical conditions, special health considerations, and allergies: _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above mentioned doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to performance of such surgery. In addition to the aforementioned information, I give my permission for any and all medical information to be shared with all school personnel that interact with my child while I remain unreachable.

Parent/Guardian Name: _____

Signature: _____ Date: _____



Authorization to Remove

The purpose of this form is to designate individuals, besides parents or legal guardians, who are allowed to remove your child from our premises. You do not need to fill out every line. Please include any extended family members, child care providers, or others who may pick up your child (either regularly, or in an emergency). This list may be updated at any point during the school year, and you may also give emergency permission for an additional person to remove your child by emailing that permission to info@athenaeumlearning.org.

The following person/persons are authorized to remove my child, _____, as needed or in case of emergency. Please inform the people on this list that they will need to provide a valid form of photo ID before they will be allowed to leave the premises with your child. This list may be updated at any point in the school year.

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

The following person/persons are NOT authorized to remove my child, for any reason:

Name: _____ Phone: _____
Name: _____ Phone: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____



Topical Authorization

I, _____, give permission for the Athenaeum Learning Center's authorized instructional and/or administrative staff to administer topical ointments, including insect repellent and sunscreen, to my child, _____.

I understand that I need to provide the ointment in its original container, labeled with my child's name. Parents must supply any topical ointment to be used on their child(ren).

I give permission for my child to share topical ointment with other children from my household.

I DO NOT give permission for my child to share topical ointment with other children from my household.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Photo Release Form

I, _____, give consent for the Athenaeum Learning Center to use my child's photograph, video, or audio recordings for the following purposes:

For classroom projects and communication within the Athenaeum Learning Center community only.
For the above purposes, as well as to promote the Athenaeum Learning Center.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____



Extended Day Enrollment Form

The Athenaeum Learning Center offers after-school classes 5 days a week. Students may register for each class individually, or may register by term. This form registers students to stay on the day or days of the parent or guardian's choosing from 3:00-5:30pm. Extended Day students will participate in the after-school classes happening on those days.

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

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Full Year - \$575	Full Year - \$630	Full Year - \$630	Full Year - \$630	Full Year - \$575
Fall Term - \$200 Winter Term - \$220 Spring Term \$220	Fall Term - \$220 Winter Term - \$240 Spring Term \$240	Fall Term - \$220 Winter Term - \$240 Spring Term \$240	Fall Term - \$220 Winter Term - \$240 Spring Term \$240	Fall Term - \$200 Winter Term - \$220 Spring Term \$220

	Please write the dates you would like your child to stay for extended day programming below.
\$20 per day	

Payment Information	Use the credit card on file in my Tuition Agreement	Use a new credit card
<i>If you select to register your child by the term, you will be billed approximately 7 days before the start of each term, unless an alternate payment has already been made. We understand that family plans change, and you are welcome to enroll your child at any time for a pro-rated amount, or to cancel enrollment at any time. No refunds will be given for extended day tuition already paid. Please tell us 14 days before the beginning of the term if you would like to change your registration status or payment method.</i>		
Name on Card:		
Billing Address:		
Card Number:		
Expiration Date:		CVC Code:
MasterCard	Visa	American Express
Discover		Diner's Club

Notes about picking up your child (for example, the time you expect to pick them up, the person you expect to pick them up, etc):

Signature of Parent/Guardian

Date